



# Patient positioning options

Maquet Meera

# Content

General information on patient positioning

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# Keeping patients safe

## Minimizing risks from complications

Optimal positioning not only ensures the best possible access to the surgical site, but also prevents the long-term consequences of nerve damage or pressure ulcers.

Secondary complications can delay rehabilitation and recovery. When hospitals can avoid these secondary consequences, patients have better outcomes.

Surgical teams should always choose a position to maximize surgical site access while minimizing the risk of complications. The following chapters provide illustrative examples of what have been found to be the most suitable and purposeful positions. Positioning procedures may vary from one hospital to the next. In some cases, the positioning illustrations depicting a model patient do not display detailed decubitus prophylaxis.

It is important that there is always sufficient padding available to ensure pressure distribution and relief. For images depicting an image amplifier no additional radiation protection is pictured.

For high frequency (HF) surgery please observe special positioning conditions. The patient must be isolated when positioned and may not come into contact with conductive material. Please observe the manufacturer specifications for all relevant products.

# General information

## on patient positioning

### Supine position

#### Head positioning

The head should be positioned so that the cervical spine is in a middle / neutral position. The neck should be relaxed and supported.



Positioning of the head using a gel cushion.

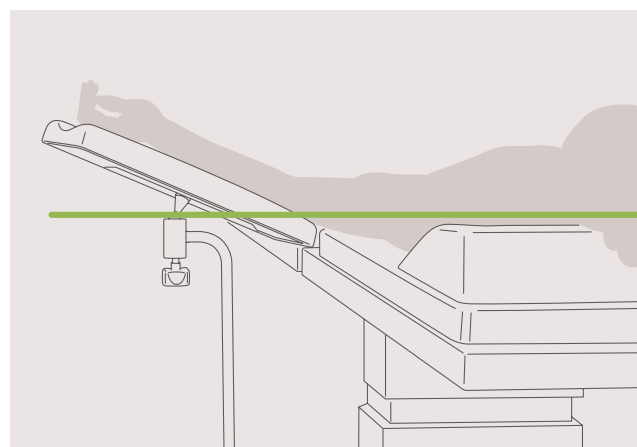


Positioning of the head using a plexus cushion for an additional shoulder stability.

#### Arm and shoulder positioning

When positioning the arm in the supine position, the distal joint is higher than the proximal joint, i.e. the wrist is higher than the elbow and the elbow is higher than the shoulder.

If the patient is relaxed and the shoulder drops back, this may result in an overextension of the brachial. This overextension can lead to permanent damage of the nerves. A plexus cushion can be used for support, preventing the shoulder from dropping back.





Depending on the situation of the patient and the type of surgery, arms can either be adducted or abducted. If the arms are abducted, the appropriate angle must be observed. For abduction of the arm up to 45°, the arm is pronated, (the palm is facing down). For abduction of the arm between 45° and 90° the arm is supinated, (the palm is facing up).

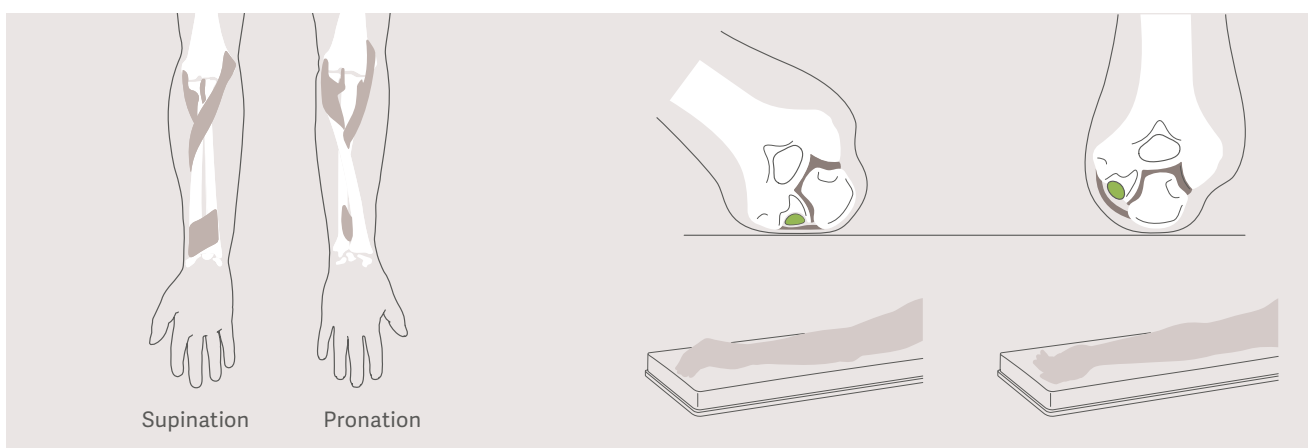
An abduction exceeding 90° is not recommended as this might overextend the brachial plexus. The elbow should be slightly bent with the lower arm secured to the arm rest. Please ensure that no pressure is exerted on the elbow (ulnar nerve). The upper arms should not rest on the OR table; this will prevent injury to the radial nerve.



