

Supine position

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This is the most common position for general surgical procedures. The patient's arms may be placed by their side or extended to afford access to intravenous and arterial cannulae. This is a versatile position and can be modified as follows:

- Rose's position: slight neck extension for head and neck surgery.
- Shoulder and arm extended: to assist in axillary and breast surgery.
- Trendelenburg position: the head end of the table is tilted down on an incline with the patient's knees slightly flexed. This is often used in pelvic procedures and when resuscitating a patient in shock (Figure 7.1).
- Reverse Trendelenburg position: the head end of the table is tilted up, thereby placing the head higher than the feet (Figure 7.2). In advanced laparoscopic surgery, exaggerated and frequent position changes during the course of the operation are used to enhance surgical exposure. An excellent example would be in laparoscopic resection of the rectum, wherein the table is tilted to the right to aid in left colon mobilisation; a neutral or reverse Trendelenburg position is used to mobilise the transverse colon; and pelvic dissection is completed with a steep Trendelenburg position. This can only be achieved if the patient is well positioned and secured (Figure 7.3). Straps and supports to secure the patient
- The safety belt to prevent the patient from sliding off the table is placed 5 cm above the knee and never over the abdomen.
- Shoulder supports are used if the Trendelenburg position is necessary.
- Side supports to prevent lateral displacement of the patient are essential if the table needs to be tilted laterally.
- Foot support is required for the reverse Trendelenburg position.
- Alternatively, vacuum-activated positioning systems that gently conform to the contours of the patient's body can be used. Potential complications specific to supine positioning
- Ulnar, axillary, peroneal and brachial neuropraxia.
- To reduce the risk of brachial plexus injury, the arm should not be hyperextended (abducted by greater than 90°). Pronation of the extended arm causes traction of the brachial plexus and also causes pressure on the ulnar nerve.
- Pressure necrosis of the heels, shoulder, sacral region and scalp.
- Steep Trendelenburg position can cause respiratory compromise and raise intracranial and intraocular pressure.

Figure 7.3 Figure 7.4

Trendelenburg position. Reverse Trendelenburg position. Secure positioning in complex laparoscopic procedures is aided with shoulder and side supports, straps and stirrups. Prone position. Padded material is placed under the axillae and extends down to the iliac crest to facilitate breathing.

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