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Education  
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**References:**

## Positioning the Patient in the Operating Room, 88.07.00

**Document Type:** Procedure

**SUPERSEDES:** 10/04 8/01, 2/93, 5/96

### PURPOSE:

Safe patient positioning is a joint effort among the surgical team to:

1. Provide optimal exposure for the surgeon
2. Avoid compromise of respirations
3. Maintain patient's dignity and privacy
4. Minimize the risk of nerve damage
5. Provide adequate tissue perfusion

### PROCEDURE:

ACTION	KEY POINTS
<b>LITHOTOMY POSITION</b>	
1. Patient is placed in a supine position with safety strap across abdomen.	1. The patient's anterior iliac spine should be in line with the leg holder and the buttock level on a line with the edge of the table. Since most of the weight rests on the sacrum, to prevent lumbosacral strain, a small pad can be placed under the lumbar area.
2. Leggings are applied.	2. To provide protection and warmth to the patient's legs and to contain any epidermis shedding from the feet.
3. Patient's legs are raised slowly and simultaneously by two people. Safety strap across abdomen may be removed at this time if it interferes with surgeon's procedure.	3. Be careful to avoid undue external rotation and abduction of the hip. This can stretch the abductor muscles and capsule of the hip joint.
4. The legs are slowly flexed as the sole of the foot is grasped in one hand while supporting the leg near the knee in the other.	
5. The flexed leg is supported by:	
a. Being placed in low lithotomy with the use of a padded knee stirrup or Allen stirrup. The leg is secured in correct alignment with straps.	a. The stirrups must be level and the height adjusted to the length of the patient's legs. They must be well padded so there is an even distribution of the thigh and leg weight. This will prevent thrombosis of the superficial vessels from occurring.

6. Arms should be positioned, padded & secured on armboards. Armboards should be no greater than 90 degree angle.	6. To prevent damage to digits when raising or lowering bottom of table. If extended along table sides care must be taken to prevent damage to the digits.
7. After the surgical procedure, the legs should be removed from the stirrups slowly and simultaneously by two people.	7. Support of the joints above and below the knee will prevent strain on the lumbosacral musculature. Circulatory pooling occurs in the lumbar region. Venous flow may be reduced due to pressure of the thighs on the abdomen or abdominal viscera against the diaphragm and lungs.
8. Documentation of position and positioning devices used will be placed in the intraoperative record.	
<b>LATERAL POSITION</b>	
1. Patient turned to side using adequate moving help.	1. Prevent injury to patient/staff.
2. Head will be properly supported with appropriate head support.	2. To align spinal column.
3. Eyes/ears protected from pressure, objects and solutions.	3. To prevent injury.
4. Torso is stabilized and supported with appropriate positioning device.	4. To prevent movement or change in position.
5. Patient will be secured using a safety strap or wide adhesive tape attached from one side of table to other.	5. Straps and tape should be placed over <b>padded</b> bony parts.
6. A check will be made of all pressure areas for placement of padding and alignment. Attention will be given to the position of female breasts and male genitalia. Attention will also be given to knee and upper leg to prevent injury to peroneal nerve.	6. Pressure on bony prominences can lead to decreased tissue perfusion and/or nerve damage.
7. Bottom leg flexed, upper leg straight.	7. To provide stability, also lifts weight of upper leg off lower and facilitates venous drainage. Upper foot may be kept off table with pad or pillow.
8. Pad axillary area of dependant arm with axillary roll.	8. To protect brachial plexus.
9. Lower arm extended on padded arm board at angle no greater than 90 degrees. Place pillow between arms, and apply safety strap.	9. Arm is rotated to prevent table contact with ulnar nerve. Safety strap should be secure but not impede circulation or IV.
10. The kidney rest or sandbag can be used for flexed lateral. The correct position of the device is beneath the bony iliac crest.	
11. Documentation of position and positioning devices used will be placed in the intraoperative record.	
<b>PRONE POSITION</b>	
1. The patient will be brought to the OR on a stretcher or bed. For general anesthesia the patient will be anesthetized and intubated in the supine position on the stretcher or bed.	1. Anesthesia must have access and control of the airway and IV prior to turning patient.
2. The OR bed will be ready for placing the patient in the prone position with the bed locked. Two rolled bath blankets or approved support devices will be placed lengthwise under patient's chest from axillae to iliac crests. Padded arm boards, a pillow under ankle area, a foam pad under knees, and an appropriate head support shall be used.	2. These devices distribute body pressure points evenly to allow for easier respiration and circulation

