Figure 3 Jaques catheter trimmed to provide snug-fitting insulating sheath, with only the tip visible.

problems with the size of the sheath and light refraction obscuring the tip of the diathermy blade.

A Jaques catheter (Rusch: Portadown Road, Lurgan, Co Amagh, UK) is a cheap (91 pence) and readily available alternative to avoid these pitfalls. The catheter tip is removed (Fig. 1) and the catheter itself is then placed over the diathermy blade. It can then be trimmed to size to provide an adequate snug-fitting insulating sheath (Figs 2 and 3), with only the tip visible. It is practical for all lengths of currently available diathermy blades.

This technique can be used across the surgical specialities, including breast surgery, transanal colorectal surgery, as well as ENT and head and neck surgery.

An innovative technique for long-bone biopsy

KS WRONKA, TR MADHUSUDHAN, B RAMESH
Department of Trauma and Orthopaedics, Glan Clwyd
Hospital, Rhyl, UK

CORRESPONDENCE TO

Konrad Sebastian Wronka, Department of Trauma and
Orthopaedics, Glan Clwyd Hospital, Rhyl LL18 5UJ, UK
E: konradwronka@doctors.org.uk

Pathological fractures are known complications of metastatic disease. During fixation of a pathological fracture, samples are obtained for histopathological examination. We describe an alternative technique of performing biopsies. A pathological fracture of the humerus was treated with intramedullary nailing. The proximal bone was reamed through, down to the level of the lesion with image intensifier control. Oesophageal biopsy forceps were introduced through the reamed canal and biopsies (tissue samples) were taken from the centre of the lesion. A very high quality tissue was obtained. The above technique was used in management

of one patient with mid-shaft humeral fracture. We strongly recommend this method, as we consider it superior to other commonly used techniques.

A better way to deliver bone graft

TA BALL, JR DAVIS, RA LOFTHOUSE
Department of Trauma and Orthopaedics, Torbay Hospital,
Torquay, UK

CORRESPONDENCE TO

TA Ball, Department of Trauma and Orthopaedics, South
Devon Healthcare NHS Foundation Trust, Torbay Hospital,
Newton Road, Torquay TQ2 7AA, UK
E: tomball@doctors.org.uk

Morselised bone graft is often used in orthopaedic surgery, but can be tricky to deliver accurately deep inside a wound. Often, the graft spills into the soft tissues, and the surgeon ends up packing the fragments in piece by piece.

We mix the graft with a little blood or saline to render it cohesive. We load a 10-ml syringe with the graft, pack it down, then cut the nozzle off the syringe (Fig. 1). This allows precise delivery of pressurised bone graft into the desired area. We find this an efficient method for filling bone defects in calcaneal fractures, tibial plateau fractures, and in hip arthroplasty.

Figure 1 Syringe delivering graft into a proximal tibial fracture.