Figure 3 Once the osteotome is in position, the gallipot is pushed down so it is semi-flush with the cement to be removed.

Figure 1 Angled angiography catheter with guidewire compared with conventional ureteric catheter

Angiocath used for retrograde cannulation of the transplant ureter

NA Faure Walker, J Fairweather, J Olsburgh
Guy's and St Thomas' NHS Foundation Trust, UK

CORRESPONDENCE TO

Jonathon Olsburgh, E: jonathon.olsburgh@gstt.nhs.uk

BACKGROUND

Endourological retrograde cannulation of the transplant ureter may be required for diagnostic studies, ureteroscopy or stent insertion. This can be challenging owing to the angle of transplant ureter (TU) entry into the bladder dome or side wall. Normally, a guidewire and straight ureteric catheters placed through a rigid cystoscope are used to cannulate the native ureteric orifice but these are often inadequate to access the TU. A flexible cystoscope can be used to insert a guidewire into a difficult TU orifice. An alternative technique is presented using angled angiography catheters (Fig 1) placed via a rigid cystoscope.

TECHNIQUE

A variety of angled angiography catheters, usually used for radiological cannulation of the renal artery, need to be available. After cystoscopic evaluation of the TU orifice angle, the appropriate angled angiography catheter is inserted into the bladder using a rigid cystoscope. The TU orifice is then cannulated by advancing the curl of the angiography catheter beyond the orifice and subsequently withdrawing it over the orifice. Once cannulated, a guidewire can be passed through the angiography catheter to the transplant renal

pelvis. A second guidewire can be placed alongside to straighten the angle of the TU orifice and facilitate a variety of endourological procedures.

DISCUSSION

Angled angiography catheters are designed to negotiate the acute angle of entry from the aorta into the renal artery. Its design here is used to cannulate a TU orifice with difficult angles of entry into the bladder that may be inaccessible using conventional ureteric catheters.

The Tooting Tube: a bespoke high-arm sling for upper limb rehabilitation

CR Davis, SE Crouch, KE Spiteri, ANM Fleming
St George's Healthcare NHS Trust, UK

CORRESPONDENCE TO

Christopher Davis, E: chrisdavis959@hotmail.com

None of the authors have any commercial interest in any of the products described in this technical note.

BACKGROUND

Upper limb surgery may lead to oedema,¹ which can be improved by elevation.² Traditional slings such as the triangular calico or all-purpose hand sling are cumbersome, time consuming to fit and offer inconsistent positioning.³ In order to address these limitations, we developed the 'Tooting Tube'.