Arm positioning in abduction up to 45°: arm is pronated.



Arm positioning in abduction up to 90°: arm is supinated.



## Supine position

When arms are positioned next to the patient's body, the palms should be placed flat against the femur or be additionally padded.



Arm positioning with adducted arm in an arm restraint cuff.



Arm positioning with adducted arm in an arm protector.

### **Elevated arm positioning for extension positioning**

On the side where the surgeon is standing (the operating side), the patient's arm is in an elevated position. This gives the surgeon full access to the surgical field.



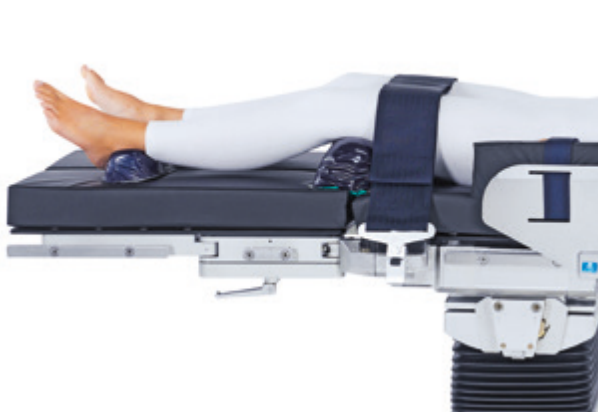
Arm positioning with a flexible arm rest.



Arm positioning with an arm restraint cuff.

## Back and pelvis positioning

Hips and knees should be slightly bent; pads should be placed under knees, ankles and the exposed lumbar spine. A body strap can be used to secure the patient.



A body strap can be used to secure the patient. Position two fingers breadth above the patella, a flat hand should still be able to fit beneath the body strap.



The hip is positioned at the height of the leg plate motor. This enables anatomical movement when raising and lowering the leg plates. Manually lower the calf plate to relieve additional stress on the knee joints.



Pads and positioning aids for the supine position include sacral support, gel body roll to support the patient's knees and gel heel pads.



Position and secure the patient's legs in a standing position with 4-piece leg plate: foot plate, leg strap and leg restraint cuff.

## Supine position

### Leg positioning

The heels must be freely positioned and relieved from stress. The pressure to the heels must be entirely distributed to the calves. The knees should be slightly bent to prevent permanent overstretching of the ligaments, joints and tendons. The legs can be slightly bent into appropriate anatomical position by adjusting the OR table or leg plates, or by using positioning aids.

When the legs are abducted, they should also be secured with a leg strap and a leg restraint cuff.



An alternative possibility for free heel positioning.



Leg positioning using a gel roll above the popliteal fossa and heel pad.



Leg positioning with calf pad; the knees are slightly bent.



Position and secure the patient's legs with an abducted leg plate including leg restraint cuffs and heel pads. The thigh can be additionally supported.



Position and secure the patient's legs with an abducted 4-piece leg plate using leg restraint cuffs, leg straps and heel pads. The lower parts of the leg plates are folded down, which results in a slight bend to the knees.

# Prone position

Ideally the patient is introduced into the OR and anesthetized in supine position on a separate table top or a transporter/stretcher. The table top is pre-configured accordingly and the positioning aids are pre-positioned. In the next step the patient is transferred onto the table

top. Then the anatomically correct locations of the positioning aids must be checked and adjusted, if necessary. It is important that the thorax is supported by pads, before the final head and arm positioning takes place.



Pre-configured table top with pre-positioned positioning aids and accessories.

## Head positioning

The head must be positioned so that the cervical spine is in a neutral position. Head supports for prone position should be placed so that the eyes, nose and mouth are free, giving sufficient access to the endotracheal tube. The head must be positioned so that the supporting points are optimally distributed (forehead, cheeks and chin).



