Figure 1 Tray for collection of lavage fluid

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.