Catheterisation of the oedematous uncircumcised penis

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BACKGROUND

Male patients with penoscrotal oedema often require catheterisation. In gross oedema, however, passing a urethral catheter is technically challenging. The external urethral meatus cannot be visualised and the flexible catheter tip is not easily guided into place past the swollen non-retractile foreskin. Use of an introducer to increase catheter rigidity may be traumatic if misplaced. Suprapubic catheterisation is equally hazardous in the presence of lower abdominal wall oedema or lack of palpable bladder. To overcome this problem, some practitioners use a well-lit and lubricated proctoscope in order to advance the catheter under direct vision.¹ This technique requires skill, however, and the general availability of suitable proctoscopes (especially on non-

surgical wards) is not surprisingly lacking. The following method has been used as a suitable alternative and requires only the basic catheterisation skills and universally available equipment.

TECHNIQUE AND DISCUSSION

After routine preparation and drape, local anaesthetic jelly is inserted into the orifice of the prepuce. A gloved finger dilates the orifice to allow the closed tips of a well-lubricated McGill's forceps to be carefully advanced inside. On reaching the glans, the tips of the forceps are opened up and around the glans, which can then be secured with gentle grip and traction. The oedematous foreskin can then be concertinaed down the outside of the McGill's by the finger and thumb of an assistant bringing the external urethral meatus into view. Catheterisation can then take place under direct vision in the normal manner. This technique is simple and effective, also painless and safe if done gently. The blunt round tips of the McGill's holds the glans without trauma and the smooth round limbs of the forceps allows the oedematous foreskin to be comfortably and safely concertinaed along its length. A selection of McGill's forceps can be found on all wards if only in the anaesthetic tray of the resuscitation equipment.

Reference

1. Nathan BN. Method of catheterising patients with gross swelling of the penis. *Br J Urol* 1990; **65**: 550.

Figure 1 Traction of the glans and the oedematous foreskin concertinaed bringing the external meatus into view for catheterisation.

Poller blocking screws and intramedullary nailing in tibial malunion

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BACKGROUND

Poller screws as blocking screws and intramedullary nailing have been described to treat acute metaphyseal fractures of the tibia.¹⁻³ This technique helps to control deformity in the coronal plane by narrowing the medullary canal. However, we are unaware of any description of this approach being used to manage tibial malunion. We present a technique for the correction of malunion in tibial fractures using Poller screws and intramedullary nailing avoiding open surgery.