

- Position and support the patient's head, chest, arms, and feet in the standard prone position.
- During the surgical procedure, circulation may be compromised to the lower extremities due to the flexion of the knees. Evaluate distal pulse before, during, and after the surgical procedure.

3. Lateral variants

- Lateral, lateral recumbent, lateral decubitus, or Sim's position—Provides access to areas on the side of the body such as the upper chest, kidneys and hips
 - This position requires that the patient be anesthetized in a supine position then turned to the unaffected side.
 - After induction of anesthesia, ensure no less than four people assist in moving the patient to the operating room table to provide patient safety.
 - For procedures involving the left side of the body, the patient is lying on right side. For procedures involving the right side of the body, the patient is lying on the left side.
 - Flex the lower leg to stabilize the position and slightly flex or keep the upper leg straight. Place a pillow horizontally between the legs.
 - Pad the lateral aspect of the lower leg to prevent pressure of the peroneal nerve.
 - Position the torso using sandbag, pillows, blanket rolls, or specialized surgical positioning systems.
 - Secure the patient on the table with a safety strap or 3" wide tape placed over the hip or knee areas.
 - Place the arms on a padded double armboard, padded mayo, or on pillows with the upper arm slightly flexed and the lower arm positioned with the palm up. Take a radial pulse periodically to ensure sufficient circulation of the extremities.
 - Place a small roll or bolster under the axilla to facilitate chest expansion, prevent pressure and to protect the nerves and vessels in the brachial plexus area.
- Lateral chest—Allows access to the upper chest
 - Modifications in position include raising the arm above the head and support for the other arm on a pillow or raised armboard.

Figure 12