Pillow for prone position with optimum support points.



## Prone position

### Arm positioning

When positioning the arm in prone position, the distal joint should be lower than the proximal joint, i. e. the wrist is lower than the elbow and the elbow lower than the shoulder.



The arms are lowered at the shoulder and should not exceed an abduction of 90°. The outer edge of the thorax pad may not exert any pressure on the brachial plexus and the pectoralis major muscle. The upper arms should not be placed on the OR table in order to prevent injury to the radial nerve.

The lower arms must be placed as broadly as possible and it must be ensured that no pressure is exerted on the ulnar nerve.

Make sure that the position of the locking lever of the arm support does not impair the surgical team.



Arm positioning in prone position:  
Arms are positioned at an angle of 90° toward the head.



Example of free positioning of the upper arm with the Maquet Trimano for retrograde humeral nail or olecranon fracture repair.

### Thorax and pelvis positioning

The thorax and pelvis must be raised using suitable positioning pads so that the abdomen is free, reducing intra-abdominal pressure. It is important to ensure that the blood vessels in the groin are not compressed.



Prone position with a 2-piece prone positioning pad.



Prone position with a 1-piece pad.

### Leg positioning

Minimize contact pressure to the patella. Make sure that the tips of the toes are free.



Leg positioning with plexus cushion and heel pad:  
The tibia is placed on the plexus cushion, taking the pressure off the patella.

# Lateral position

The patient is anesthetized in supine position. The relevant accessories – such as arm support and lateral supports – are attached and pre-positioned. Then the patient is turned onto his/her side. Once the patient lies in lateral position, he/she is positioned so that the surgical site can be

“unfolded” with the aid of the flex button at the upper table top motor. Once this has been done, the positioning aids and accessories can be placed into their final positions. The patient must be secured to prevent rolling until the lateral supports have been put into their final position.

## Head positioning

The head must be positioned so that the spinal column is in a straight neutral position in the area of the lower cervical spine. This can be accomplished by adjusting the table top or by using additional positioning aids. A head ring allows free positioning of the ear.



Head positioning in the lateral position.



Head positioning in lateral position with dual-joint head rest.

## Arm support

To avoid compression and a resulting ischemia of the brachial plexus, the lower arm is positioned forward at a 90° angle to the OR table and the shoulder is pulled slightly forward.



Arm support for the upper arm with the Goepel knee crutch.

The abduction of the upper arm at the shoulder should not exceed 90°. The elbow must be slightly bent and the lower arm secured accordingly to an arm support.



Arm support for the upper arm with a flexible arm rest.

## Leg positioning

Use additional pads to avoid contact pressure to the lower leg (external ankle and head of the fibula/fibularis brevis muscle).

The upper part of the leg is gently positioned on tunnel cushions. This takes pressure off the lower part of the leg reducing pressure to the compromised greater trochanter in lateral position. The upper part of the leg is secured additionally with a body strap.



Leg positioning with tunnel cushion.

## Use of a vacuum mattress

A vacuum mattress is ideal for the lateral positioning of the patient. The mattress can be molded individually to the body shape of the patient. It provides optimum pressure distribution and safe hold.



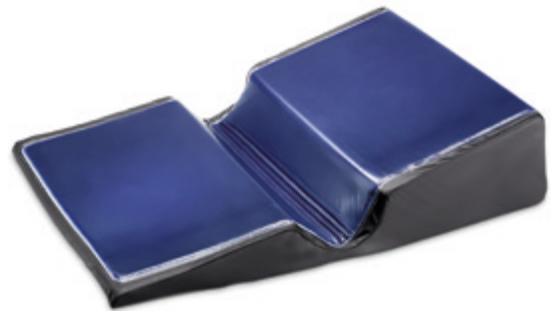
Use of the vacuum mattress for park bench positioning for neurosurgery. Nerves of the armpit area in the lower arm are particularly well protected against pressure.

