BACKGROUND
Laparoscopic ventral mesh rectopexy using a composite mesh is a technique gaining more recognition for management of pelvic floor disorders such as full thickness rectal prolapse, obstructive defecation symptoms and vaginal vault prolapse. A recent Cochrane review concluded that laparoscopic rectopexy results in fewer post-operative complications and an earlier discharge than open methods. We describe a novel technique for preparation of the mesh.

TECHNIQUE
Two longitudinal pieces of the standard 3cm x 20cm strip of polypropylene or polyester mesh are used; the second piece is placed at right angles to prepare a T shape. The second piece is stitched with four sutures, forming a T shape (Fig 1). This prepared mesh is cheaper than pre-packed/shaped meshes. The T shape allows better sitting in the pelvis. It improves area for fixation to the anterior rectum and offers better support.

DISCUSSION
Successful removal of metalwork requires a skilled surgeon and the correct instruments. We describe a simple method for the removal of an AO (Arbeitsgemeinschaft für Osteosynthesefragen) unreamed tibial nail in the absence of the correct extraction bolt. The threaded rods from the Taylor Spatial Frame fit into the proximal end of the nail perfectly, allowing for the easy extraction of the nail. The addition of a hexagonal post (Fig 1) allows the construct to be used with a slap hammer if required.

REFERENCES