TECHNICAL TIPS

Cement restriction in dynamic hip screw revisions: a cost-effective technique

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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 Wroblewski 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. External finger 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.

Simple and safe technique of port closure

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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

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

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.

Use of saline as an indication of intra-articular injury

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Confirmation of knee joint capsule penetration following injury (wounds over the knee) can be a difficult clinical situation.¹ 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.

Reference

1. Marvel JE, Marsh HO. Management of penetrating injuries of knee. *Clin Orthop* 1977; **122**: 268–72.

Rectus sheath closure after reversal of abdominal stomas

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Incisional hernias can occur at the stoma site following reversal. To minimise the risk of this complication, we have used a technique to close the rectus sheath in two layers. The posterior rectus sheath is sutured intra-abdominally using a continuous looped polydioxanone suture. The needle is then passed exteriorly through the posterior rectus sheath, and then the anterior rectus sheath is sutured in a similar fashion. An Aberdeen knot is tied, which is pulled inside by running the needle through the sheath. This method allows both layers to be sutured under direct vision using a single suture.