Figure 1 Laparoscopic clip being applied to the twisted suture material

holder while supporting the tissue. Multiple rotations of the needle holder allow a 'twist' of suture to be created flush with the tissue. A laparoscopic clip applicator can then be introduced through another port and a clip placed at the base of the twist to prevent this unravelling, maintaining tension in the suture line (Fig 1).

Avoiding fluid loss from an unused portal during hip arthroscopy

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During hip arthroscopy, more than one portal may be placed at a time. In order to avoid fluid loss from an unused portal, obturators can be used to block the arthroscopic cannula. However, these can be bulky and interfere with camera movements. Inserting the rubber bung from a 5ml syringe to occlude the end of the 5.0mm hip access cannula offers an easy and low profile method to temporarily block the outflow (Fig 1).

Figure 1 Rubber bung on cannula (arrow)

The use of unicondylar cement spacers as a bone preserving measure in two-stage revision knee arthroplasty

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Unicondylar arthroplasty revision can be associated with extensive bone loss.¹ However, revision can also be performed where the bone loss is not extensive. We recommend application of unicondylar cement spacers in two-stage revision rather than a single large cement spacer, which is often associated with more extensive bone resection. The first stage procedure involves careful removal of the components, where possible attempting to avoid excessive local bone loss, although extensive debridement of all infected tissue and removal of all artificial

Figure 1 Intraoperative photograph of unicondylar cement spacer and postoperative anteroposterior x-ray of the same cement spacer