Figure 1 Retrograde reaming of tibial nail entry portal with a deployed anterior cruciate ligament FlipCutter® under an image intensifier

A technical tip to aid closure of the short external rotators in the posterior approach to the hip

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Repairing the capsule and the short external rotators through drill holes is a popular method when using the posterior approach to the hip. Many surgeons use an expensive suture passer to pull through the stay sutures. Our method negates the need for that. A size 5 Ethibond® pack (Ethicon, Somerville, NJ, US) contains four sutures. Three are used to tag the posterior structures as stay sutures. The fourth has the curved needle straightened and passed retrograde through the drill holes (Fig 1). The loop of the thread can then 'lasso' the stay sutures and draw them out of the trochanter individually by pulling them through the drill holes.

Figure 1 Illustration of technique

Use of an expanded lateral hip view to assist guidewire placement during dynamic hip screw fixation

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BACKGROUND

Hardware failure following dynamic hip screw fixation for peritrochanteric neck of femur fractures most commonly involves anterosuperior cut-out of the compression screw from the femoral head.¹ Baumgaertner showed that a 'tip-apex' distance of less than 25mm significantly reduced the likelihood of cut-out.² Accurate guidewire placement in the femoral head prior to screw insertion is therefore critical.

TECHNIQUE

Following fracture reduction and a lateral approach to the proximal femur, the guidewire is aligned on anteroposterior image intensifier view with the centre of the femoral head using an angled guide. An expanded lateral view of the femoral neck is obtained prior to guidewire insertion (Fig 1). This is achieved by an alteration in the angle of the image intensifier or by a small increase in the distance between the x-ray tube and hip being screened to allow visualisation of the whole femoral head and neck, including the proximal femoral shaft. In larger patients, the view may be more limited but the neck-shaft junction and most of the femoral head can still be visualised. Following satisfactory alignment, the guidewire is driven into the

Figure 1 Expanded lateral view of the femoral neck allowing assessment of guidewire entry point and alignment prior to insertion into bone.

femoral head on the lateral view. Anteroposterior placement of the wire is checked before final screw and plate fixation is performed.

DISCUSSION

The expanded lateral view allows assessment of both guidewire entry point and alignment prior to bone penetration. Alteration of these parameters is also easily achieved prior to insertion of the wire. This reduces the potential for creating incorrect tracks in the femoral neck, which can compromise guidewire placement.

References

1. Simpson AH, Varty K, Dodd CA. Sliding hip screws: modes of failure. *Injury* 1989; **20**: 227–231.
2. Baumgaertner MR, Curtin SL, Lindskog DM, Keggi JM. The value of the tip-apex distance in predicting failure of fixation of peritrochanteric fractures of the hip. *J Bone Joint Surg Am* 1995; **77**: 1,058–1,064.

The use of tonsil swabs in laparoscopic surgery

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BACKGROUND

It would be easy to assume that the evolution of more sophisticated technologies consigns simpler, established surgical techniques to the past. Laparoscopic surgery is a pertinent example where it is easy to overlook basic adjuncts that are nonetheless potentially invaluable. We reiterate the utility of the simple tonsil swab as a versatile accessory in laparoscopic surgery.

Figure 1 Application of pressure against bleeding from mesoappendix (A) and use of suction against the tonsil swab to avoid soft tissue plugging the suction tip (B)

TECHNIQUE

Tonsil swabs are employed frequently in laparoscopic surgery; they can easily be passed through a 12mm port. Specifically, they are especially useful for:

- > **Haemostasis**
Tonsil swabs can be used to apply direct pressure to bleeding tissues, facilitating haemostasis, as well as to clear blood and fluid from the surgical field, particularly when the tissues obstruct the lumen of the laparoscopic suction instrument. They also allow efficient laparoscopic dissection without the continual need to replace the dissecting instrument with the sucker (Fig 1).
- > **Blunt dissection**
The blunt dissection that is often used at open surgery is more difficult to employ during laparoscopic procedures, particularly with instruments alone. However, the tissues can be dissected bluntly by using a tonsil swab grasped with one instrument (Fig 2).
- > **Elevation of vascular pedicles and organ retraction**
Tonsil swabs can also be used to isolate, protect and retract fragile structures such as vascular pedicles (Fig 3).

DISCUSSION

A simple adjunct in laparoscopic procedures, the intraperitoneal use of a tonsil swab is nonetheless valuable in achieving good haemostasis

Figure 2 Blunt dissection using a tonsil swab in laparoscopic colorectal surgery