Technical Section [TECHNICAL NOTES AND TIPS

A simple technique to improve venting of the femur

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BACKGROUND

Prophylactic cephalomedullary nailing is a recommended technique for prophylactic fixation in femurs at risk of fracture due to metastatic bone disease.¹ During the procedure, raised intramedullary pressure can cause fat and neoplastic embolus, risking cardiovascular instability and death.² We describe a simple technique to improve venting of the femur using easily available equipment.

TECHNIQUE

At the beginning of the procedure, a stab incision is made and blunt dissection is performed to the lateral femur. The femur is opened with a 4.5mm drill bit under fluoroscopic guidance at least three cortical diameters proximal to the anticipated position of the tip of the nail. A 14Fr suction catheter (ConvaTec, Uxbridge, UK) is cut to a length of approximately 15cm and slid over a rigid guidewire as included on the nailing set. This is used to guide the tip of the suction catheter to the venting hole. The guidewire is then removed and suction connected.

Figure 1 The suction catheter is cut to an appropriate length and then threaded with the rigid guidewire.

DISCUSSION

This technique is simple to perform with easily available equipment and it may reduce intramedullary pressure from the start of the nailing procedure.

References

1. British Orthopaedic Association, British Orthopaedic Oncology Society. *Metastatic Bone Disease: A Guide to Good Practice*. London: BOA; 2001.
2. Kröpfl A, Davies J, Berger U *et al*. Intramedullary pressure and bone marrow fat extravasation in reamed and unreamed femoral nailing. *J Orthop Res* 1999; **17**: 261–268.

Wound dressing following debridement for Fournier's gangrene

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The aggressive debridement of necrotic tissue required in Fournier's gangrene often leaves a substantial skin defect around the scrotum and perineal area (Fig 1). These patients may return to theatre multi-

Figure 1 Skin defect following debridement