

Hair tourniquet syndrome: use the 11-blade before the 11th hour

Sir,

Hair tourniquet syndrome describes the process whereby a hair or thread is wrapped around a digit causing ischaemia. It occurs predominantly in the paediatric population and an incision is usually required to cut the constricting hair (Lohana et al, 2006; Alruwaili et al, 2015).

At the Royal Stoke Hospital three cases of hair tourniquet syndrome in children, aged 6–12 months and involving the fourth toe, were referred to the plastic surgery department after emergency department personnel were unable to remove the hair using a 10-blade scalpel. The authors used an 11-blade scalpel to make a small stab incision on the lateral border of the toe, with the pointed tip of the blade aimed directly at the constricting hair. In all three cases this allowed successful removal of the hair and the patients were discharged.

The 11-blade is an elongated triangular blade with a strong pointed tip that is sharpened along the hypotenuse edge. In comparison, the 10-blade has a large curved edge which in these cases may have enabled the hair to glide over the blade rather than cutting it. As the size of the 10-blade means

that it has an increased risk of causing damage to the toe, it may have been used more tentatively. Therefore, with the ability to facilitate a small precise stab incision while causing the least amount of damage to the skin, the 11-blade may be better suited than the 10-blade (or other scalpel blades which are commonly found in the emergency department) to manage patients with hair tourniquet syndrome. The authors would encourage the earlier use of an 11-blade in the management of this condition.

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