



HEALTH HOLDING

HAFER ALBATIN HEALTH  
CLUSTER  
MATERNITY AND  
CHILDREN HOSPITAL

<b>Department:</b>	Operating Room		
<b>Document:</b>	Internal Policy and Procedure		
<b>Title:</b>	Positioning Patient in Operating Room		
<b>Applies To:</b>	All Surgeon and Operating Room Staff		
<b>Preparation Date:</b>	January 05, 2025	<b>Index No:</b>	OR-IPP-007
<b>Approval Date:</b>	January 19, 2025	<b>Version :</b>	5
<b>Effective Date:</b>	February 19, 2025	<b>Replacement No.:</b>	OR-DPP-007(4)
<b>Review Date:</b>	February 19, 2028	<b>No. of Pages:</b>	5

## 1. PURPOSE:

- 1.1 To provide adequate exposure and accessibility of the operative field for the surgical scrub team to perform the necessary surgery.
- 1.2 To provide and maintain patient safety and comfort throughout the surgery.
- 1.3 To provide adequate pre – operative preparation and safe anesthesia.

## 2. DEFINITONS:

- 2.1 **Positioning Patient in Operating Room** – it is procedure of positioning patient appropriately according to the desired operation to be performed.

## 3. POLICY:

- 3.1 The choice of position for operation is made by the surgeon in consultation with the anesthesiologist and adjustment made as necessary for anesthesia.
- 3.2 The positioning of the patient on the operating room bed determined by the surgery to be performed.
  - 3.2.1 The patient's position should provide optimum exposure for the procedure, providing access to the patient's airway, IV lines, and monitoring devices.
  - 3.2.2 The position should not compromise circulatory, respiratory, musculoskeletal or neurological structures.
- 3.3 The surgeon, anesthetist and circulator are responsible for placing the patient in the desired position.
- 3.4 Patient safety must observed in position patient in operating room:
  - 3.4.1 The patient must be properly identified when transferred to the operating table site affirmed.
  - 3.4.2 The table must be securely locked in position with brake applied, when the patient is on it and during transfer to and from the table.
  - 3.4.3 The anesthetist guards the patient's head at all times and support it during movement.
  - 3.4.4 There must be adequate assistance, minimum of four people in lifting the patient is necessary to prevent further injury.
  - 3.4.5 Approval must be given by Anesthetist before any commencement of positioning procedure.
  - 3.4.6 An arm board must be guarded to avoid hyper-extending arm or dislodging infusion needle.
  - 3.4.7 Anesthetized patients and the aged patient must be moved slowly and gently to allow the circulatory system to adjust.
  - 3.4.8 If a patient is on his or her back, the ankles and legs must not be crossed, which would create occlusive pressure on blood vessels and nerves.
  - 3.4.9 If a patient is on his or her side, a pillow must be placed lengthwise between the legs to prevent pressure on blood vessels.
  - 3.4.10 If patient on prone position, the thorax must be relieved of pressure to facilitate pressure.
  - 3.4.11 The position should not obstruct tubing (catheter, intravenous, etc.) and monitors.
  - 3.4.12 Body support and restraining straps must not be fastened too tightly.
  - 3.4.13 All positioning devices should be tested before positioning.

- 3.5 Surgeon must be consulted if there is any doubt on which position to be used anesthesia patient shall be positioned "before" the administration of local anesthetic agent.
- 3.6 Patient's privacy must be maintained at all time during positioning.
- 3.7 Proper body alignment must be maintained and criteria must be met for physiological positioning.
- 3.8 Assemble all necessary equipment so as to expedite the procedure.
- 3.9 Anesthetic screen is necessary for all cases to keep drape from patient's face and provide access to patient's airway.

