TECHNICAL TIPS

Technique for avoiding femoral osteotomy in removing uncemented implants

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The removal of distally fixed, uncemented, femoral components is one of the major challenges in revision orthopaedic surgery. Saw blades often have insufficient length to reach the distal part of the component and long chisels are inevitably wider proximally and can cause metaphyseal damage. We report the use of Illizarov wires passed serially using a power driver between the implant and host bone to divide the distal bone implant interface (Fig. 1). Their flexibility minimises damage to the proximal femur and the femoral component can be removed without resorting to femoral osteotomy and the attendant increased morbidity and complications.

Figure 1 Illizarov wire passing between implant and bone to free prosthesis distally.

A method for improving postoperative analgesia in patients undergoing saphenofemoral ligation with 'strip' of the long saphenous vein

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Antegrade stripping of the above-knee segment of the long saphenous vein (LSV) is a standard part of varicose vein surgery for saphenofemoral incompetence. Our unit uses a pin stripper to achieve satisfactory disruption of the above knee portion of the LSV. We describe a technique to improve pain control following a LSV strip.

The LSV is stripped in the standard manner using a pinstripper that is tied to the proximal LSV using a 0 Vicryl™ (Ethicon, Edinburgh EH11 4HE, UK) tie. It is essential that the trailing length of tie be of sufficient distance to allow retrograde insertion of a size 7 umbilical catheter.

Following removal of the pin stripper and LSV through a distal incision, the Vicryl tie is used to attach a size 7 umbilical catheter. Traction on the Vicryl tie from above allows the catheter to be drawn into the leg where the LSV has been stripped. Following this, 15 ml of 0.25% Chirocaine (Celltech, Cambridge CB4 4WE, UK) can be instilled as the catheter is removed, thus ensuring the bed of the LSV is adequately anaesthetised.

We find this technique to be both simple and effective.

A simple technique to control a bleeding arteriovenous fistula

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A bleeding arteriovenous fistula can be a nightmare in peripheral haemodialysis units and such patients need to be transferred quickly to a surgical unit for intervention. We describe a simple