The removal of broken tibial nail fragments with sigmoidoscopy biopsy forceps

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Figure 1 Fluoroscopy image showing broken nail fragment *in situ*.

Figure 2 Fluoroscopy image showing removal of fragment using sigmoidoscopy forceps.

A relatively uncommon, but well-recognised, complication of intramedullary tibial nailing is fracture of the nail itself. This presents the technical challenge of removal of the distal fragment of the nail (Fig. 1). The patient is positioned on the fracture table in the standard manner for tibial nailing. The proximal fragment of the nail is extracted following removal of the locking screws. Then, a pair of appropriately sized sigmoidoscopy biopsy forceps is passed down the medulla of the tibia into nail under fluoroscopic guidance. The forceps are then opened inside the distal fragment and withdrawn, thus removing the nail fragment (Fig. 2).

A novel X-ray targeting device

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Modern 'C-arm' imaging devices for use in orthopaedic surgery often employ a laser cross-hair. This can be difficult to see and difficult to get adequate images without the radiographer having to 'test and adjust' a number of times. We fill a 50-ml syringe with sterile normal saline and place it against the centre of the emitting side of the device (Fig. 1). By firmly pushing this upwards, a stream of normal saline will hit the centre of the intended beam's field. This allows the surgeon to centre the 'C-arm' before imaging and reduces incidental X-ray exposure.

Figure 1 Syringe as targeting device.