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

1. Rossi R, Castoldi F, Blonna D, Marmotti A, Assom M. Arthroscopic treatment of lateral tibial plateau fractures: a simple technique. *Arthroscopy* 2006; **22**: 678.e1–6.

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

BENJAMIN JOHNSON, NICK ROUHOLAMIN, ANDREW McMUTRIE, OWAIN ENNIS

Department of Trauma and Orthopaedic Surgery, University Hospital of North Staffordshire, Stoke-on-Trent, UK

CORRESPONDENCE TO

Benjamin Johnson, Department of Trauma and Orthopaedic Surgery, University Hospital of North Staffordshire, Princes Road, Stoke-on-Trent ST4 7LN, UK.
E: bjohnso25@yahoo.co.uk

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

M SAHU, S GOVINDARAJU, M EMBERTON

Department of Urology, UCLH NHS Foundation Trust, London, UK

CORRESPONDENCE TO

M Sahu, Department of Urology, UCLH NHS Foundation Trust, 235 Euston Road, London NW1 2PQ, UK
E: mahua.sahu@uclh.nhs.uk, mahua.sahu@ucl.ac.uk

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.