

# Lithotomy and Lloyd-Davies position

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This is commonly employed for gynaecological, perineal and urological procedures. The patient is positioned supine with the legs flexed at the hip and knee and placed in stirrups. In degree of hip and knee flexion can be controlled depending upon the type of procedure performed ( Figure 7.3 ). The Lloyd-Davies position is a modification of the lithotomy position with hips minimally flexed to around 15° with a 30° head-down tilt. Key points /uni25CF Both legs are simultaneously placed in the stirrups. /uni25CF The fingers should not extend past the edge of the table as they can be crushed or even amputated accidentally . /uni25CF The legs should not be externally rotated or unduly ab - ducted. /uni25CF Sequential compression devices may be useful to prevent venous stasis, especially in major operations. Potential complications /uni25CF V enous and arterial insu ffi ciency in long procedures can lead to limb ischaemia and compartment syndrome, besides having a higher chance of deep venous thrombosis. /uni25CF Digital amputation at the edge of the bed. /uni25CF Hyperflexion can cause damage to the sciatic nerve. /uni25CF Saphenous and peroneal neuropraxia when legs are placed - in the stirrups. Lithotomy and Lloyd-Davies position

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