Figure 1 (a) Broken screw remnant preventing nail extraction. (b) Angulation of fractured screw due to nail migration. (c) Trocar tapping away fractured screw remnant.

Figure 2 Trocar, drill sleeve, tissue protection sleeve.

broken screw from the nail include using K wires,¹ another screw² and thin punch.³ We describe a new technique, which utilises instruments available in a standard nailing tray.

TECHNIQUE

A radiolucent operating table is used. The broken screw head is removed with an appropriate screwdriver. Sometimes, the nail may have migrated distally with the broken screws lying at an angle to the bone and nail (Fig. 1b). Nail extractor is attached to the nail which is then moved to align the locking holes in the bone and nail with the broken screw. A trocar from the proximal/distal locking system (consisting of tissue protection sleeve, drill sleeve and trocar; Fig. 2) is passed through the skin incision and, under image-intensifier guidance, is aligned with the screw remnant to tap it out of the nail and bone into the soft tissues (Fig. 1c). In some nails, it may be necessary to enlarge the near cortex using a proximal/distal locking drill if the trocar diameter is larger.

DISCUSSION

The trocar is an ideal instrument for this purpose as it is of narrow bore, long enough to reach the broken screw and has a tapping end. All the instruments thus used are part of a standard nailing set obviating the need for any special tool.

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A useful assistant for shoulder arthroscopy: the Mayo table

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BACKGROUND

The set-up during shoulder arthroscopy does not allow easily, for the placement of a Mayo stand at a suitable location. We have, therefore, adopted the use of a 'Mayo table' as an attachment to the operating table via its adjustable leg, opposite to the operating surgeon.

Figure 1 Arrangement of the Mayo table.

TECHNIQUE

The final position of the table should ensure safe distance to the patient's chest and upper legs, allow for free movement of the operated arm and easy access to frequently used instruments. After appropriate positioning (beach chair or lateral decubitus) and draping of the patient, various accessories including the arthroscope, instruments, cables and tubing can be easily organised and tugged to the table. It can also be used as an armrest during the procedure (Fig. 1).

DISCUSSION

Arthroscopic shoulder procedures are technically demanding. A standardised set-up is mandatory to enable the surgeon to perform repetitive movements with accuracy, while handling various instruments and manoeuvring the arm into different positions simultaneously.¹ The padding of the arm during draping is important and we have not faced any problems with pressure effects on superficial nerves due to this position of the arm. Our adjustment of the Mayo stand makes it a valuable 'assistant', allowing the surgeon to focus more on the actual procedure.

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A case of common bile duct stones, failed ERCP and sensitivity to iodine contrast media: what contrast media should we use for an on-table cholangiogram?

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BACKGROUND

A patient with common bile duct stones had a failed ERCP due to a duodenal diverticulum. However, she had a documented, florid, iodine-contrast media allergy. She proceeded to laparoscopic cholecystectomy with common bile duct exploration. There were concerns urografin would provoke anaphylaxis.

TECHNIQUE

After discussion with radiology colleagues, we used gadolinium contrast. We diluted it to 50% with normal saline and then screened the syringe to ensure it provided adequate opacification. The cholangiogram images successfully demonstrated common bile duct stones which were removed laparoscopically.

DISCUSSION

The reported incidence of adverse reactions to iodine-contrast media is 12.6% for mild reactions and 0.22% for severe reactions.¹ It has been demonstrated from experience with iodine contrast used during ERCP that, after this procedure, iodine can be detected in the bloodstream.² There have been documented episodes of adverse reactions to iodine-containing contrast media following ERCP.³ Up to 12.6% of patients undergoing an on-table cholangiogram with iodine-contrast media may be exposed to an adverse reaction; therefore, it is important to consider what alternative contrast media are available. A review of current practices for patients with contrast media sensitivity undergoing ERCP found the majority of clinicians would use prophylactic steroids and non-ionic/low-osmolality contrast media.³ The administration of gadolinium-based contrast media has recently been found to have a reaction frequency of 0.07%, considerably less than iodine-containing contrast media.⁴ We have successfully demonstrated the use of diluted gadolinium contrast which we found safe and effective in this case.

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A technique for supporting the hand during surgery

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BACKGROUND

The days of always having an assistant in surgery are over. Hand surgeons often have to work alone with a scrub nurse assisting as able. Various devices are used to hold the hand in order to allow access during procedures. A lead hand is the most commonly used method. However, these items are expensive and the 'fingers' can break off. We describe a method which uses simple, baking-cooling racks to support the hand.