Figure 1 Laparoscopic view of Ambu® aScope™ 2 exploring the common bile duct.

Figure 2 Distal common bile duct stones as pictured by Ambu® aScope™ 2.

Figure 3 Confluence of the common bile duct as pictured by Ambu® aScope™ 2.

DISCUSSION

Using Ambu aScope 2 scope is a feasible, cost effective and safe alternative to reusable choledochoscopes. We recommend its use for laparoscopic and open CBD exploration.

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An alternative method of localised topical antibiotic delivery in deep musculoskeletal infection

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BACKGROUND

Local use of powdered vancomycin in wound closure has been described as a preventative technique against surgical site infection (SSI) following both instrumented and uninstrumented elective spinal surgery.^{1–3} Recent evidence has also shown intrawound vancomycin powder to be effective in reducing the SSI rate in arthroplasty.⁴ Doses of up to 2g of local vancomycin powder have been shown to be safe,⁵ with minimal systemic (nephrotoxic) effects in adults. Similarly, a dose of 500mg has been shown to be safe in children over 25kg.⁶ Delivery of antibiotic powder straight from the vial into a wound while maintaining asepsis and achieving accurate and even spread of the powder is difficult as its consistency changes immediately on contact with blood/tissue fluid, becoming highly adhesive to surgical instruments but considerably less so to body tissues.

TECHNIQUE

We describe the use of topical vancomycin powder, encapsulated in an absorbable 'pouch' (Fig 1), constructed intraoperatively using an absorbable dressing and a fast absorbing suture, such as Kaltostat®

Figure 1 Transfer of vancomycin powder into a 'pouch' made from an absorbable dressing

Figure 2 Delivery of the vancomycin 'parcel' into the wound

(ConvaTec, Deeside, UK) and Vicryl Rapide™ (Ethicon, Bridgewater, NJ, US). This results in a small 'parcel' that can be inserted into an infective focus (Fig 2), minimising spillage and loss of antimicrobial powder in other tissue planes or outside the wound.

DISCUSSION

The difficulties of treating deep musculoskeletal infection (including chronic osteomyelitis) are well known. Suppression therapy with antimicrobial agents may be interspersed with debridement and drainage of acute collections. By current convention, topical antibiotics in the setting of chronic infection are delivered in the form of absorbable or non-absorbable antibiotic eluting beads, which are not usually a stock item and entail considerable cost. Using only readily available stock items in the theatre department, this technique is a reliable method of delivery of a local antimicrobial agent to an infective focus, with clear cost advantages over other commercially available options.

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Dual mobility total hip arthroplasty: identification and reduction technique

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BACKGROUND

The use of dual mobility (DM) bearings in total hip arthroplasty (THA) is increasing. Identification of a DM bearing is difficult, even with trained eyes. There are subtle signs on radiography (Fig 1) but medical records are the only definitive way to establish which bearing has been implanted.

Closed reductions of DM bearing dislocations are prone to intra-prosthetic dislocation or stem pull-out from the large poly head being impacted in the soft tissues or acetabular rim. We present this technical note to caution orthopaedic surgeons that dislocation of a THA with a DM bearing is difficult to diagnose and inappropriate