Figure 1 Vascular clamp controlling the femoral artery.

support them. Figure 1 shows the vascular clamp in position controlling the femoral artery. After the operation has been completed, the separate skin incisions can be utilised for placement of drains if required.

DIY surgical knot-tying tool

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The ability to tie a safe, secure knot is one the first and most fundamental skills that a surgeon learns. Traditional simulators that are used by trainee surgeons to practise knot tying are based around a fixed hook attached to a surface or attached inside of a

Figure 1 Illustration of technique.

cup to simulate knot tying down into the pelvis. It has been suggested that the more junior a trainee surgeon is the more force they apply to the structure being tied. *In vivo*, this can result in problems like vessel avulsion. This simple DIY technique allows a trainee surgeon to practise knot tying whilst also practising the skill of not applying too much force to the structure being suture ligated, something that can not be practised on a fixed hook simulator. An empty 330-ml drink can is needed. The ring pull is positioned upright as illustrated (Fig. 1). The can is placed on a piece of A4 paper and a circle drawn around the side of the can. The trainee then uses the ring pull to practise tying knots without moving the can outside of the circle or lifting the can from the surface. This provides for a cheap, simple and readily available training tool.

Tibial bone grafting for lateral tibial plateau fractures

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Sources of bone graft for treating lateral tibial plateau fractures include iliac crest, distal femur and medial tibia.¹ We describe a technique whereby bone is taken from the lateral tibia itself thus avoiding donor site morbidity. Figure 1 illustrates metaphyseal cancellous bone being translocated to fill a subchondral bone

Figure 1 Tibial bone graft taken to fill subchondral defect.

defect using the precision bone grafting system (Kaltex Pty Ltd, Australia) through a fracture flap. The technique is useful with tibial plateau plate fixation as the donor site defect is covered by the plate ensuring structural stability. The articular surface is supported by bone graft, plate and screws without donor site morbidity.

Reference

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No-hands technique for arthroscopic washout of septic arthritis of the knee

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Septic arthritis of the knee can be a life- or limb-threatening condition and should be treated promptly with arthroscopic washout of the knee. The finger of a size 6 surgical rubber glove can be cut and applied to the inflow cannula (Fig. 1) so that continuous irrigation can be maintained without the unnecessary use of a digit. Rapid irrigation can be achieved by applying suction tubing to the outflow cannula (Fig. 1). The combination of these two techniques significantly reduces operation time and avoids the need for an assistant.

Figure 1 Finger of a surgical glove applied to the inflow cannula and suction applied to the outflow cannula, allowing rapid washout of the knee without the need for an assistant.

Masking the scrotal problem in surgery

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Patient positioning and access to the area of interest are key to the success of an operation, but how often are we plagued by the scrotum obstructing our view? Historically, sutures were used as an aid and, more recently, tape. We have a novel method using a

Figure 1 Masking the scrotal problem.