Figure 2 Undercontoured proximal rod rising above pedicle screw head and appropriate realignment with in situ benders

Figure 3 Appropriately contoured proximal rod sitting snugly without set screws

DISCUSSION

Our technique is proposed as a safeguard against a proximally undercontoured rod. In turn, it is hoped that this will reduce the likelihood of PJK and PJF.

References

1. Nguyen NL, Kong CY, Hart RA. Proximal junctional kyphosis and failure – diagnosis, prevention, and treatment. *Curr Rev Musculoskelet Med* 2016; **9**: 299–308.
2. Hart R, McCarthy I, O'Brien M *et al*. Identification of decision criteria for revision surgery among patients with proximal junctional failure after surgical treatment of spinal deformity. *Spine* 2013; **38**: E1,223–E1,227.
3. Yagi M, Rahm M, Gaines R *et al*. Characterization and surgical outcomes of proximal junctional failure in surgically treated patients with adult spinal deformity. *Spine* 2014; **39**: E607–E614.
4. Scheer JK, Fakurnejad S, Lau D *et al*. Results of the 2014 SRS Survey on PJF/PJK: a report on variation of select SRS member practice patterns, treatment indications, and opinions on classification development. *Spine* 2015; **40**: 829–840.

Positioning of bilateral midshaft femur fractures

A Naqvi, E Matthews, S Adams

Plymouth Hospitals NHS Trust, UK

CORRESPONDENCE TO

Ali Naqvi, E: ali.naqvi1@nhs.net

doi 10.1308/rcsann.2017.0037

Positioning of a patient with bilateral femur fractures on a fracture table can be challenging, especially when consideration is given to C-arm image intensifier positioning. Although scissoring the contralateral leg when operating is common, it is not possible to provide traction via this method, thereby risking fracture displacement and neurovascular compromise. We recommend using the traction arm upside down on the contralateral leg (Fig 1). The ipsilateral leg can then be placed in traction to be operated on while maintaining traction bilaterally, furthermore allowing access for the image intensifier.

Figure 1 Upside down traction arm for contralateral leg

A simple technique to reduce occlusion in three-way catheters

M Boydell, B Mooney

Warrnambool Hospital, VIC, Australia

CORRESPONDENCE TO

Mark Boydell, E: markboydell@gmail.com

doi 10.1308/rcsann.2017.0039

We report a simple method to reduce the risk of clot formation in three-way catheters. A 15cm piece of strong medical tape is wrapped around the irrigation lumen and attached to the middle urinary lumen (Fig 1). This prevents the irrigation lumen from cutting off the flow of the irrigation fluid when moved accidentally by the patient. It is important to wrap the tape only after the rigid connectors have been inserted to avoid difficulty connecting them up.