DISCUSSION

We have used this technique in five sequential patients to remove cemented acetabular components, four of which were well fixed. The average time taken was 8 min (range, 3–13 min). In each case, the component came out with most of the cement mantle attached. There was little bone loss. In all cases, an uncemented revision socket was implanted, with additional bone graft in one patient. Postoperative radiographs were all satisfactory. This is now the senior author's favoured method for extracting a well-fixed cemented acetabular component.

References

1. Paprosky WG, Weeden SH, Bowling Jr JW. Component removal in revision total hip arthroplasty. *Clin Orthop* 2001; **(393)**: 181–93.
2. Explant Acetabular Cup Removal System. Surgical Technique. Zimmer Inc., 2005.

TECHNICAL TIPS

Knee arthroscopy: viewing the posterior horn of the medial meniscus

LN BANKS, SF REUBEN
Stepping Hill Hospital, Stockport, UK

CORRESPONDENCE TO

Louisa Banks, The Garden Apartment, 180 Burton Road, West Didsbury, Manchester M20 1LH, UK
E: louisabanks@hotmail.com

We describe a simple technique to aid visualisation of the medial meniscus during arthroscopy. The patient's leg is flexed over the side of the operating table, with the surgeon exerting a slight valgus strain. To ensure no occult pathology is missed, we recommend that the assistant performs the simple manoeuvre of pressing the fingertips, exerting only moderate pressure into the medial aspect of the popliteal fossa. This pushes the posterior horn of the meniscus anteriorly and aids the surgeon's view, thereby easing the procedure should resection be required. This manoeuvre can be complimented by

Figure 1 The medial compartment, with no assistant.

Figure 2 The medial compartment with pressure from the assistant to the medial aspect of the popliteal fossa. Note that pathology is easily seen, thus facilitating resection.

the assistant using their contralateral hand to push down in an anteroposterior direction on the patient's distal thigh to stabilise the knee. This is illustrated in Figures 1 and 2.

An alternative use of Foley catheters in Ilizarov external fixation

E MATTHEWS, A BRENT, S WILLIAMS
Department of Orthopaedics and Trauma, University Hospitals Leicester, Leicester, UK

CORRESPONDENCE TO

Alexander Brent, 24 Adderley Road, Leicester LE2 1WA, UK
E: ajb101@doctors.org.uk

The recommended technique for preventing pin-site infection includes specially manufactured Ilizarov sponges and clips, retailing at £2.24 combined (Iliz sponge and disc; Smith and Nephew Healthcare, Hull, UK). An alternative for the more scrupulous surgeon can take the form of a cut-up urinary

Figure 1 Illustrating the use of a Foley catheter.