Technical Section [TECHNICAL NOTES AND TIPS

Retrieval of migrated ureteric stents

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BACKGROUND

Ureteric stent migration is a potential complication that can lead to increased morbidity and additional invasive procedures. Various techniques like triradiate grasping forceps,¹ biopsy forceps² and ureteric balloon dilators³ have been used to retrieve stents. We describe a simple technique using a silk ligature, named the lasso technique, to retrieve migrated stents.

TECHNIQUE

Under general anaesthesia, position the rigid ureteroscope so that the migrated stent is visible. Ensure the proximal part of the stent is free of any encrustations. Slide a long size 0 silk tie into the ureteroscope using ureteroscopic biopsy forceps. Ensure there is enough thread outside to hold on to. Advance the thread beyond the medial aspect of the stent. Once about 3cm of thread has been deployed beyond the stent, grasp the thread from the lateral side. While securely holding the free end of the thread, pull the grasped end within the scope. Apply enough force so that the stent kinks at the lumen of the ureteroscope. This prevents sliding of the stent. Now remove the ureteroscope gently while keeping traction on the suture. Once the stent is visible at the urethral meatus, release the thread and remove the stent manually.

DISCUSSION

In the above technique, silk provides enough friction to tug and hold the stent against the ureteroscope for its retrieval. This may be a potential problem when using other instruments. We have been successful in retrieving two migrated stents using this method without the need for any secondary procedures.

References

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2. Katske FA, Celis P. Technique for removal of migrated double-J ureteral stent. *Urology* 1991; **37**: 579.
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A simple method for applying traction to the lower limb during acetabular fracture fixation

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Providing variable traction during acetabular fracture fixation can be demanding. Several devices have been designed to achieve this.¹ They are often expensive and bulky, and adjustment of the amount of traction can be limited. We use an ankle distractor (Fig 1) for this purpose. It is easy to apply, inexpensive and available sterile packed.

Figure 1 The ankle distractor is applied to a sterile crepe bandage around the assistant's waist. Traction is provided by the assistant's body weight and his or her arms are free.

It is clipped to a sterile crepe bandage, which is wrapped around the waist of the assistant, who uses his or her body weight to provide traction. We engage two assistants who rotate as the operation progresses. Limb position and traction are easily adjustable with this method.

Reference

1. Lien FC. New tool for applying traction during open reduction and internal fixation of acetabular fractures. *Orthopedics* 2012; **35**: 289–291.

Removal of the cannulated screw used for fixation of fractures of the tibial eminence under arthroscopy

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BACKGROUND

Arthroscopic assisted cannulated screw fixation is a well accepted method for displaced anterior tibial eminence fractures.¹ When it is necessary to exchange for a more suitable cannulated screw or remove it after fracture healing, some trouble may be encountered.² We describe a simple and effective method to remove the cannulated screw under arthroscopy.

TECHNIQUE

Standard arthroscopic portals are placed and an incision is made over the previous surgical incision through which to insert the screw. The

Figure 2 A K-wire holder is introduced to bend the end of the K-wire slightly.

cannulated screw is exposed and the length identified (Fig 1). A K-wire, at the end of which the screw length is marked, is drilled into the screw until the marker just disappears. The screw is backed out completely by a hollow screwdriver over the K-wire. If the screw is rotating and not backing out, a grasper is inserted through the anteromedial portal to hold and push the screw upwards. The K-wire is pierced out about 1cm from the end of the screw and a K-wire holder is introduced to bend the end slightly (Figs 2 and 3). While withdrawing the K-wire, the cannulated screw is removed along with it.

Figure 1 The length of the cannulated screw is identified according to the marking on its cap.

Figure 3 The end of the K-wire has been bent.