Figure 1 A conventional C-arm and a mini C-arm arranged together to provide simultaneous bi-planar images of the upper limb.

consuming, particularly if the radiographer is unfamiliar with the procedure. With both techniques, minor position adjustments and repeated screening is usually necessary to obtain accurate 'AP' and 'lateral' images rather than oblique views.

TECHNIQUE

We use two image intensifiers to obtain simultaneous 'AP' and 'lateral' images of the upper limb. The patient is positioned supine with the arm abducted. A standard C-arm is positioned at the head-end of the patient, and used to obtain AP images (Fig. 1). A mini C-arm is then brought in over the arm table to provide lateral radiographs.

DISCUSSION

A conventional C-arm and a mini C-arm may be arranged together to obtain biplanar images of the upper limb simultaneously, whilst providing the surgeon with sufficient room to work. This technique allows the surgeon to obtain the simultaneous true 'AP' and 'lateral' images reliably without repeated position adjustments. Such an arrangement is particularly useful for closed reduction and k-wire fixation of supracondylar fractures of the humerus in children. The procedure is quicker, and both the patient and the surgical team are exposed to less radiation.

Minimising implant contact intra-operatively in total knee replacement

MF MAK, C STEINLECHNER

Department of Trauma and Orthopaedics, North Devon District Hospital, Barnstaple, UK

CORRESPONDENCE TO

MF Mak E: mfmak@doctors.org.uk

BACKGROUND

Total knee replacement is a very successful procedure and may last for many years. Motion between the articulating surfaces leads to wear of the ultra high molecular weight polyethylene (UHMWP) liner. This is accelerated if the femoral component was scratched on insertion and may lead to early implant failure.

TECHNIQUE

Having inserted the tibial component, we take a piece of the tough foam from the prosthesis packaging and cover the surface of the tibial component during insertion of the femoral component. The interposed foam is then removed and the UHMWP liner inserted.

DISCUSSION

By using this piece of foam, the metal implants are kept apart throughout insertion, thereby preventing scratches and resultant implant wear. For this technique, the foam dimensions must be adequate to ensure there is no contact between the implants and it must be tough enough not to fragment during use. We have not encountered difficulties with foam fragmentation and have found this intra-operative step simple, inexpensive and safe to use.

Laparoscopic re-operation for splenunculus facilitation by hookwire localisation

CHRISTOPHER RAY, CLIVE J KELTY, GREGORY L FALK
Department of Upper GI Surgery, Concord Repatriation General Hospital, Sydney, New South Wales, Australia

CORRESPONDENCE TO

Clive Kelty E: clive.kelty@bigfoot.com

BACKGROUND

Laparoscopic splenectomy has become the treatment of choice for a variety of splenic pathology.¹ It is commonly performed for idiopathic thrombocytopenic purpura (ITP), but poor surgical outcome is associated with retained splenunculi or splenosis.^{1,2}

TECHNIQUE

In patients in whom computed tomography (CT) can identify accessory or residual splenic tissue, hookwire localisation may be used to