infant feeding tube and a '2-way Foley' of lesser calibre than the commercially available one are introduced simultaneously through the strictured urethra.

DISCUSSION

This technique provides a means of tiding patients over the situation of difficulty in introducing a standard 3-way catheter when bladder irrigation is required in cases of stricture.

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Bone grafting of the un-united docking site in bone transport: description of a percutaneous approach

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BACKGROUND

Non-union of the docking site is estimated to occur in up to 50% of bone transport cases. Bone grafting for such cases is traditionally done using a formal open approach, where the skin and periosteum are incised and elevated off the bone, the docking

Figure 1 The limited space between rings a and b and the poor soft tissues make an extensive open approach to the docking site extremely difficult.

Figure 2 (A) Non-union of docking site; (B) docking site post drilling; (C) docking site post insertion of bone graft dowel.

site is exposed, any fibrous tissue is removed, the bone ends are freshened and bone graft is packed in the remaining gap. Occasionally, such an extensive open approach is made technically difficult by the transport frame rings being too close or the soft tissues being too poor (Fig. 1) to allow extensive dissection. In such cases, a percutaneous approach is of value.

TECHNIQUE

A 2–3 cm skin incision is made at the level of the docking site and the periosteum is incised. Using a 6-mm drill or a Dynamic Hip screw reamer, 2–3 drill tunnels are made at the docking site. Initially, a vertical anterior–posterior drill hole is made. Further drill holes are made at an angle to this if, and as, needed. A corresponding number of bone graft dowels is harvested from the iliac crest using a percutaneous harvester kit. These are inserted and punched into the pre-drilled docking site and the soft tissues are closed (Fig. 2).

A new technique for removal of fractured locking screws from intramedullary nails

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BACKGROUND

Locking screw or bolt breakage in fractures treated by intramedullary nailing can cause difficulty in exchange nailing as the fractured screw may prevent nail extraction (Fig. 1a) resulting in a bigger incision, extensive soft tissue dissection and cortical disruption for its retrieval. Methods described to push out the