at the periphery of the head, which is required to disengage screw from the plate (Fig 1, arrow). There is less concern of damage to the metal as this part of the screw does not take part in engaging the screwdriver.

Figure 1 K wire causing splintering of the overgrown bone in the screw head drive. Arrow showing the screw head and plate junction

Figure 2 Overgrown bone removed in entirety

DISCUSSION

We promote this as a quick technique for removing all bone in the screw head drive without damaging its margins, so helping to establish a secure fit of the screwdriver for removal. We therefore recommend having a humble K wire available in difficult screw removal set.

Reference

1. Fujita K, Yasutake H, Horii T *et al.* Difficulty in locking head screw removal. *J Orthop Sci* 2014; **19**: 304–307.

Protecting the surgeon's hand: a technical tip when implanting a cemented acetabular component

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BACKGROUND

When implanting the cemented acetabular component of a total hip replacement, satisfactory implant position is achieved using a combination of axial load and maintenance of correct position while the cement is allowed to cure. This controlled axial load is achieved with the surgeon providing direct pressure on the cemented acetabular component via a ball ended handle over the implant introducer.

In order to provide increased and sustained pressure while the cement cures, the heel of the hand is commonly placed against the tip of the ball ended metal handle. This is to provide axial loading with the other hand, which is positioned to prevent component drifting. This direct pressure on the heel of the hand can be considerably uncomfortable and can lead to bruising given the handle's sharp edges. Clearly, with an operating list including multiple patients requiring the same operation, this can become an exaggerated and cumbersome issue.

Figure 1 Original intended use of blue component

Figure 2 Metal capped ball ended handle (a) and novel use of the blue, soft silicone component (b)

TECHNIQUE

We present a technical tip to negate this pressure. Pressure is eased by deploying the silicone cement pressuriser used within the same operation to initially pressurise the cement just before prosthesis implantation. Figure 1 demonstrates the blue component's original intended use. This soft, blue component is placed over the handle as demonstrated in Figures 2a and 2b.

DISCUSSION

This technique provides a soft, protective barrier over the introducer handle, which in turn lends protection between the surgeon's hand and the metal handle. As this component is already used within this operation, this technical tip is ultimately cost-effective.

The use of a needle cap for external auditory meatus stenting

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BACKGROUND

Stenosis of the external auditory meatus (EAM) occurs from a variety of causes. The numerous surgical techniques illustrate that repair may be difficult. In addition, the proposed solutions are often

Figure 1 Transforming a cap into a stent