Alaa hussein ALgobouri (practical anesthesia) forth stage

Position in anesthesia

Goals of Surgical Positioning

All positioning schemes have 3 goals:
1. Maximum exposure to the surgical area while maintaining homeostasis and preventing injury
2. Position must provide the Anesthetist with adequate access to the patient for airway management, ventilation, medications, and monitoring
3. Promote the enhancement of a satisfactory surgical result

POSITIONING OF ELDERLY PATIENT

➢ Fragile Skin Surfaces

➢ Arthritic Joints

➢ Limited Range Of Motion

➢ Lifting Rather Than Sliding Or Dragging

➢ Avoid Of Adhesive Tape For Strapping

➢ Adequate Padding For Bony Prominences

POSITIONING OF PAEDIATRIC PATIENT

➢ Think of ‘appropriate size’

➢ Right size for bed and attachments

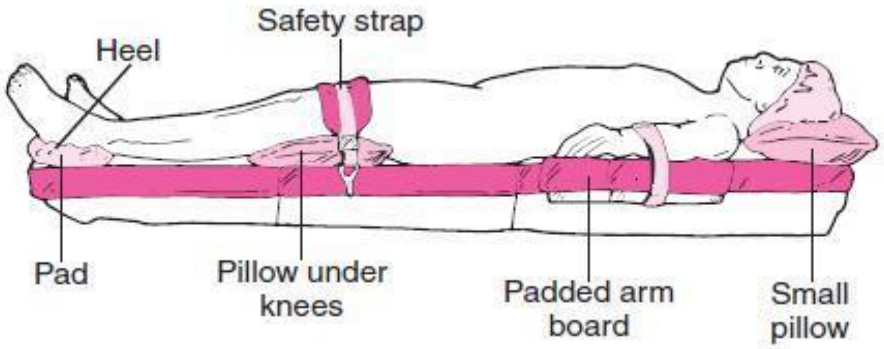
➢ May necessary to use safety strap

➢ Never overextended limbs or keep in one position for longer periods

➢ Due to small size, children are prone to and has greater risk of physiologically compromised

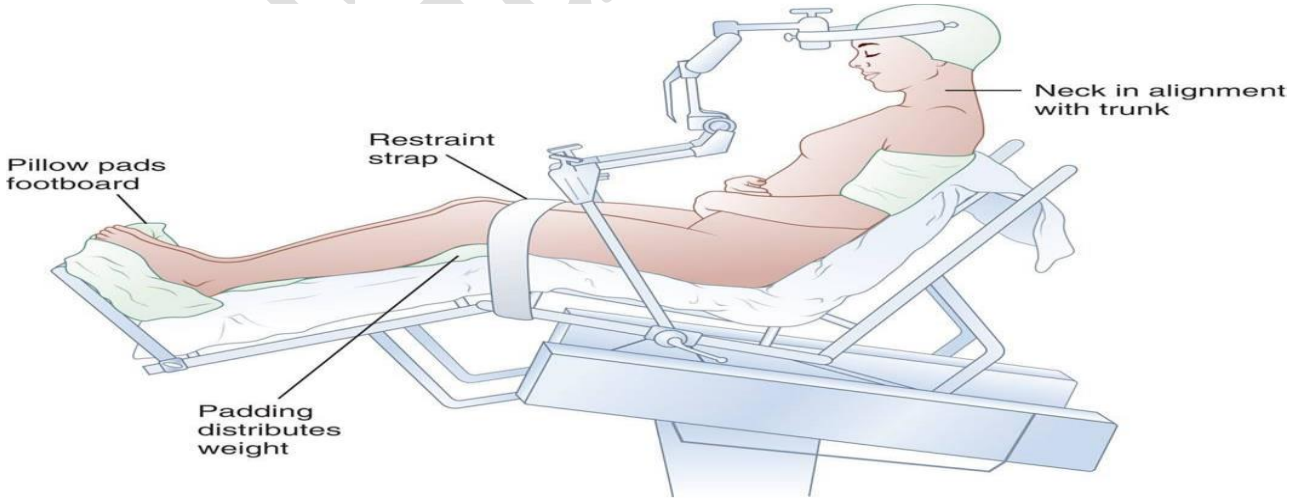
Supine position:

The most common surgical position, is a position of the body lying flat with the face and abdomen up with arms tucked in at the sides, when used in surgical procedures; it allows access ***to the peritoneal, thoracic and pericardial region; as well as the head, neck and extremities***, The supine position carries the risk of supine hypotensive syndrome during pregnancy or patients with a large abdominal mass.



