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

Figure 1 A simple technique to control a bleeding arteriovenous fistula.

technique that can temporarily halt bleeding. A gallipot (available in most dressing packs) is placed upright on the bleeding point over folded sterile gauze and then strapped down using Micropore™ tape (3M Health Care Ltd, Loughborough LE11 1EP, UK) as shown in Figure 1. This provides adequate pressure to control bleeding and prevents the fistula from clotting off, thereby allowing for safe patient transfer.

Spinal anaesthesia for laparoscopic cholecystectomy: in practice, safe, and feasible

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While visiting a charitable hospital in Northern India, I found spinal anaesthesia a common practice for laparoscopic cholecystectomies. Most anaesthetists had experience of over 500 cases using spinal anaesthesia and preferred the L2–L3 level. There was a consensus on using glycopyrrolate and an anti-emetic for premedication and preloading the patient with 10–20 ml/kg of intravenous fluid. Often, anaesthesia was complimented with ketamine. All recommend a 10° Trendelenburg position with a support under the head up to the angle of scapula. With close monitoring, the technique is highly successful with only a rare abandoning of procedure due to shoulder tip pain.

ENT emergency box: a new design for storage of used instruments

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Management of ENT emergencies requires the use of specialised instruments. In order to save time and resources when dealing with referrals, such instruments are often carried to the patient's bedside. Once used, they are often left on site or transferred back in exposed receivers or bags, where they are liable to be lost and/or contaminate surroundings. We introduce a new ENT emergency box that is composed of two attached compartments (Fig. 1). The upper contains clean instruments to be used while the lower contains yellow bags to store used ones. This ensures hygienic transfer of such instruments and avoids them being lost.

Figure 1 The two compartment box. The storage area is uncovered by unclipping the connecting part.