Figure 1 Tibial nerve stimulator.

pedal Doppler ultrasound. The tibial nerve stimulator can be used repeatedly during the operation to aid surgical resection. Surgery continues until provocation with the nerve stimulator no longer causes flow disturbance in the pedal vessels.

DISCUSSION

This technique is a relatively simple way of ensuring that the structures compressing the popliteal artery have been satisfactorily resected during surgery. Nerve stimulation is used routinely in anaesthesia without complication.³ Its application in this setting hypothetically reduces the need for a more extensive dissection or resection and potentially reduces the need for repeat surgery.

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A simple endoscopic method for removal of a knotted urethral catheter

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BACKGROUND

Small infant feeding tubes (5Fr and 6Fr) are commonly used in many institutions for catheterisation of neonates and infants. This is most likely because feeding tubes are cheaper, more flexible and more readily available than infant urinary catheters.¹ Spontaneous intravesicular knotting of a feeding tube used for urethral catheterisation is a rare but documented complication.² Removal of these intravesicular knots has been attempted in a number of ways such as use of a guidewire to

Figure 1 Cystoscope in knot of catheter

untangle the knot, use of excess lubrication and traction with or without anaesthetic, and open or endoscopic removal via cystostomy. This method of removal using a cystoscope has not been described previously.

TECHNIQUE

Our technique uses a well lubricated 7Fr cystoscope inserted urethrally alongside the feeding tube. Introduction of the cystoscope into the knot is possible as the knot is usually stuck at the bladder neck or posterior urethra. The knot is then further tightened by pulling on the distal end of the catheter. It is subsequently possible to remove the catheter on withdrawal of the cystoscope (Fig 1).

DISCUSSION

If standard methods of removal such as gentle traction or use of a guidewire are not successful in cases of a knotted catheter, this is a simple technique that can be employed. This method might avoid the use of more invasive procedures such as cystostomy.

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Use of sponge heel boots as a temporary splint for paediatric elbow supracondylar fractures

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Splints are not mentioned as initial management in the British Orthopaedic Association guidelines on supracondylar fractures of the humerus in children.¹ In order to minimise fracture movement (causing pain and/or worsening neurovascular function), plaster casts can be applied. Application is time consuming, and the casts can be challenging to remove and reapply (for x-rays or clinical reassessment) without causing distress to the child.