size clearly limits the ability to analyze specific images. Perhaps the overview of what happens before and after surgery will be better represented, however.

We see variations in CT scans related to orientation of the tomographic slice, with regard to both angle of the slice and level on the patella. Anatomy of the trochlea varies tremendously, even with slight alterations in the beam orientation. I suspect that the differences noted in my Fig. 3 are related primarily to beam angle rather than to differences in knee flexion. The multiple images in the pre- and postoperative studies shown here demonstrate that there is substantial variation in appearance of the femur depending on the CT angle. Classifications of tilt and subluxation, however, are not affected by these changes in tomographic slice orientation when the posterior condyles and deepest point in the trochlea are used for orientation.

I believe this is a good point of clarification, and may further emphasize the need for closer analysis of patellofemoral mechanics through a range of motion to provide more overview of an individual's patellofemoral tracking pattern.

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Dear Editor:

Although we have been performing lateral retinacular releases with the Concept electrocautery for several years, we recently discovered that it is possible to do them with Ringer's lactate irrigating medium. Expressions of amazement from company representatives and colleagues prompts us to present our method and results.

METHOD

Patients may be under general anesthetic, although frequently local anesthetic is used. The local anesthetic consists of 1% lidocaine with epinephrine injected at the portal sites. Bupivacaine 0.5% with epinephrine is injected intraarticularly, and between the distal and proximal lateral portals along the line of release. No tourniquet is used. An infusion pump is used to regulate the inflow of Ringer's lactate. An isolated dispersive plate (Scotchplate 3M #1149) is attached to the patient for grounding. The lateral release is performed as the last procedure after an arthroscopic exam. We have found that it is mandatory to use the Concept electrode tip #9735, with the generator (#9700) set on the coagulation (not cautery) mode at 35. This is the same setting we previously used with sterile water. The lateral release itself is identical to that performed in a nonconducting medium.

RESULTS

We have performed lateral releases on 18 patients (21 knees) using Ringer's lactate. Follow-up time is short, ranging from 2 weeks to 4 months.

Thirteen knees were done using general anesthetic, seven with local anesthetic, and one was begun with a local and ended with a general. Patients' age range was 16–51 years, with a mean of 28.7 years. Postoperative complications were essentially minor, and with one exception, no different from those seen in previous lateral releases. One day postoperative patients exhibited mild to moderate effusion, and mild erythema. Mild bruising and peeling was seen in two patients who had received local anesthetics. This is an occasional complication from the epinephrine, and is not related to the irrigant. One patient had an unusual subcutaneous emphysema of the thigh 1 day postoperatively, which resolved by 2 weeks. We are not able to determine a cause of the emphysema.

DISCUSSION

In our experience it is not necessary to use a nonconducting medium (sterile water or glycine) to perform lateral retinacular releases with the electrocautery. Although we have seen occasional arcing when using the cautery in Ringer's lactate, we have not seen any adverse effects. Previously, the most common complaint of pain during lateral releases under local anesthesia occured when we switched from Ringer's lactate to sterile water. We are now able to avoid that discomfort. Similarly, use of Ringer's lactate prevents any adverse effects to joint surfaces from glycine.

Although this is a small series of patients with a short follow-up, the information presented may be useful to others using the electrocautery. We are currently exploring the use of Ringer's lactate for other electrosurgical applications as well. Use of a single irrigating solution throughout the arthroscopy is more convenient and appears to result in no additional risks or complications.

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