## Lateral position

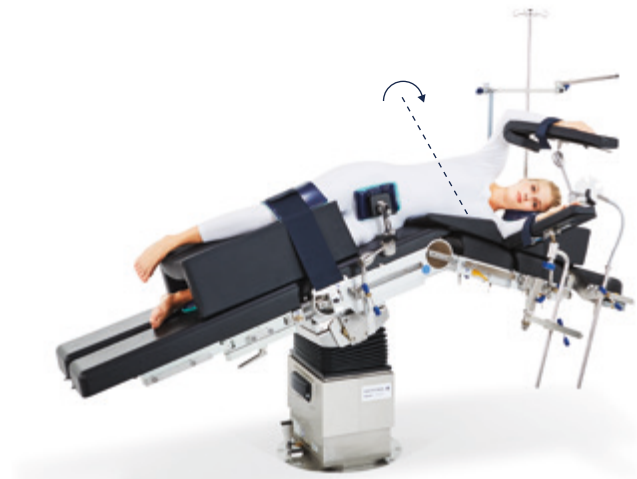
### Back and pelvis positioning

The lateral positioner is an optimum positioning aid that provides generous support to the thorax. The opening enables the ideal positioning of the lower arm and reduces compression to the brachial plexus.

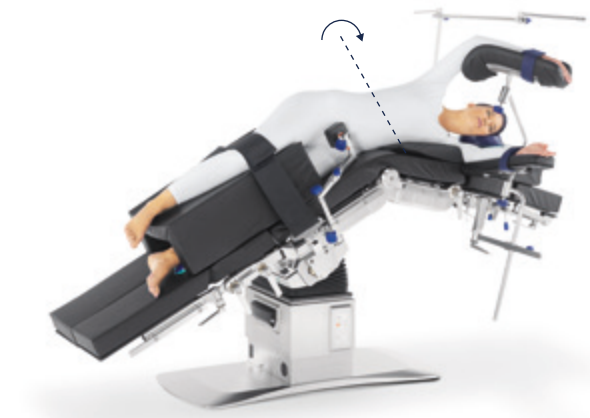
The pelvis is supported with two side supports at the front (symphysis) and back (sacrum). The additional support for the back (scapula) is recommended. Additional gel pads between the lateral supports and the patient reduce shear and friction forces.



Lateral positioner



Lateral position for thorax operations: The patient is positioned on the table top so that the motorized adjustment can be optimally used.



Lateral position for operations in the kidney area: The patient's torso is positioned on the upper area of the back plate, allowing for anatomically correct adjustment of the motorized table top.



Mounting the lateral support.



Pad for lateral supports.



# Dorsosacral position

## Leg and pelvis positioning

In this position, the pelvis is positioned to prevent a hollow back (lordosis) and the resulting increase of contact pressure in the area of the sacrum. Ideal positioning requires the largest possible supporting surface of the calf in the knee crutch; free positioning of the popliteal fossa and heels; foot and knee positioned in one line with the opposite shoulder.



Leg positioning with Goepel knee crutch: The popliteal fossa must be freely positioned.

## Use of a vacuum mattress

Use a vacuum mattress for extreme head-down tilts or longer surgical interventions. The contact pressure is distributed more evenly and more extensively, preventing unintended movement of the patient on the OR table.



Dorsosacral position with vacuum mattress and knee crutches with one-hand operation.



Dorsosacral position with vacuum mattress and Goepel knee crutches.

# Sitting position

## General patient positioning

The patient is brought into a sitting position with the reflex button of the hand control, the head is guided and secured by the anesthesiologist. Attention should be paid to ensure that the legs are not overstretched.



Sitting position for neurosurgical interventions.

Use positioning aids or adjust the leg plates for appropriate positioning. Once the patient has been positioned, any shear and friction forces that may have arisen during the process must be eliminated.

## Sitting position for neurosurgical interventions:

For sitting neurosurgical positioning (e.g. for surgery to the area of the posterior cranial fossa) the legs must be positioned at the level of the heart. This helps to reduce the risk of potential air embolisms.

The legs are slightly bent with a padded roll and the heels are positioned freely. The leg plates are slightly lowered so that the patient's legs are positioned at the level of the heart.



Beach chair position for shoulder operation.

## Beach chair positioning for shoulder operations:

The patient is secured to the OR table with a body strap, with legs bent slightly. Pressure to the popliteal fossa is minimized and the heels are positioned freely. The patient's head is positioned in a head support and secured.



Sitting position e.g. for obesity surgery.

## Sitting position e.g. for obesity surgery:

Position the hip at the level of the leg plate motors to enable anatomical movements when adjusting the table top.



A photograph of surgeons in an operating room. The surgeons are wearing blue scrubs, blue bouffant caps, and white surgical masks. They are focused on a patient who is lying on an operating table. The room is brightly lit with overhead surgical lamps. The background shows various pieces of medical equipment and the sterile environment of the operating room.

