

International Journal of Advanced Research in Biological Sciences

ISSN: 2348-8069

www.ijarbs.com

(A Peer Reviewed, Referred, Indexed and Open Access Journal)

DOI: 10.22192/ijarbs

Coden: IJARQG (USA)

Volume 9, Issue 1 -2022

Case Report



DOI: <http://dx.doi.org/10.22192/ijarbs.2022.09.01.002>

Challenging Surgical Positioning, New Approach

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Abstract

The goals of surgical positioning are numerous, of which adequate surgical access. Prevention of complications following surgery such as pressure injuries should be maintained. Sometimes, surgical positioning is challenging as in our patient. He had perianal abscess, thigh necrotizing fasciitis extending to knee. Modification for lateral position was made and adequate access obtained. We share this experience to receive more opinions from medical professionals.

Keywords: positioning, lateral position, patient safety.

Introduction

The goals of positioning the surgical patient are ensuring patient comfort and dignity; maintaining homeostasis; protecting anatomical structures and avoiding complications and injuries; promoting access to the surgery site; promoting access to IV fluids and anesthetic agents; and promoting access of OR surgical equipment.

The patient should be assessed preoperatively in order to anticipate precautions that must be taken during patient positioning. These factors include age, height, weight, skin, joints, morbidities, implants, prosthetics, and mental competence.

There were known classical positions using in OR for common surgical procedures, and these positions were well studied regarding patient safety, complications, and how to prevent these complications.

Intraoperative positioning should be carried by all surgical team, and it should follow hospital protocols assigned for the maximum patient safety.

Most of the time surgery goes well with different types of positions, but sometimes position may be insufficient for adequate exposure for surgical site.¹

Case Review

Our patient 40-year-old male Bangladeshi patient, who present with 15 day history of pain and increasing swelling in the left thigh. This was associated with fever and difficulty with walking. He had no history of injection or trauma to the limb. He reported no history of diabetes or hypertension.

On examination: he has normal vital signs. There is diffuse swelling on the left thigh mostly the posteromedial side, extending high to the perianal area, and down the knee but not involving it. The swelling was tense, tender, hot, and the skin over it is shiny.

Initial general investigations showed increased total leukocytic count, high platelet count, high blood glucose level, otherwise normal lactate level, venous blood gas analysis, renal and liver function tests.

Radiologic workup done (soft tissues sonography and contrast enhanced CT of the left thigh) which showed: collection in the posterolateral aspect of the ischiorectal fossa and perianal area measuring 6x4.3 cm. The muscles in the posteromedial aspect of the left thigh are swollen and bulky with rim of enhancing collection and multiple air pockets seen in different muscle compartments including deep to the left gluteus muscles, extending to below knee joint, superficial to the gastrocnemius muscle. Findings are suggestive of necrotizing fasciitis.

The patient was admitted and resuscitation started, put on antibiotics, and prepared for surgery.

Intraoperatively the position of the patient was challenging because of the presence of perianal abscess, left thigh posteromedial necrotizing fasciitis, and that it was extending below the knee joint.

The patient was placed in left lateral position to expose the whole posteromedial aspect of left thigh,

with left knee flexed to 20 degrees, the right lower limb was abducted to about 40 degrees, the hip flexed to 80 degrees and knee flexed to 30 degrees. So, there was also good exposure to perianal area, with additional tape traction.

Precautions for patient protection in lateral position were taken according to hospital protocol.

The position enabled surgical team to proceed for surgery comfortably, debridement of necrotizing fasciitis, and perianal abscess drainage.

There was no reported medical device related or other type of pressure injury from surgical positioning.

The patient responded to treatment and was discharged after secondary closure of the thigh wound.

We reported this case for elaborating necessity of planning surgical positioning, and to receive feedback from same encountered cases in surgical practice.



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Access this Article in Online	
	Website: www.ijarbs.com
	Subject: Medical Sciences
Quick Response Code	
DOI: 10.22192/ijarbs.2022.09.01.XXX	

How to cite this article:

Mohamed Y.M. Ali. (2022). Challenging Surgical Positioning, New Approach. Int. J. Adv. Res. Biol. Sci. 9(1): 13-15.

DOI: <http://dx.doi.org/10.22192/ijarbs.2022.09.01.002>