3. The patient will be turned to the prone position from the stretcher with at least four persons to control head, feet, and body.	3. Turning must be gradual to allow: anesthesia to maintain proper body alignment, patient safety, and to allow the patient's cardiovascular system to adjust to the change in position. Rapid turning can result in hypotension.
4. The patient's arms will be either padded and tucked along sides of the body and palms facing up, or on padded arm boards with arms extended outward and upward, shoulder angle less than 90 degrees and palms down.	4. To prevent shoulder dislocation, brachial plexus injury and torn ligaments and tendons, the arms must be lowered toward the floor and swing upward in a natural arc to come toward the head of the bed. Padded arm boards must be attached to the table after the arms are brought upward. Protect IV site.
5. A check will be made of all pressure areas for placement of padding and alignment; special attention to position female breasts (should be toward center of body) and male genitalia (must hang free and not be compromised).	5. Pressure on a bony prominence can lead to decreased tissue perfusion and/or nerve damage.
6. A safety belt will be applied across the patient's thighs above the knees and over a blanket.	6. The blanket under the belt prevents damage to connective tissue.
7. The patient's stretcher or bed will remain outside of the OR room until surgery is finished.	7. If problems arise with the patient's physiological status, the stretcher or bed must be available for immediate repositioning to supine position.
8. Documentation of position and positioning devices used will be placed in the intraoperative record.	
<b>SUPINE POSITIONING</b>	
1. The patient is on his back with arms either on arm boards or to the side of the body. The supine position should place the patient's cervical, thoracic, and lumbar vertebrae in a straight line.	1. Maintain body alignment.
2. A check will be made of all pressure areas for placement of padding and alignment.	2. Pressure on bony prominences can lead to decreased tissue perfusion and/or nerve damage.
3. The safety strap is placed over the mid to upper thighs at least 2 inches above the knees. The strap is not placed over a bony prominence. After the strap is secured, you should be able to run your hand under the strap.	3. The strap should be secure but not so tight as to impede circulation.
4. Appropriate head support should be placed under the head and neck.	4. Prevents neck strain and maintains proper alignment.
5. A pillow may be placed under the knees.	5. Maintain normal lumbar concavity and prevent strain on back, thigh and leg muscles and ligaments.
6. Legs are parallel and uncrossed.	6. Prevent peroneal and tibial nerve injury, rubbing, and compression to circulation.
7. One or both arms may be on arm boards. The arms must be at less than 90-degree angles to the torso, palms up. A pad may be placed under the elbow and under the wrist.	7. Prevent stretching of and pressure of brachial plexus.
8. If arm(s) are secured at the patient's side, elbows encapsulated in foam padding with palms against the body. A draw sheet or padded sleds may be used to support the arm.	8. Protect fingers and elbow from hanging over edge of table. Sleds prevent pressure from staff leaning on arm.
9. One or both arms may be on arm boards. The arms must be at less than 90-degree angles to the torso, palms up. A pad may be placed under the elbow and under the wrist.	7. Prevent stretching of and pressure of brachial plexus.

10. When the patient is pregnant, a pad, foam, or towels can be placed underneath the patient on her right side at the waist.

9. Hypotension may occur as a result of venacava compression by the enlarged uterus. The compression can be relieved by manual displacement of the uterus to the left.

**Attachments:**

No Attachments

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