# 1 Patient positioning according to discipline

## **General surgery**



- 1.1 Supine position with 1-piece leg plate
- 1.2 Supine position with 2-piece pair of leg plates
- 1.3 Supine position with 4-piece pair of leg plates
- 1.4 Supine position with abducted 2-piece pair of leg plates, e. g. for laparoscopic surgery
- 1.5 Supine position with abducted 4-piece pair of leg plates, e. g. for laparoscopic surgery
- 1.6 Struma position with head rest
- 1.7 Lateral position for thorax operations
- 1.8 Lateral position for operations in the kidney area
- 1.9 Genucubital position with 4-piece pair of leg plates
- 1.10 Genucubital position with rectal positioning device
- 1.11 Standing positioning
- 1.12 Sitting position for obesity surgery with seat plate and leg holders
- 1.13 Sitting position for obesity surgery with 4-piece pair of leg plates



# 1.1 Supine position

## with 1-piece leg plate



### Basic configuration

1	Maquet Meera Table Column	7200.01XX
2	Extension plate	1131.31XX
3	Head rest	1130.64G0
4	Leg plate, 1-piece	1133.58XX

### General side rail accessories

5	Arm support (2x)	1001.6000
6	Radial setting clamp (2x)	1003.23C0
7	Anesthesia screen	1002.57A0
8	Anesthesia screen extension	1002.59A0
9	Infusion stand	1009.01C0
10	Tube holder	1002.55A0
11	Body strap	1001.59X0

### Positioning aids

12	Plexus cushion	1000.6900
13	Sacral support	4006.24A0**
14	Gel body roll	4006.25A0**
15	Heel pad (Alternative: 4006.29A0)	4006.16A0**

\*\* Manufactured by Trulife

# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

The initiation of anesthesia is performed on the OR table.

After anesthetic induction the patient lies on the OR table in supine position. The head is positioned with a positioning aid (12).

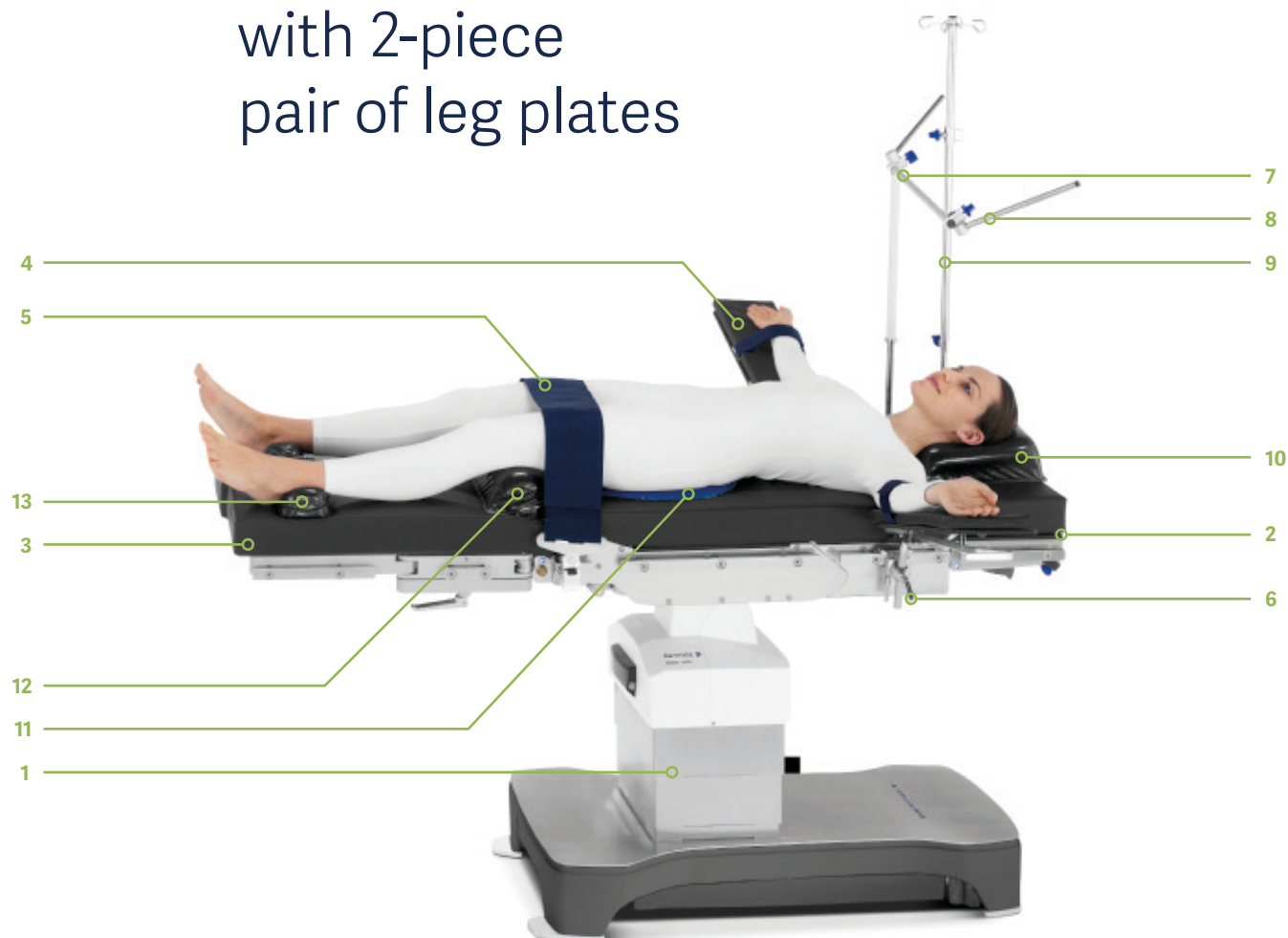
## Then proceed as follows:

