# Patient Positioning

(0:00 - 0:32)

Hey everybody, welcome back to another Surgical Tech Tips. We are back in the OR finally and I wanted to do a video on this bad boy right here, our OR table. I haven't really gotten to talk about the OR table and I thought it would be good to go through some positioning and kind of take you through, you know, the controller that the anesthesiologist uses as we position a patient and all the kind of different options and safety aspects that you can see with this OR table.

(0:33 - 3:21)

Here we go. All right, so to start things off, we're going to be going over different positions on this table and first and foremost, most common position you're going to see in the operating room as far as surgical procedures go is supine. The supine position is the body's most common way to lie.

You're just lying on your back. Man, this is actually kind of comfortable. I've never actually sat on the OR table before.

This is actually pretty comfortable. Arms can be out or arms can be tucked. If your arms are out, they say that you should not keep the arms out more than a 90 degree angle.

So instead of a 90 degree angle, you want it just a little bit lower. If you go a little bit higher and, you know, you have an hour, two hour case, after that patient leaves the OR, they could have a brachial plexus injury from, you know, overextension of the arms up. So they say you should keep it at below a 90 degree angle in this supine position if you are keeping the arms out, you know, working on the lower half of the body.

If you're working in the upper half of the body, in the abdomen or in the chest, majority of the time we will tuck the arms. We have a sheet usually over this bed just for this exercise. I just wanted you to be able to see, you know, the pads.

But we have a sheet under this bed and there's a sheet under the patient and we can actually tuck the arms next to the patient during a surgical procedure. We pad them, pad the ulnar nerve over the elbow and basically pad, you know, this whole arm as we tuck it to their sides. So as far as types of procedures that you might see supine, I said before it's going to be the most common position you'll see in the OR.

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Pretty much anything abdominal-wise is going to be supine. Anything femoral, anything in the legs, so that could be, you know, fractures, it could be vascular cases in the leg, open hearts going through the sternum, chest, that's supine. There's a lot of cases that are supine.

Some of the ortho cases and spine cases can be supine as well, but they also, we have different beds, fracture tables and Mayfield tables and stuff like that that they might utilise for those types of procedures. They just have different attachments, things like that. We can go over that in another video.

But majority of those cases are all going to be lying flat on the back supine. So one of the first modifications of the supine position is Trendelenburg. Sometimes doctors like to call it head downenburg because you are placing the patient's head down.

You'll see this a lot of the times in pelvic surgery when they really need to displace all the organs in the and kind of displace them up toward the head. So gravity works for us here. We're basically pulling the head of the patient down, putting the feet up, and it's displacing all those organs, cephalad, up toward the head, and that's going to give us more room to work in the pelvis.

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And fun fact, actually, if you are in a case and your patient is getting really brady and their pressure, their heart pressure is going down, one of the first and most effective things that you can do to bring that pressure back up is Trendelenburg. Because what you're doing is you're taking all that blood and venous drainage and sending it right toward the heart to bring the pressure of the heart back up. Fun fact.

Now the opposite of Trendelenburg is, somebody guess it, you guessed it, reverse Trendelenburg. So that's going to be head upenburg. Sometimes they like to call it.

And in this type of case, obviously, you're displacing the organs, caudate, you're bringing them down toward the feet. If you're working somewhere in the upper abdomen, maybe liver, maybe you're doing a gallbladder or something like that, you want a little reverse T, you'll bring the head up a little bit and kind of displace those lower abdominal organs down toward the feet to give yourself a little bit more room to work. And just like the fun fact with Trendelenburg, with bringing the pressure up, sometimes you have to watch the pressure.

If you give a little bit too much reverse T, you're taking away too much blood from the heart and, you know, you can get a little brady. This next position is Fowler's position. Sometimes they call it like a beach chair position.

A lot of the cases that you'll see in this type of position are going to be possibly some breast surgery, breast aug, or any type of breast surgery where you need to see the natural lie of what the breast looks like. You might see it in shoulder scopes, arthroscopies, things like that, and even possibly any certain types of head cases as well. Now, you're probably wondering why there is a big hole down here between the pads on this bed.

And this hole is here and in place basically for this next position, lithotomy. We have two different types of leg devices to hold the legs up for the lithotomy position. I'm going to show

you the first one.

This is the candy cane. But first and foremost, after we get the patient on the bed, we put them to sleep, we will put their legs up both at the same time up in these either stirrups or candy canes, and then we will remove this portion of the bed. These little nubbins can go down by just hitting the leg down button.

