Conversion of dynamic hip screw to total hip arthroplasty is an operation which poses the challenge of cement pressurisation due to the proximal femoral defect left after removal of the compression screw. We have used a Wrobleski bone-block system for harvesting a cylindrical bone graft from the inter-trochanteric bone after the neck is cut. This bone plug fits the defect very well. Externalfinger pressure prevents dislodgement of the block during cement pressurisation. This method is simple, quick and cheap compared to all other techniques described. It is also advantageous for future revision surgery.

Various methods have been described to achieve adequate port closure. An effective method is to use a Langenbeck’s retractor as shown in the Figure 1. The small limb of the retractor is slipped under the defect and the long limb is used to hold the abdominal wall up while the surgeon takes an adequate bite by sliding the needle on to the retractor blade underneath the fascia. This ensures a good bite while avoiding injury to bowel. The bite on the opposite edge is taken with ease by rotating the retractor. This method is especially useful in obese patients.

Confirmation of knee joint capsule penetration following injury (wounds over the knee) can be a difficult clinical situation. A useful technique is the intra-articular injection of sterile saline (50 ml) under aseptic conditions away from the wound. Observation of draining saline through the wound will confirm capsular breach and prompt immediate arthrotomy. This test can be used both on-table or in the emergency department.

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Reference

Figure 1 Use of a Langenbeck’s retractor to achieve adequate port closure.