#### 4. PROCEDURE:

- 4.1 Assess the patient for the following:
  - 4.1.1 Assess the patient for the following: Specific positioning and securing devices that is required.
  - 4.1.2 Special Operative beds.
- 4.2 Supine (Dorsal) Position:
  - 4.2.1 Place patient on his back with arms secured at the side, palms down. Place hand with cannula on arm board.
  - 4.2.2 Place the patients' head on head ring or pillow as the anesthetic preference.
  - 4.2.3 Patients' leg should be straight and parallel, in line with head and spine.
    - 4.2.3.1 Patients' leg should not be crossed.
    - 4.2.3.2 Feet must not be in prolonged plantar flexion.
- 4.3 Attach anesthesia screen:
  - 4.3.1 Arm Extension:
    - 4.3.1.1 Place arm on an arm board at right angle to the body.
    - 4.3.1.2 Affected side of the body must be closed to table edge for access to operative area.
  - 4.3.2 Face and Neck:
    - 4.3.2.1 Place head on a headrest or head ring.
    - 4.3.2.2 Close eye with eye pad.
    - 4.3.2.3 Place a small shoulder under shoulder to hyperextend the neck or lower head part of the table.
  - 4.3.3 Shoulder:
    - 4.3.3.1 Place a small sand bag or pad under affected side to elevate the shoulder.
    - 4.3.3.2 Stabilize the body to prevent rolling or twisting of spine.
  - 4.3.4 Dorsal recumbent:
    - 4.3.4.1 Place patient in supine with knees flexed and thighs externally rotated.
    - 4.3.4.2 Rest the soles of the feet on the table.
    - 4.3.4.3 Place pillows under the knees for support.
- 4.4 Trendelenburg-Head is lower than feet:
  - 4.4.1 Position the patient supine with knee over break off table.
  - 4.4.2 Tilt table with head down not more than 45°.
  - 4.4.3 Use padded shoulder rests if required by surgeon or an anesthetist.
  - 4.4.4 In returning to horizontal position, leg should be raised first slowly while reversing venous status in legs.
- 4.5 Reverse Trendelenburg – Head is higher than feet:
  - 4.5.1 Position the patient supine.
  - 4.5.2 Tilt the table so that the head is higher than the feet.
  - 4.5.3 Place a small pillow under the knee and the lumbar curvature. (optional)
  - 4.5.4 Return slowly to supine position once finished.
- 4.6 Lateral Position:
  - 4.6.1 Gather minimum of 4 persons to turn the patient.
  - 4.6.2 Place patient on right or left side with back at the edge of the table. Waist over center break.
  - 4.6.3 Place lower knee of lower leg flex and upper leg straight with pillows in between the legs.
  - 4.6.4 Place upper arm on a padded arm rest or flexed slightly at elbow and rose above head.

