Poly-methylmethacrylate soft-tissue spacers to maintain tissue planes during two-stage revision knee arthroplasty

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Two-stage revision surgery is considered to be the reference standard for deep infections following total knee arthroplasty. Even with the use of preformed mobile poly-methylmethacrylate (PMMA) spacers at first stage revision, the scarring seen at second stage frequently obliterates the suprapatellar pouch and the gutters. Re-forming these planes prior to re-implantation is time-consuming.

Following debridement and after fitting the mobile spacers we mould spacers from antibiotic-loaded PMMA cement and place these in the suprapatellar pouch and in the gutters (Fig. 1). At second stage, it is found that these planes are well preserved, facilitating the procedure.

Figure 1A Anteroposterior (A) radiograph taken after first stage revision demonstrating the PMMA implants and soft-tissue spacers.

Figure 1B Lateral radiograph taken after first stage revision demonstrating the PMMA implants and soft-tissue spacers.

Use of a Rampley's sponge holding forceps to facilitate stapled haemorrhoidectomy

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In stapled haemorrhoidectomy, a circular anal dilator is inserted and the purse-string suture anoscope then used to reduce three-quarters of the circumference of prolapsing mucosa whilst the suture is inserted. Maintaining the position of the purse-string suture anoscope whilst inserting the suture can be difficult, often requiring an unsighted assistant in a difficult position. We have found use of a Rampley's sponge holding forceps to hold the purse-string suture anoscope on the circular anal dilator (Fig. 1) frees the surgeon's hand or obviates the need for an assistant. In addition, it can be torqued and angulated to facilitated suture insertion.