TECHNICAL TIPS

Suction technique while bone grafting acetabulum

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During hip revision surgery and using bone graft as a scaffold in acetabulum, bone graft is often either displaced from the site of application or absorbed through the suction while using pulsed lavage in the acetabulum. It can be avoided by leaving the small acetabular reamer shell in the acetabulum and keeping Yankaeur suction over it. This avoids displacement of bone graft from the site of application. This is an easy and reproducible technique.

Hand-held device for smoke extraction

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Electrocautery produces smoke which potentially causes harm to theatre personnel as well as obscuring the surgical view. Few surgeons use smoke extraction units due to lack of availability, expense and the cumbersome nature of purpose-made, hand-held pieces.¹

Figure 1 Diathermy needle with smoke extractor.

Our team passes the tip of the hand-held diathermy through a 53 cm 12-F suction catheter with a mully tip (Unomedical Pty Ltd, PO Box 405, NSW 2103 Australia; Fig. 1). This is secured with adhesive strips and connected to Flexi-Rib suction tubing (Pennine Healthcare Ltd, Derby, UK) to create an effective and ergonomically acceptable handheld smoke evacuator for less than one pound. The tubing is attached to a filtered smoke evacuator suction unit.

Reference

1. Spearman J, Tsavellas G, Nichols P. Current attitudes and practices towards diathermy smoke. *Ann R Coll Surg Engl* 2007; **89**: 162–5.

Intra-operative protection from exposed K-wires

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Figure 1 Needle sheath containing bone wax: exposed K-wire and protected K-wire.

Double-ended Kirschner wires have a variety of uses in orthopaedic surgery. The sharp ends are a potential hazard in theatre if left uncovered. Temporarily covering the exposed wire with a needle sheath containing a small amount of bone wax provides secure protection without blunting the wire. We have found this to be a cheap and effective way of protecting against inadvertent drape perforation and needlestick injury.