And now the doctor has perfect access to the patient's pelvis. A lot of the times I know you ladies know this position well because, you know, when you go to get your pap smears and stuff like that, you have to kind of be in this lithotomy position at your doctor's office. But for the men out there that do not know, oh, I can't believe I'm doing this.

Take this off. You're basically up, open, you have access to the anus, to the pelvis. Obviously for men and women, we have different parts, but the doctors will have access to both.

So OBGYNs, you'll see a lot of those types of procedures, you know, any type of DNCs for general surgery, you know, we can do like anal fistulas, stuff like that through this lithotomy position. Urology, cystoscopies, you'll see a lot of cystos all in lithotomy position. But yeah, that's about it.

Oh, hold on. Let me show you the different devices. This is the Allen stirrup for the lithotomy position.

The other one was the candy cane. It's basically doctor preference at this point between the two of them. Bigger cases and cases where you need to manoeuvre the leg a little bit more.

(9:56 - 11:13)

This Allen stirrup works great because of that reason. The candy cane, you know, you pretty much put the legs up and that's where they're going to stay for the remainder of the case. But these Allen stirrups, they have a lot of padding in them.

I think they're a little bit more comfortable and there's a lot more mobility that goes along with these. This next position is prone position. Prone is basically stomach down.

You know, I don't know if a lot of you sleep on your stomach. I like, I'm a stomach sleeper, stomach inside. So I'm comfortable sleeping on my stomach, but a lot of people aren't.

And this position is obviously utilised so we can work on the back of the patient. So it could be types of, I want to say spine procedures, but I know majority of the time spine procedures are done on a Mayfield bed. I'll show you a picture of that bed here.

But it could be, you know, for general, maybe some pilonidal cysts down near the anus. Could be some head and neck or head and neck things, you know, on the back of the head or on the back of the neck. Again, like maybe some lipomas back there or, or anything like that.

(11:13 - 11:33)

So prone position. There you go. And similar to supine position, you can have, you know, the arms tucked in close to the patient, or in this case, have the arm boards up in a comfortable position and just keep the arms attached to the arm board as they're up.

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Uh, now this position here is, they call this like the Kransky position or like the jackknife. Again, this is a modification of the prone position. And, um, again, you know, could be used for like the pilonidal cysts.

A lot of the times they'll do a slight jackknife. It might not be anywhere as severe as this. All right.

For the last position I want to talk to you guys about, it's going to be the lateral position. Uh, lateral position is used anytime you're going to access the thoracic space. Uh, any type of lung surgery that you're going to do, you're going to be using lateral position.

There's a couple of different types of positioning devices. Uh, sometimes doctors like to use a beanbag, uh, which is an interesting device. Majority of the doctors that I work with don't, don't utilise a beanbag though.

They'll just, they'll just tape a patient, um, tape a patient to the bed. But essentially the lateral position is exactly what it sounds like. Patient is lateral.

Their lower leg is bent. Usually have a couple of pillows in between the legs and the top leg is straight. Your arms are out.

(13:05 - 13:54)

Your arms will be out on one side and you'll have a couple more pillows right here just to try and keep a nice comfortable space. That is pretty much it for the different types of positions on this table. Um, here's a little video of, you know, some, some patient padding devices that we utilise.

I kind of touched on them when I was talking about the positions, but mainly, uh, we're trying to pad bony prominences that might be injured as well as nerves that might be injured, like the ulnar nerve around the elbow. Um, so we just have to ensure that we pad, you know, all those types of, of places. And, you know, the, the padding on these OR tables is super thick, super squishy.

(13:54 - 14:25)

It's like this thick gel memory foam. It's like, it's like five or six inches thick. It's actually very comfortable.

That was my first time ever even getting on this table and it's actually very, very comfortable. Um, yeah, but we just, we try and pad all those types of bony prominences and, and, and nerves to, uh, you know, keep, keep anything from getting damaged that, you know, we don't want damaged, obviously. Um, thank you guys for watching this video.

(14:25 - 14:58)

I hope you thought it was a little educational. I know we get to see these, uh, different positions and pictures of those positions and books, but it's kind of interesting to see it on an actual table itself. Um, that's about it guys.

Thanks for watching. Thanks for sharing and liking the videos and I'll see you guys in the next one. Bye.

But yeah, that's, uh, that's pretty much it. Oh, I spent the whole video on my legs, on my knees. Um.