



## A simple K-wire cap

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**The authors describe a simple technique to cap sticking K-wires using plastic syringes readily available in the hospitals, that has not been described before.**

**Keywords :** K-wire ; cap ; protection.

### INTRODUCTION

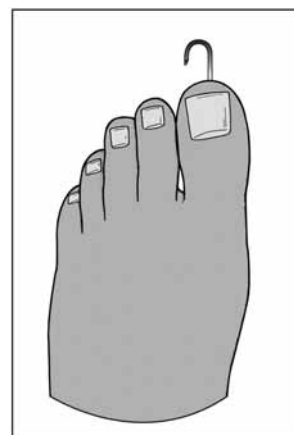
The sharp end of a sticking K-wire (fig 1) can catch clothes and on occasions can impinge upon the skin beneath the plaster causing bleeding and pressure sores. We have devised a simple K-wire cap to avoid the above mentioned complications.

### TECHNICAL NOTE

The black rubber cap from the plunger of a 5 or 10 ml syringe is removed (fig 2, 3) and a small opening is made on its side with a sharp knife as shown in fig 4. The rubber cap is slid (threaded) through the wire until the curved end of the K-wire sits snugly in the middle of the cap. It is important not to make a big hole as the K-wire may slip out if the opening is too big. The final position is as shown in fig 5.

### DISCUSSION

K-wires have been in use for several decades and are considered an excellent tool to fix fractures in subcutaneous bones. Although they can be buried beneath the skin (which makes retrieval difficult), they are usually left to stick outside so that they can



*Fig. 1.* — Sticking K- wire

be easily pulled out at a later date. K-wires that are not properly bent and secured from the outside can sometimes migrate into various parts of the body and can cause serious complications (1, 2). Apart from the above mentioned complication, the

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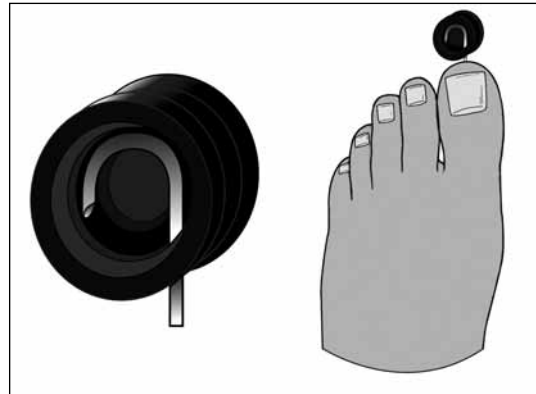


**Fig. 2 & 3.** — Black rubber cap removed from the plunger of a syringe.



**Fig. 4.** — A small incision is made in the side of the cap

authors have frequently come across patients complaining of K-wires which catch their clothes and wires that impinge upon the skin, resulting in pressure sores. Although different surgeons have different ways of capping those K-wires with sticky tapes and commercially available caps, we have found those methods to be unsightly and not easily available. We have used the above mentioned cap in all our patients with absolute patient satisfaction. This is quite handy in wrist fractures where the plaster can be safely applied over the wires without



**Fig. 5.** — Final resting position of the K-wire inside the rubber cap.

the fear of impingement as the sticking end of the K-wire rests on the hollow inner side of the cap and does not impinge upon the skin (fig 5).

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