Seated position: (Sitting position)

The patient sitting straight up or leaning slightly that performed in some **dental and neurosurgeries**. That position requires careful support of the head, in addition, venous pooling and resultant cardiovascular instability may occur (particularly, risk of hypotension).

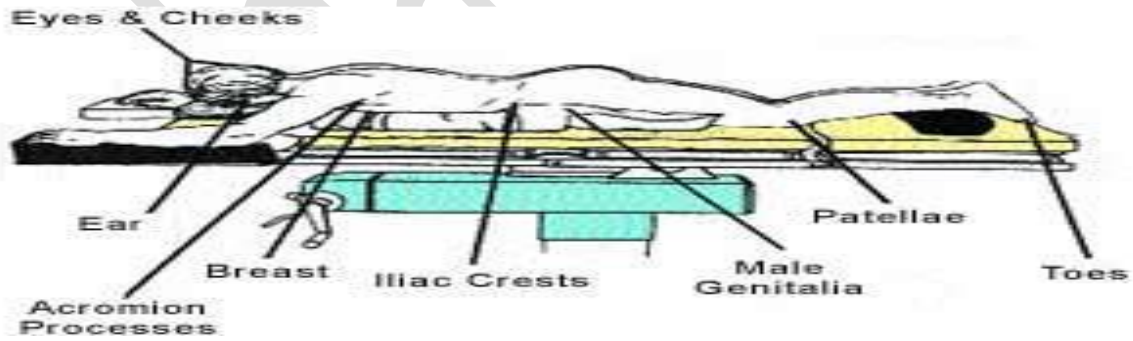


Lithotomy and Lloyd Davis positions:

The position involves positioning of the patient's feet above (Lithotomy p.) or at the same level as the hips (Lioyd Davis p.). These are the common positions for surgical procedures involving **pelvis and lower abdomen (such as: anal surgeries, cystoscopy, curettage and cervical cerclage).**

Prone position:

A position involves in which the patient lies flat with the chest down and back up performed in some operations such as laminectomy. It may cause abdominal compression, to prevent this, support must be provided beneath the shoulders and iliac crests, Excessive extension of the shoulders should be avoided. The face, and particularly the eyes, must be protected from trauma

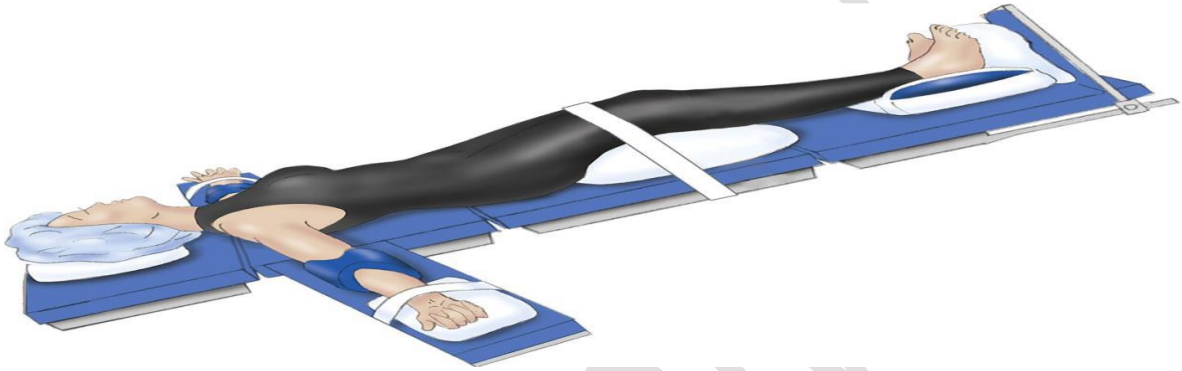


Lateral position:

The patient is lying on his right or left side, used in some operations such as kidney and thoracic surgeries. It may result in asymmetrical lung ventilation. Care is required with arm position and I.V infusions.

Trendelenburg position:

The body laid flat on the back, the head down and legs up, used for hypotensive or shocked patient, surgical reduction of an abdominal hernia, prevent aspiration of gastric contents due to vomiting or regurgitation and when placing a central venous line. Trendelenburg position may produce upward pressure on the diaphragm because of the weight of the abdomen.



Reverse Trendelenburg position:

Reverse trendelenburg position is also used for neck and head surgery and gynecological procedures because it reduces the flow of blood to those areas. The reverse trendelenburg position is also used to improve surgical exposure of the prostate and minimally invasive upper abdominal procedures.