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

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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.

piece of equipment found in operating theatres world-wide – the ordinary face mask. Simply tying the ends around the patient's thigh on either side (Fig. 1) will elevate the scrotum in a sling-like fashion for easy access during peri-anal and urological surgery.

'The Hillingdon Hoover'

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In response to recent concerns about complications and litigation following gallstone spillage without removal during laparoscopic cholecystectomy,¹ we suggest a simple, cheap and effective technique to remove loose gallstones. Standard 5-mm suction/irrigation laparoscopic sets cannot aspirate larger stones; whilst wider bore devices are available, they cost approximately £200. A length of standard suction tubing (10 mm; cost 60p) is prepared by cutting two small holes near the distal end with a third 30 cm from the end. The tube passes through the 10/12-mm epigastric port and, with digital control over the third hole, stones are 'hoovered' up.

Figure 1 'The Hillingdon Hoover'

Reference

1. Mullerat J, Cooper K, Box B, Soin B. The case for standardisation of the management of gallstones spilled and not retrieved at laparoscopic cholecystectomy. *Ann R Coll Surg Engl* 2008; 90: 310–2.

A simple 'parachute' technique for placement of extraperitoneal mesh in abdominal wall hernia repair

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The satisfactory placement of extraperitoneal sub-layer meshes in abdominal wall hernia repair can be technically challenging. Achieving adequate 5-cm sub-layer margins beyond the edges of the fascial defect without crumpling of the mesh can be problematic, resulting in sub-optimal mesh positioning. We describe pictorially a simple method of mesh 'parachuting' into the extraperitoneal space with accurate 4-point peripheral mesh fixation without the need for extension of the fascial defect or compromise of sub-layer distances, both of which can contribute to hernia recurrence.

Figure 1 Diagrammatic representation of the 'parachute' technique for placement of extraperitoneal mesh.