- 4.6.5 Flex lower arm ensuring no restriction of blood flow or nerve damage.
- 4.6.6 Place safety strap at hip level.
- 4.6.7 Position the patient according to surgeon request if a modified lateral position is required.
- 4.7 Lithotomy Position:
  - 4.7.1 Place patient in supine position with buttock rest along break between body and leg sections of the table.
  - 4.7.2 Place and adjust stirrups at equal height on both sides and at appropriate height for length of the patient's leg. Stirrup must not be hyper – abducted.
  - 4.7.3 Test stirrups or pole for stability.
  - 4.7.4 Place arms and hands resting on chest.
  - 4.7.5 Elevate both legs simultaneously and place in stirrups.
  - 4.7.6 Check that leg does not touch any metal parts.
  - 4.7.7 Lower foot section of the table.
  - 4.7.8 Check patient's buttock is even with the table edge.
  - 4.7.9 Place arms on arm board or loosely cradled over lower abdomen and secured by end of the sheet.
  - 4.7.10 After surgery:
    - 4.10.1 Raise leg section of table and replace lower section of materials.
    - 4.10.2 Legs must be removed simultaneously and lowered slowly from stirrups to prevent hypertension.
- 4.8 Prone position:
  - 4.8.1 Place patient in supine.
  - 4.8.2 Gather sufficient assistance in positioning patient minimum of 4 people.
  - 4.8.3 Obtain approval from anesthetist.
  - 4.8.4 Synchronizes the team turning the patient onto abdomen.
  - 4.8.5 Turn patient slowly and cautiously onto abdomen on operating table. Body is rotated like rolling a log.
  - 4.8.6 Anesthetist must hold the head and stabilize endotracheal tube while positioning the patient.
  - 4.8.7 Place chest rolls under axilla and rolls under iliac crest to raise body weight from abdomen and thorax to facilitate respiration.
  - 4.8.8 Female breast should be moved laterally to reduce pressure.
  - 4.8.9 Male genitals must be free from pressure.
  - 4.8.10 Place arms on arm boards and rotating them upward in mutual range of motion. Flex elbow and palm down.
  - 4.8.11 Turn head to one side, resting on a padded head ring to prevent pressure on ear, eye and face.
  - 4.8.12 Place patient feet and ankles on a pillow to prevent pressure on toes.
  - 4.8.13 Place safety belt across mid – thigh.
- 4.9 Kidney Position:
  - 4.9.1 Turn patient onto unaffected side, flank region must be over kidney elevator on table.
  - 4.9.2 Table is flexed slightly so kidney elevator can be raised as desired.
  - 4.9.3 Strap body over the hip.
  - 4.9.4 Place chest and back rest to stabilize patient.
  - 4.9.5 Elevate the head and upper part of body in a straight line with the hip.
  - 4.9.6 Before closure, table is straightened for better approximation of tissue.

## 5. MATERIALS AND EQUIPMENT:

- 5.1 Operating Table Accessories.
- 5.2 Special Equipment and Table Attachment
- 5.3 Special Padded Head Rests and Attachment
- 5.4 Anesthesia Screen
- 5.5 Wrist or Arm Strap

- 5.6 Body – Restrain Strap
- 5.7 Body Rests or Braces
- 5.8 Double Arm Board
- 5.9 Elbow Pads
- 5.10 Shoulder Braces or Support
- 5.11 Shoulder Bridge
- 5.12 Shoulder Roll
- 5.13 Elevating Pads
- 5.14 Arm Band
- 5.15 Kidney Rests
- 5.16 Arm Board
- 5.17 Stirrups
- 5.18 Safety Belt
- 5.19 Pillows and Sand Bags

**6. RESPONSIBILITIES:**

- 6.1 Nurse
- 6.2 Anesthesia Technician
- 6.3 Anesthesiologist
- 6.4 Surgeon

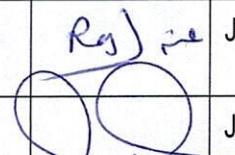
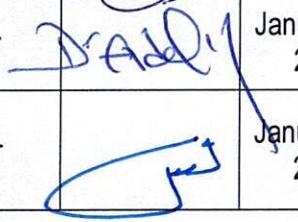
**7. APPENDICES:**

- 7.1 N/A

**8. REFERENCES:**

- 8.1 Kingdom of Saudi Arabia, Ministry of Health, Bisha General Hospital, 2018.

**9. APPROVALS:**

	Name	Title	Signature	Date
<b>Prepared by:</b>	Ms. Naimah Naif Al-Salem	Head Nurse of the Operating Room		January 05, 2025
<b>Prepared by:</b>	Mr. Hamed Matar Alanazi	Head of Anesthesia Technician		January 07, 2025
<b>Prepared by:</b>	Dr. Abdulghani Ibrahim	Head of the Operating Room Department		January 07, 2025
<b>Reviewed by:</b>	Mr. Sabah Turayhib Al - Harbi	Director of Nursing		January 08, 2025
<b>Reviewed by:</b>	Mr. Abdulelah Ayed Al Mutairi	QM&PS Director		January 12, 2025
<b>Reviewed by:</b>	Dr. Tamer Mohamed Naguib	Medical Director		January 12, 2025
<b>Approved by:</b>	Mr. Fahad Hezam Al - Shammari	Hospital Director		January 19, 2025