

12. PATIENT POSITIONING

Patient positioning during surgery has important cardiovascular physiological consequences that can impact on perioperative bleeding1 (PBM pillar 2).

Key messages

- Intraoperative patient positioning requires balancing the need for the best surgical access while minimising potential risks for the patient.

- Use lateral, reverse Trendelenburg, or appropriate prone positioning to reduce blood loss.2

Clinical implications

- Excessive venous pressure at the site of surgery should be avoided by appropriate patient positioning, both during and after the procedure.1

Background

Excessive venous pressure at the site of surgery should be avoided by appropriate patient positioning, both during and after the procedure (PO-PP11).1 Patient positioning during surgery has important cardiac physiological consequences that can impact on perioperative bleeding.1

Evidence from three of four RCTs examining the effect of patient positioning during surgery demonstrated that lateral, reverse Trendelenburg, or appropriate prone positioning reduced blood loss.2 A further study by Ong was able to demonstrate a 25% reduction in blood loss in total knee replacement with elevation of the leg at 35 degrees from the hip with the knee extended.3

References

1. Network for the Advancement Transfusion Alternatives, Anesthetic techniques to reduce blood loss.

2. National Blood Authority. Technical report on perioperative patient blood management- Volume 1b. Australia, 2012.

3. Ong SM and Taylor GJSC (2003). Can knee position save blood following total knee replacement? Knee Surgery

10(1):81-85

Patient Blood Management Guidelines | Companions 39

40 Patient Blood Management Guidelines | Companions