

Prone position

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In the prone position (Figure 7.4) , the patient is intubated and - then log-rolled onto the operating bed with the assistance of at least four members of the team. This position is used in - spinal surgery and in certain general surgical procedures, e.g. extrale vator abdominoperineal excision for rectal cancer. A common modification of the prone position is the jack - knife position, which o ff ers excellent access to the perineum. Key points /uni25CF Axillary and lateral chest rolls are essential to aid in the movement of the chest, abdomen and diaphragm. /uni25CF Female breasts and male genitalia have to be carefully po - sitioned. /uni25CF Arms may be placed by the side of the head by reversing the arm boards with care taken to avoid shoulder disloca - tion. - /uni25CF Toes should be elevated o ff the bed by placing pads under the shins. /uni25CF Specially designed pillows with a hollow to accommodate the face and endotracheal tube, while gently supporting - the forehead and chin, are also used. Figure 7.5 Potential complications /uni25CF Brachial plexus injury and shoulder dislocation. /uni25CF Facial trauma, including blindness secondary to vascular congestion of the eye. /uni25CF Pressure necrosis of the breasts, external genitalia and pressure-bearing bony prominences. /uni25CF Displacement of the endotracheal tube

Left lateral position with the patient safely stabilised using stirrups and straps.

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