174. Handoperationstisch mit Automatik zur i. v. Regionalanaesthesie (Bier)

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Operating Table for Hand Operations, with Automatic Devices for Use in the Administration of Regional Anesthesia (Bier)

Summary. The operating table moves on a swivel and also in tracks: the surface can be sterilized. There is a bracket for the upper arm, with a single or tandem profile cuff and a rapid seal. Exsanguination, stasis, and immobilization of the arm are assured. The patient's hand is firmly fixed in place. Arm supports for the surgeon and a microscope adapter for an operating microscope are incorporated (microsurgical unit). The table also incorporates a two-phase automatic pressure-adjusting device, a control manometer, emergency ventilation, and a time relay for the automatic control of i. v. regional anesthesia. The stasis is released very gradually. The table meets all the latest requirements of microsurgery and makes i. v. regional anesthesia much easier.

Key words: Microsurgery: Equipment – Anesthesia, regional, intravenous – Control, electron.

Zusammenfassung. Schwenkbare Arbeitsplatte, sterilisierbarer Aufsatzstisch in Rinnen verschiebbar. Oberarmhalterung mit Mono- oder Tandemprofilmanschette und Schnellverschluss. Blutleere, Blutsperrung und absolute Ruhstellung des Armes. Handfixierung des Patienten. Armauslagen für Operateur und Mikroskopadapter für Op.-Mikroskop (Mikrochirurg. Einheit). Zwei-Phasen-Druckautomatik, Kontrollmanometer, Notentlüftung, Zeitrelais zur automatischen Steuerung der i. v. Regionalanaesthesie. Fraktionierte Öffnung der Blutleere. Der Tisch entspricht den neuesten Anforderungen der Mikrochirurgie und vereinfacht ganz wesentlich die i. v. Regionalanaesthesie.

Schlüsselwörter: Mikrochirurgie – Operationstisch – elektron. Steuerung – i. v. Regionalanaesthesie.

175. Funktionelle Behandlung nach Bandnähren und -plastiken am Kniegelenk

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Functional Treatment after Primary Suture or Late Reconstruction of Knee Ligaments

Summary. Lesion, surgery and immobilization of the knee joint cause muscular atrophy, joint stiffness, loose ligaments and damage to cartilage. The authors' experiments have shown that after an operation on ligaments the knee can be bent between 20° and 60° without the risk of insufficiency of the sutured or reconstructed ligaments. Functional postoperative treatment with a limited-mobilization cast (LMC) was given for 5–6 weeks in a series of 80 patients; the joint was remobilized within 3 months in 64 cases, within 6 months in 73 cases. Patients returned to work after an average of 7.2 weeks.

Key words: Knee, ligaments: LMC.