DISCUSSION

We claim no originality for this technique but we are not aware of any previous description in the literature. Use of a paediatric cystoscope in the diagnosis and management of urethral stricture disease has been described previously.⁴ However, they are not available in most of the adult urology units in the UK. We usually use a short, semirigid ureteroscope to inspect the urethra as it gives a better assessment of the stricture(s) before any endoscopic treatment is undertaken. We therefore recommend the use of a ureteroscope prior to optical urethrotomy in all patients.

References

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Figure 2 The distance is marked on the rasp inserter handle

Accurate femoral stem depth insertion in total hip replacement

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A video of this technical paper can be viewed at:

A video demonstration of this technical paper can be viewed at <http://youtu.be/yTZ5evOtSOE>.

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Figure 3 The correct depth of insertion is checked against the greater trochanter intraoperatively

Figure 1 The depth of stem insertion is templated preoperatively

Leg length discrepancy in total hip replacement is a cause of patient dissatisfaction, litigation and biomechanical problems. The use of a cemented, collarless femoral stem allows complete control of depth of stem insertion. We present a technical tip to aid stem depth insertion. The preoperative radiograph is templated as normal and the distance from the shoulder of the prosthesis to the tip of the greater trochanter is measured (Fig 1). This distance is then transposed on to the stem inserter handle (Fig 2) and referenced to the greater trochanter intraoperatively (Fig 3), ensuring rasp and stem depth match the templated position.