suggest this tray provides a useful adjunct to reducing spillage of
lavage fluid.

Technical tips during cementing and revision surgery

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CEMENT APPLICATION IN TOTAL KNEE ARTHROPLASTY
During total knee arthroplasty, it can be difficult to achieve an
even layer of cement on the prepared femoral and tibial surfaces. This
process may be simplified by applying the cement through a
standard 50-ml bladder syringe which also ensures more accurate
placement. An added advantage is that the surgeon is not
required to handle the cement which reduces the risk of contamination.

CEMENT CAPTURE DURING HIP RESURFACING ARTHROPLASTY
Hip resurfacing arthroplasty involves the use of low viscosity
cement which can escape into the surrounding tissues. The
excess cement may be contained using a theatre light handle
cover. Most disposable covers consist of a single piece of PVC
plastic with a central cylindrical part and a surrounding skirt. The
cylindrical section is excised at its base leaving just the skirt. The
skirt is then stretched over the prepared femoral head (ensuring a
snug fit) and the outer edge upturned to form a basin. During
implantation, the excess cement is unable to escape between the
femoral neck and the skirt and remains contained within the
basin.

PROTECTING THE FEMORAL HEAD DURING ACETABULAR REVISION
A major concern during an isolated revision of the acetabular
component in a total hip arthroplasty is damage to the femoral
head. This may be prevented by cutting the digits from a sterile
surgical glove and stretching them over the dislocated femoral
head. This provides both a ‘cushioning’ effect and protection
against surface scratching.

Protection of the femoral head in acetabular revision

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Isolated acetabular revision is a well-established orthopaedic
procedure with good long-term results. However, if the femoral
component is not modular, damage to the femoral head may
occur as the exposure required is obtained. This can lead to early
failure of the revision due to increased polyethylene wear. We use
a simple method of protecting the femoral head during surgery by
covering it with several fingers cut from a surgical glove, thus
producing a barrier to intra-operative damage (known locally as a
preservatif!) On removal of the cover, the femoral head is
inspected and cleaned with pressurised water.