Figure 3 Intraoperative fluoroscopic guidance of new 18-Fr urethral catheter over a stiff guide wire inside the urinary bladder.

Figure 4 Final fluoroscopic image of appropriately placed urethral catheter with the balloon inflated at the level of the anastomosis.

hydrophilic wire before removing the old catheter. A two-way 18-Fr silicon catheter is passed urethrally over this guide wire using a 16-gauge intravenous cannula and the balloon is inflated past the vesicourethral junction (Figs 3 and 4).

DISCUSSION

We describe a noninvasive technique to enable the restoration of a disrupted anastomosis after radical prostatectomy. The critical step in this technique is to leave the balloon of the misplaced catheter inflated, so that a hydrophilic guide wire is more likely to be negotiated through the correct passage into the bladder. Using an intravenous cannula to assist catheter introduction over a guide wire is a well-described technique.^{4,5}

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Fine wire frame foot plate positioning

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When applying a foot plate with tensioned wires as part of a hindfoot circular frame, it is desirable to place the foot plate parallel to the weight-bearing axis of the foot. This can be difficult to achieve using a reference wire/ring first technique. We present a method for positioning the foot plate in the desirable weight-bearing plane before application to the foot with wires.

The lid of an equipment tray is employed as a simulated weight-bearing surface. The assistant holds this flat surface and the foot plate. The foot plate rests parallel to the flat surface with the aid of three temporary two-hole rancho cubes (Fig 1). The foot is placed in the simulated neutral weight-bearing position in the desired position within the foot plate. The surgeon then places two transverse wires, tensioning and securing these to the foot plate (Figs 2, 3 and 4). If necessary, the position of the plate can be imaged in the lateral plane to ensure that it is in the correct position before definitive fixation placement (Fig 5).

Figure 1

Figure 2

Figure 3

Figure 4

Figure 5

A cheap, simple and sterile surgical bolster

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BACKGROUND

The use of a bolster in orthopaedic surgery is commonplace for cases such as retrograde nailing of the femur, antegrade nailing of the tibia or tibial plateau fracture fixation. An oft-used technique is to insert a non-

Figure 1 A pack of incontinence pads (the bolster) is placed on a non-sterile Mayo stand and an image intensifier cover is placed over the top half.