including such a lesion may make monitoring flaps in the postoperative period much easier.

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TECHNICAL TIPS

'Sounding' the bolt: confirming the position of the locking bolts in an intramedullary nail

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We present a technique for stabilising the unstable calcaneocuboid joint. The joint is approached laterally, elevating the extensor digitorum brevis muscle. Once the joint is exposed, two parallel

tunnels are drilled into the calcaneal neck and cuboid. The harvested gracilis tendon is prepared with whip stitches, and passed through the tunnels in a plantar-dorsal manner. The dorsal limbs of the graft are then pulled across the joint in parallel. The ends are fixed in the calcaneum and cuboid, respectively, using biotenodesis screws (Arthrex; Florida, USA). This technique recreates the dorsal support of the cuboid part of the bifurcated ligament and the dorsal calcaneocuboid ligament, while also augmenting the plantar calcaneocuboid ligament. So far, we have used this technique in one patient with a good result.

An anatomical tenodesis method for calcaneocuboid joint stabilisation

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Insertion of the locking bolts into intramedullary nails is difficult. Confirming bolt position fluoroscopically is time consuming, awkward and accounts for a significant proportion of the intraoperative radiation delivery.¹ We find the following technique swiftly confirms the bolt is within the nail. Insert the guide-wire down the nail and mark the remaining length with a clip (Fig. 1A). Retract the guide-wire and insert the distal bolt in the preferred manner. Now, re-advance the guide-wire. If the bolt is correctly through the nail, the guide-wire will be obstructed at the bolt with a characteristic metallic 'clink' (Fig. 1B). The guide-wire is retracted and process is repeated for each bolt.

Figure 1 (A) The guide-wire passes to the distal end of the canal. (B) When the locking bolt is correctly through the nail, the guide-wire is halted with a metallic 'clink'.

Figure 1 Anatomical calcaneocuboid joint stabilisation.

Reference

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Infacol to reduce the bubble effect at endoscopic ultrasonography

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Endoscopic ultrasonography is frequently used in the clinical setting. In order for the ultrasound to be as effective as possible, a good interface between the structure wall and the probe is required. If bubbles are present, they will produce artefact and decrease sensitivity. Yiengpruksawan *et al.*¹ have described the use of simethicone to reduce the bubble effect. We have found that the infant colic remedy Infacol® provides an efficient and user-friendly method of dispensing simethicone. One dropper (0.5 ml equal to 20 mg) of Infacol is mixed with 50 ml of water and squirted down the endoscope to great effect.

Reference

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Figure 1 Infacol® is readily available.

The efficacy of paracetamol is reduced by centrally acting anti-emetics

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The analgesic effect of acetaminophen (paracetamol) in humans is linked to the serotonergic system,¹ which is inhibited by centrally acting anti-emetics like granisetron, tropisetron, *etc.* Paracetamol is routinely prescribed as an analgesic for postoperative patients due to its safety and minimal drug interactions. Along with paracetamol, morphine derivatives such as 5-acetyl morphine (codeine) are also often used, which may cause sickness. To counteract this sickness, non-centrally acting anti-emetics should be used, as they do not interfere with action of paracetamol. Enteral paracetamol has limited analgesic activity due to its delayed absorption and subtherapeutic plasma concentration; therefore, intravenous paracetamol should be preferred as it reduces requirement of morphine derivatives.

Reference

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