Minimal incision femoral interlocking nail removal
Simon Mathew M

Introduction

Open methods for removal of Interlocking nails usually involve a larger incision than the incision put for the insertion of the nail.

Femoral interlocking nails need an incision up to 10 cm over the trochanter to find the tip of the nail. Intramedullary supracondylar femoral nail needs a similar incision and arthrotomy. Tibia and humerus also need about 5-6 cm incisions for the removal of the interlocking nails.

An easier method of femoral interlocking nail removal is described below.

Procedure

Antegrade

Remove the locking screws. Make a 3 cm incision at the superior most part of the previous scar. By introducing and spreading an artery forceps till the greater trochanter, retract the soft tissues. Feel for the tip of the nail with the artery forceps and introduce a plain guide wire into the nail under fluoroscopic guidance.

The bone growth into the nail threads can be scooped out. Now the extraction rod for the respective nail is screwed tight over the guide wire and the nail is retrieved by gentle reverse blows with the extraction device. The guide wire guides the extraction device right to the nail.

Retrograde

After removing the locking screws, Keep the knee flexed to 30 deg. A 3 cm incision is made longitudinally over the patellar tendon and the tendon is split midway using a blunt instrument like a mosquito forceps. A plain guide wire is introduced under fluoroscopic guidance into the intramedullary supracondylar nail. The tip of the nail is cleared using a curette. Curetting is done gently, taking care not to injure the cruciate ligaments.

Extraction rod of the respective nail is passed over the guide wire to lock against the thread of the nail. Now the nail is retrieved by gentle pulls or reverse blows at the extraction device.

Advantages

1. Small incision.
2. Minimal insult to the soft tissues.
3. Minimum time for the procedure.

References


Cite this article as:

Source of funding: Nil; Conflict of interest: Nil