Table 1 Sliding hip screws available for hip fracture fixation

Implant manufacturer	Name of implant	Thread diameter of sliding hip screw
Biomet (Warsaw, IN, US)	HipLOC®	12.5mm
Ortho Solutions (Maldon, UK)	Compression Hip Screw (CHS)	12.7mm
Synthes (West Chester, PA, US)	Dynamic Hip Screw (DHS) Blade	12.5mm
Synthes (West Chester, PA, US)	Dynamic Hip Screw (DHS) Screw	12.5mm
Smith & Nephew (London, UK)	Compression Hip Screw (CHS)	12.7mm
Smith & Nephew (London, UK)	Intramedullary Hip Screw Clinically Proven (IMHS™ CP)	12.7mm
Stryker (Kalamazoo, MI, US)	Gamma™ Nail	10.5mm
Stryker (Kalamazoo, MI, US)	Omega 3 Compression Hip Screw (CHS)	13.0mm
Zimmer (Warsaw, IN, US)	Versa-Fx® II / Dynamic Hip Screw (DHS)	12.7mm

Figure 2 Intraoperative fluoroscopy of a dynamic hip screw insertion illustrating the distance ratios confirming a tip–apex distance of less than 25mm

References

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Nebulised local anaesthesia technique for fish bone removal

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BACKGROUND

We would like to highlight a local anaesthesia technique for removal of fish bone from distal parts of the oropharynx. Patients commonly present

to acute ear, nose and throat (ENT) departments with fish bones lodged in the oropharynx. These are often easy to remove if embedded in the tonsil or proximal tongue base. However, if lodged in the distal tongue base or vallecula, they are extremely difficult to remove in the clinic setting. One frequently used technique for removal involves the use of an anaesthetic laryngoscope and Magill forceps, with the patient lying supine.¹ In our experience, spraying the oral cavity and oropharynx with co-phenylcaine often fails to provide sufficient pain relief and suppression of the gag reflex required to allow for removal of the bone on awake patients. As a result, many patients require general anaesthesia.

TECHNIQUE

Following discussion with anaesthetic colleagues, we have adopted the technique they commonly use for awake fiberoptic intubation. For this approach, we use 2ml of 2–4% lidocaine in a standard nebuliser for 5–15 minutes to achieve sufficient topical anaesthesia. In our experience, this method provides improved local anaesthesia compared with spraying with co-phenylcaine.

DISCUSSION

Nebulising equipment is readily available on most hospital wards and lidocaine is found in the majority of ENT treatment rooms. We feel this method offers a cheap and simple alternative to standard local anaesthesia techniques with the additional benefit of improved efficacy, increased patient comfort and improved patient safety as it decreases the need for general anaesthesia.

Reference

1. Nathan B, Premachandran S, Hashemi K. Removal of fish bones from the throat. *J Accid Emerg Med* 1995; **12**: 302–303.