left protruding into the canal can impede removal of the primary implant, reaming, or insertion of the exchange intramedullary

Figure 1 Exchange nailing obstructed by a broken locking bolt.

Figure 2 Broken locking bolt being advanced from the medullary canal using a Steinmann pin.

Figure 3 Successful insertion of exchange nail once broken bolt displaced from the medullary canal.

device. Various techniques have been described to deal with this problem including trying to pull out the bolt with a laparoscopic grasper or pushing it through using another bolt.^{1,2}

TECHNIQUE

We describe a simple method of removing the broken bolt from the medullary canal. Take a Steinmann pin of the same or slightly greater diameter to the bolt, and mount it in an universal chuck with the blunt end of the pin pointing out. Pass the Steinmann pin through the hole in the near cortex, aligning the flattened surface with the broken bolt under image intensifier guidance, and gently tap on the chuck with a small hammer (Fig. 2). This will advance the broken thread further into the far cortex, clearing the medullary canal of obstruction (Fig. 3).

DISCUSSION

Broken locking bolts can be very frustrating and time consuming when carrying out an exchange nailing. This technique provides a simple solution using equipment that is readily available in an orthopaedic operating theatre.

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The pulsed lavage pouch

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BACKGROUND

To perform an Oxford unicompartmental knee replacement (Biomet UK, Swindon, UK), it is recommended that a thigh support is used with the leg dependent.¹ Prior to implantation of the components, we use pulsed lavage to remove debris, improve cement penetration, and reduce fat embolisation.^{2–4} Initially, a kidney dish against the anterior tibia was used to prevent the spillage of the lavage fluid on to the floor; however, this was found to be of limited success due to incongruity of the two surfaces. We describe a cheap, quick and simple way of preventing this situation.

Figure 1 The self-adhesive irrigation pouch.

Figure 3 Pulsed lavage fluid removed with suction.

TECHNIQUE

A self-adhesive irrigation pouch (Fig. 1) is attached around the tibia distal to the wound, completely surrounding the lower leg (Fig. 2). This successfully catches the irrigation fluid that can then be removed using suction (Fig. 3).

DISCUSSION

We have found this technique to be very effective, without compromising the surgical field, and preventing the dangers of a wet theatre floor and body fluids contacting the surgical team. Due to its success, we now routinely also use this technique for total knee arthroplasty.

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Figure 2 The irrigation pouch applied around the lower leg.

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A novel technique to aid urethral catheterisation in patients presenting with acute urinary retention due to urethral stricture disease

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BACKGROUND

The immediate management of male patients with urethral stricture disease presenting with acute urinary retention can constitute a clinical dilemma. Blind urethral catheterisation is