Secure Positioning For Hip Surgery

The Montreal Lateral Positioning Device transforms any general surgical table into a specialty table. Use it for any operation performed in the lateral decubitus position involving the total hip.

Adjustable posts allow patients to be securely positioned with hips at 90° flexion.

Variable post extensions secure the patient while allowing for freedom of movement of the operative leg.

Radiolucent posts allow use of all types of x-ray equipment. Nospecial clamps for fittings are required for the Montreal Lateral Positioning Device. It will fit any general surgical table.

Standard Equipment

13200 Montreal Lateral Positioning Device includes the following:

1 – Three-piece Pressure care cushion set
1 – Main platform
2 – Base posts, 5” (12.7cm) (short)
1 – Base post, 7” (17.8cm) (long)
2 – Extension posts, 2.2” (5.6cm)
1 – Extension post, 5” (12.7cm)
1 – Extension post, 6” (15.2cm)
1 – Extension post, 7” (17.8cm)
1 – Foam disposable post pad, 6’ (182.9cm) roll
1 – Obese attachment (short)
1 – 13120 Carrier Case for MLPD

Accessories

13101 Main platform
13102 Base post with locking nut, 5” (12.7 cm)
13103 Base post with locking nut, 7” (17.8cm)
13104 Extension post, 2.2” (5.6cm)
13105 Extension post, 5” (12.7cm)
13106 Extension post, 6” (15.2cm)
13107 Extension post, 7” (17.8cm)
13108 Head end cushion for 13100
13109 Center section cushion for 13100
13110 Foot end cushion for 13100
13111 Polyfoam, 6’ (182.9cm) rolls
13112 Locking nut for post
13113 Obese attachment (short)
13115 Polyfoam – 3 each, 6’ rolls (182.9cm)
13116 Obese attachment (long)
13120 Carrier Case for Montreal Lateral Positioning Device

Main Platform

• 12.5” L x 17.5” W
  (31.8cm x 45.5cm)

• Neoprene laminated bottom for skid-resistance

Pads

• Designed to cover entire tabletop surface

• Head and foot pads are secured by hook and pile

• Center pad secures directly to main platform with hook and pile

Posts

• Made with 2.25” (5.7cm) polycarbonate

• Can be autoclaved

• Shatter-resistant

• X-Ray translucent
The Montreal Lateral Positioning Device Technique

1. Exploded view of the device with cushion "A" and platform "B." Place cushion "A" on platform "B" and secure with hook and pile supplied. "C" illustrates the platform assembly with correct placement of the cushion on the platform. Also supplied are three base posts and a selection of extension posts.


3. Platform assembly positioned correctly on a surgical table with split cushion in place.

4. Anesthetic induction (side view). Patient is in supine position with buttocks positioned on the platform assembly.

5. Patient is turned to the lateral position. OR personnel should ensure that the patient is held safely until positioning posts can be attached.

6. Position the patient slightly forward of the midline of the table and partially flex the non-surgical knee.

7. Insert the long base post (7" – 17.8 cm) with threaded fitting into the platform assembly and position against the sacrum, securing this position by rotating the post in a clockwise direction. The top of the post should reach the midline of the back. On rare occasions, the use of one of the extension post may be necessary. In the case of a very small patient, a short base post (5" – 12.7 cm) may be preferable to the long base post.

8. Insert a short base post (5" – 12.7 cm) with threaded end fitting into the platform assembly. Add extension posts as necessary and position so that contact is made with the anterior superior iliac spine. Ensure that the patient's pelvis is oriented perpendicular to the table. Secure the posts by rotating in a clockwise fashion.

9. Test the positioning of the anterior post by flexing the operative hip from full extension to 90° flexion. If the patient is positioned correctly, a full 90° of flexion will be possible and the thigh will contact the anterior post (see diagram). If the patient is incorrectly positioned, loosen the anterior post and move the patient toward the foot end or head end as required. An adjustment as small as 1" (2.5 cm) may be sufficient. Then, tighten the post and repeat the test procedure.

10. When properly positioned, the anterior post should be against, or just proximal, to the anterior superior iliac spine. If not positioned as illustrated, hip flexion to 90° may be restricted.

11. Insert the second short base (5" – 12.7 cm) post with threaded end fitting into the longitudinal slot and position it against the ischium or buttocks of the non-surgical leg.

12. Overhead view of the patient with all posts positioned correctly. "A" posterior post (usually long base post) is against the sacrum. "B" anterior post (short base post plus extension) is against the anterior superior iliac spine or slightly proximal. "C" distal post (short base post) is positioned against the ischium.

13. Head end view of patient positioned correctly with pelvis perpendicular to the table top. the posterior post (arrow "A"), is against the sacrum and the anterior post (arrow "B"), is positioned against the anterior superior iliac spine.

14. Apply padding to all three posts and check to make sure that all posts are tightened snugly.