Figure 1 Tip of artery forceps at the level of the mark on exposed femur.

dislocation, a suture is tied to the skin below the iliac crest in line with the greater trochanter and ends of suture secured to an artery forceps. A mark is made on the greater trochanter with diathermy corresponding to the tip of the artery forceps (Fig. 1). This distance from the iliac crest suture to the trochanteric mark acts as a guide to limb length. After trial reduction, leg-length can be assessed by comparing the tip of the artery forceps to the trochanteric mark and the desired length achieved by varying neck length while inserting the femoral prosthesis.

DISCUSSION

Leg-length discrepancy is a risk factor for nerve injury, back pain and abnormal gait. This technique is effective in avoiding this complication in patients operated on the lateral side.

References

1. Clark CR, Huddleston HD, Schoch III EP, Thomas BJ. Leg-length discrepancy after total hip arthroplasty. *J Am Acad Orthop Surg* 2006; **14**: 38–45.
2. Shiramizu K, Naito M, Shitama T, Nakamura Y, Shitama H. L-shaped calliper for limb length measurement during total hip arthroplasty. *J Bone Joint Surg Br* 2004; **86**: 966–9.

A cuff of a flatus tube – an aid to the endoscopic removal of small, sharp ingested foreign bodies

RJ ALEXANDER, AM ARMSTRONG
Department of General Surgery, Queen Alexandra Hospital,
Portsmouth, UK

CORRESPONDENCE TO

Roderick J Alexander, Department of General Surgery, Queen Alexandra Hospital, Southwick Hill Road, Cosham, Portsmouth PO6 3LY, UK
E: rodalexander@doctors.org.uk

BACKGROUND

Ingested foreign bodies present a common clinical problem. Sharp objects that could risk intestinal perforation should be removed.^{1,2} Although flexible endoscopy is the treatment option of choice for most patients, a major difficulty is how to limit trauma to the gastrointestinal and oropharyngeal walls, once the sharp object is being removed. Endoscopic overtubes have successfully been used for this purpose in reported case series.^{1,3} Olympus (Olympus Endotherapy

Figure 1 Olympus (GIF – 2T240) gastroscope with the rubber cuff placed over the end.

UK, Olympus Keymed, Southend on Sea SS2 5QH, UK) and Pentax (Pentax House, Slough SL3 8PN, UK), two of the major manufacturers of endoscopic equipment in the UK, do not produce overtubes to fit their endoscopes. As a consequence, overtubes are unavailable in our hospital. We demonstrate an alternative technique, which proved successful in the endoscopic removal of ingested bare razor blades in a psychiatric patient.

TECHNIQUE

The adhesive rubber cuff of a flatus tube (34-French, 150 cm Faucher Tube: Vygon, 5–11 Rue Adeline, Ecouen 95440, France) was removed and applied to the end of the Olympus gastroscope (GIF-2T240) to aid the removal of the small sharp objects (Fig. 1). The razor blades were grasped with Olympus 'rat-toothed alligator jaw' re-usable grasping forceps (FG-47L-1, Olympus Endotherapy, UK). The cuff provided a 4–5 cm sheath in which to house the razor blades, thus shielding the mucosa on withdrawal and preventing wall perforation.

DISCUSSION

Endoscopic extraction of sharp, ingested objects can be a technically challenging procedure. The aid of a latex hood has been previously described in the literature.^{4,5} We, however, have concern about the strength of thinner materials providing adequate protection during the enshruding and withdrawal of sharp foreign bodies. With the absence of formal overtubes, the above method has proven useful in our department.

References

1. Smith MT, Wong RK. Esophageal foreign bodies: types and techniques for removal. *Curr Treat Options Gastroenterol* 2006; **9**: 75–84.
2. Velitchkov NG, Grigorov GI, Losanoff JE, Kjossev KT. Ingested foreign bodies of the gastrointestinal tract: retrospective analysis of 542 cases. *World J Surg* 1996; **20**: 1001–5.
3. Carr-Locke DL, Al-Kawas FH, Branch MS, Byrne WJ, Edmundowicz SA, Jamidar PA *et al*. Overtube use in gastrointestinal endoscopy. *Gastrointest Endosc* 1996; **44**: 767–70.
4. Kao LS, Nguyen T, Dominitz J, Teicher HL, Kearney DJ. Modification of a latex

glove for the safe endoscopic removal of a sharp gastric foreign body.

Gastrointest Endosc 2000; **52**: 127–9.

5. Bertoni G, Sassatelli R, Conigliaro R, Bedogni G. A simple latex protector hood for safe endoscopic removal of sharp-pointed gastroesophageal foreign bodies. *Gastrointest Endosc* 1996; **44**: 458–61.

TECHNICAL TIPS

k-Balls – a novel method of covering Kirschner wires

ANDREW SHEPHERD, PETER COX

Department of Trauma and Orthopaedics, Royal Devon & Exeter Hospital, Exeter, UK

CORRESPONDENCE TO

Andrew Shepherd, 5 Model Cottages, Clyst St George, Exeter EX3 ORD, UK
E: andrewshepherd@doctors.org.uk

We present a novel method for covering the ends of percutaneous Kirschner wires using Caprolactone (Orthoinvent, c/o Farlacombe House, Farlacombe, Bickington TQ12 6PD, UK: enquires@orthoinvent.co.uk). Caprolactone is a biodegradable thermoplastic. It is supplied in granular form and becomes mouldable and translucent when placed in hot water (58–60°C), again becoming solid at room temperature. We mould the Caprolactone into balls around the ends of the k-wires. The balls will not fall off the wire and can easily be removed in a clinic setting. Caprolactone is non-hazardous and can be re-used by submerging it in hot water.

Figure 1 Covering Kirschner wires with Caprolactone.

Use of a vaginal speculum to assist difficult urethral catheterisation

A NARAYANAN, M O'BRIEN, RS RAJPUT, S SUNDARARAMAN
South Warwickshire General Hospital, Warwick, UK

CORRESPONDENCE TO

A Narayanan, Department of Surgery, West Wales General Hospital, Glangwili, Carmarthen, Dyfed SA31 2AF, UK.
E: aravinn_72@yahoo.com

Visualisation of the male urethral meatus for catheterisation can be difficult in situations such as morbid obesity, gross penile oedema or huge inguinoscrotal herniation. A novel technique in our experience is the use of a vaginal speculum to overcome this. Two persons are ideally required for effective use – one to stabilise the device within the penis, to visualise the meatus whilst the other performs the catheterisation itself. This technique allows visualisation of the urethral meatus and hence enables catheterisation to be performed with relative ease in such patients.

A novel use of the Sommerlad pen: preparing the nail during nailed repair

AJK PATEL¹, MJD WAGTSTAFF²

¹Dept of Plastic Surgery, Leicester Royal Infirmary, Leicester, UK

²Dept of Plastic Surgery, Nottingham City Hospital, Nottingham, UK

CORRESPONDENCE TO

AJK Patel, Department of Plastic Surgery, Leicester Royal Infirmary, Infirmary Square, Leicester LE1 5WW, UK
T: +44 (0)1162 585786; F: +44 (0)1162 585852;
E: aj.patel@virgin.net

During surgical nailed repair, if available, the patient's nail plate is often re-sited in the nail fold. This prevents formation of adhesions of the eponychium and forms a biological dressing and splint over the repair. Prior to using the nail in this way, it needs to be trimmed and cleaned, as there is commonly a thin layer of innominate tissue that could adhere to the repaired nailed. We find using the handle of the Sommerlad marking pen a very effective method for this. The handle

Figure 1 (A) The Sommerlad pen; (B) preparing the nail.