the controlled airway, necessitating rapid and accurate tracheostomy tube placement. This could induce anxiety in both the anaesthetist and surgeon. In our practice we advance the endotracheal tube before fashioning the window so the cuff is distal to the tracheostomy site. Mucosal damage is avoided by deflating the cuff slightly before advancement and subsequent reinflation. There is a risk of unilateral ventilation (albeit only for a short time) if the tube is advanced too far. This technique allows more controlled tracheostomy placement.

Localised bone grafting of acetabular cysts during total hip replacement

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Bone cysts are commonly found when preparing the acetabulum during a total hip replacement (Fig 1). We describe a simple yet effective technique of localised bone grafting using the Exeter™ (Stryker, Newbury, UK) plug trials already available when using the Exeter™ total hip system (Fig 2).

The Exeter™ plug trials used to measure cement restrictors can be employed to pack bone graft into cysts. They are supplied in diameters from 6mm to 20mm and allow the surgeon to choose the appropriate sized plug trial to fit the bone cyst for optimal impaction. The long T-handle allows this technique to also be applied in overweight patients with deeply located acetabuli.

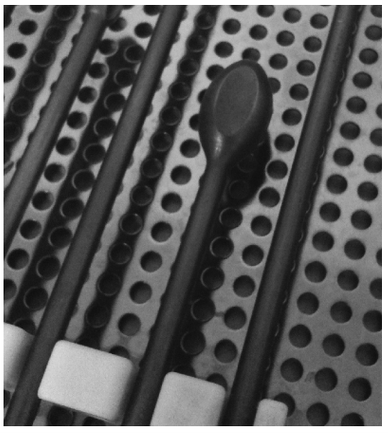

Figure 2 Exeter™ plug trial head is ideal for bone graft impaction within cyst

Figure 1 Anteroposterior x-ray of right hip with a superiorly located acetabular cyst