

LIMB RECONSTRUCTION SERVICE

PIN SITE CARE

CIRCULAR FRAME – TAYLOR SPATIAL FRAME / ILIZAROV FRAME

Initially cleaned on Days 1, 2, and 3 then dressed every 7 – 10 days

Individual pin sites are cleaned with a separate cotton swab soaked in saline
No attempt is made to remove crusts or scabs unless infection is present, then crusts should be gently removed

Dress with a pre cut keyhole Topper dressing dampened with alcoholic chlorhexidine, securing with the rubber stopper if present, which may have been dressing

The rubber stopper serves to secure the dressing and apply a light pressure to the pin site

Leave intact for 7 – 10 days

Inspect if there is any suspicion of irritation or infection or if dressing becomes soaked with blood or fluid

See Pictorial guide for Pin site care – Circular Frame – Ilizarov and Taylor Spatial Frame

References:

Davies, R., Holt, N., & Nayagam, S. (2005) The Care of pin sites with external fixation. *The Journal of Bone and Joint Surgery, 87B* 716 – 719

Gordon, J., Kelly-Hahn, J., Carpenter, C., Schoenecker, P. (2001) Pin care during external fixation in children: results of a nihilistic approach. *Journal of Paediatric Orthopaedics, Vol 20*: 163 – 165

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Patterson, M. (2006). Impact of External Fixation on Adolescents: an Integrative Research Review *Orthopaedic Nursing, Vol 25 (5)* 300 – 308

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LIMB RECONSTRUCTION SERVICE

PIN SITE CARE – TIBIA OR ARM FRAME – Not femur

MONOLATERAL FRAME – HOFFMAN / EBI/ ORTHOFIX

Initially dressed on days 1, 2 & 3 and then dressed every 7 – 10 days

Pin sites are cleaned with a separate cotton ball soaked in saline

No attempt is made to remove crusts or scabs unless infection is present, then crusts should be gently removed

Dress with a pre cut keyhole Topper dressing dampened with alcoholic chlorhexidine, securing with the rubber stopper if present, which may have been applied in theatre.

The rubber stopper or dressing bulk serves to secure the dressing and apply a light pressure to the pin site

Wrap 5cm stretchy bandage around the dressing bulk to create a bolster effect between the skin and frame.

Leave intact for 7 – 10 days.

Inspect if there is any suspicion of irritation or infection or if the dressing is soaked with blood or fluid

See pictorial guide for Pin site care – Monolateral frame – Hoffman / EBI/ Orthofix – Tibial frame

References:

Davies, R., Holt, N., & Nayagam, S. (2005) The Care of pin sites with external fixation. *The Journal of Bone and Joint Surgery*, 87B 716 – 719

Gordon, J., Kelly-Hahn, J., Carpenter, C., & Schoenecker, P. (2001) Pin care during external fixation in children: results of a nihilistic approach. *Journal of Paediatric Orthopaedics*, Vol 20: 163 – 165

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W- Dahl, A. & Toksig- Larsen, S. (2004) Pin site care in external fixation: sodium chloride or chlorhexidine solution as a cleaning agent. *Orthopaedic Trauma Surgery* 124: 555- 558

LIMB RECONSTRUCTION SERVICE

PIN SITE CARE – FMEORAL FRAME

MONOLATERAL FRAME – Hoffman/ EBI/ Orthofix

Initially dressed on day 1, then twice per week (or as per surgeon's post-operative orders)

Pin sites are cleaned with a separate cotton swab soaked in saline

No attempt is made to remove crusts or scabs unless infection is present, then crusts should be gently removed

Dress with a pre-cut keyhole non adhesive polyurethane foam type dressing (eg Allevyn) to fit , securing with an adhesive fixation sheet tape (eg Hyperfix / Mefix). If infection or slough is present, then dress with a product impregnated with Silver (eg Allevyn Ag)

Apply a layer of padding over the dressing to add bulk (eg Topper precut 5cm x 5cm or similar

This serves to secure the dressing and apply a light pressure to the pin site and minimise skin movement at skin level

Wrap 5cm stretchy bandage around the dressing bulk to create a bolster effect between the skin and frame.

Leave intact for 3 – 4 days

Inspect if there is any suspicion of irritation or infection, or if dressing becomes soaked.

See pictorial guide for Pin site care – Monolateral frame – Hoffman / EBI/ Orthofix – Femoral frame

References:

Davies, R., Holt, N., & Nayagam, S. (2005) The Care of pin sites with external fixation. *The Journal of Bone and Joint Surgery*, 87B 716 – 719

Gordon,J., Kelly-Hahn, J., Carpenter,C., & Schoenecker.P. (2001) Pin care during external fixation in children: results of a nihilistic approach. *Journal of Paediatric Orthopaedics*, Vol 20: 163 – 165

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Patterson, M. (2006). Impact of External Fixation on Adolescents: an Integrative Research Review *Orthopaedic Nursing*, Vol 25 (5) 300 – 308

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