Technical Section

TECHNICAL NOTES & TIPS

TECHNICAL NOTES

Using the Explant Acetabular Cup Removal System for removing a well-fixed resurfacing cementless acetabular component

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BACKGROUND

Revision surgery for hip arthroplasty may be required in conditions of infection, malposition and/or instability. A proportion of these arthroplasties, including hip resurfacing designs are cementless. These can be difficult to revise and are associated with increased bone loss. The Explant Acetabular Cup Removal System (Zimmer; Warsaw, IN, USA) has made the removal of cementless acetabular components much easier. The system utilises the inner acetabular liner to centralise the device whilst cutting uniformly at the bone-implant interface around the cementless shell.¹ Resurfacing acetabular components are a single monoblock with no inner liner. The Explant design, in its current form, does not lend itself to removal of the resurfacing shell. We describe a simple and cheap modification allowing the expeditious removal of the resurfacing shell.

TECHNIQUE

Unravel a small swab creating a square which is then rolled in from a corner apex. This is then soaked in saline to act as lubrication. On a flat surface, the rolled swab is held at one end and wrapped around that point spirally (Fig. 1). This is then laid within the acetabular component and provides adequate stability for the largest head size within Explant to function normally.

DISCUSSION

This technique allows the Explant to have adequate centralisation so that the angle of the cutting blade to the acetabular component is acute enough to prevent it catching and function as designed. This is cost-effective and simple.

Figure 1 Swab rolled from apex and laid spirally after being soaked. It is then placed in the acetabulum to centralise the Explant device.

Reference

1. Mitchell PA, Masri BA, Garbuz DS, Greidanus NV, Wilson D, Duncan CP. Removal of well-fixed, cementless, acetabular components in revision hip arthroplasty. *J Bone Joint Surg Br* 2003; **85**: 949–52.

Use of portable ultrasound for exploration and removal of superficial foreign bodies

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BACKGROUND

Exploration of wounds and removal of small penetrating subcutaneous foreign bodies is often technically difficult and time-consuming. The use of fluoroscopy in theatre can be time-consuming, requires a radiographer and results in radiation exposure for both patient and surgeon. The use of ultrasound as a diagnostic tool has been shown to be sensitive and specific in identifying foreign bodies.¹

TECHNIQUE

In our hospital, we have been using a Sonosite 180 Plus (Sonosite Inc., 21919 30th Drive, Bothell, WA, USA) portable