

**POSITIONING
MADE EASY**

HIP POSITIONER

- Simple Design
- Easy to Use
- Patient Specific



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Peg
Extensions



Radiolucent
Pegs



Peg
Pads

INSTRUCTIONS FOR USING THE HIP POSITIONER

The board should be placed on the surgery table and connected to the table with two table attachments; one at the head of the table and one at the foot of the table on opposite sides. The table attachments must be secure before placing the patient on the table to prevent possible injury. A cushioning device, i.e., egg crate or gel pad, should be placed on the table so that the patient is sufficiently padded to prevent trauma or pressure sores. After the patient is anesthetized, the patient is lifted and turned into a lateral position. Fixation pegs should be positioned as follows:

- A. A short peg should be placed in the sacral area. The short pegs are used instead of the long pegs so that the operative area is maximized.
- B. A short peg should also be placed just in front of the pubis. Care must be taken to avoid compression of the neurovascular structures in both femoral triangles.

- C. A long peg should be placed in the posterior thoracic region below the capula.
- D. A long peg should be placed directly below the pectoral muscle. Care should be taken when placing this peg to allow adequate ventilation.

Note: The number of pegs may increase with larger patients. It may also be necessary to add padding on top of the pegs in larger patients.

Caution: THE BOARD IS NOT TO BE USED AS A TRANSPORT DEVICE

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