- Place the arm supports (5) into the desired position and position the arms.
- ① The distal joint is higher than the proximal joint.
- Anatomically correct positioning of the remaining positioning aids and mounting of further side rail accessories.
- ① Make sure that the heels and popliteal fossa are positioned freely. The patient's legs should be slightly bent to prevent overextension of the knees.
- Secure the legs with a body strap (11).  
**Tip:** Position two fingers breadth above the knee joint, a flat hand should still fit between the strap and the patient.
- ① Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

# 1.2 Supine position

## with 2-piece pair of leg plates



### Basic configuration

1	Maquet Meera Table Column	7200.01XX
2	Extension plate	1131.31XX
3	Leg plates, 2-pieces	1133.53XX

### General side rail accessories

4	Arm support (2x)	1001.6000
5	Body strap	1001.59X0
6	Radial setting clamp	1003.23C0
7	Anesthesia screen	1002.57A0
8	Anesthesia screen extension	1002.59A0
9	Infusion stand	1009.01C0

### Positioning aids

10	Pillow for supine position	4006.21A0**
11	Sacral support	4006.24A0**
12	Gel body roll	4006.25A0**
13	Heel pad (Alternative: 4006.29A0)	4006.16A0**

\*\* Manufactured by Trulife

# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

The initiation of anesthesia is performed on the OR table.

After anesthetic induction the patient lies on the OR table in supine position. The head is positioned with a positioning aid (10).

## Then proceed as follows:

- Place the arm supports (4) into the desired position and position the arms.
- ① The distal joint is higher than the proximal joint.
- Anatomically correct positioning of the remaining positioning aids and mounting of further side rail accessories.
- ① Make sure that the heels and popliteal fossa are positioned freely. The patient's legs should be slightly bent to prevent overextension of the knees.
- Secure the legs with a body strap (5).  
**Tip:** Position two fingers breadth above the knee joint, a flat hand should still fit between the strap and the patient.
- ① Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

# 1.3 Supine position

## with 4-piece pair of leg plates



### Basic configuration

1	Maquet Meera Table Column	7200.01XX
2	Extension plate	1131.31XX
3	Leg plates, 4-pieces	1133.73XX

### General side rail accessories

4	Arm support (2x)	1001.6000
5	Body strap	1001.59X0
6	Radial setting clamp*	1003.23C0
7	Anesthesia screen	1002.57A0
8	Anesthesia screen extension	1002.59A0
9	Infusion stand	1009.01C0

### Positioning aids

10	Pillow for supine position	4006.21A0**
11	Sacral support	4006.24A0**
12	Gel body roll	4006.25A0**
13	Heel pad (Alternative: 4006.29A0)	4006.16A0**

\* not illustrated

\*\* Manufactured by Trulife



# Positioning the patient

When using operating table systems, final patient positioning must only commence once the table top has been locked securely to the table column.

The initiation of anesthesia is performed on the OR table.

After anesthetic induction the patient lies on the table top in supine position. The head is positioned with a positioning aid (10).

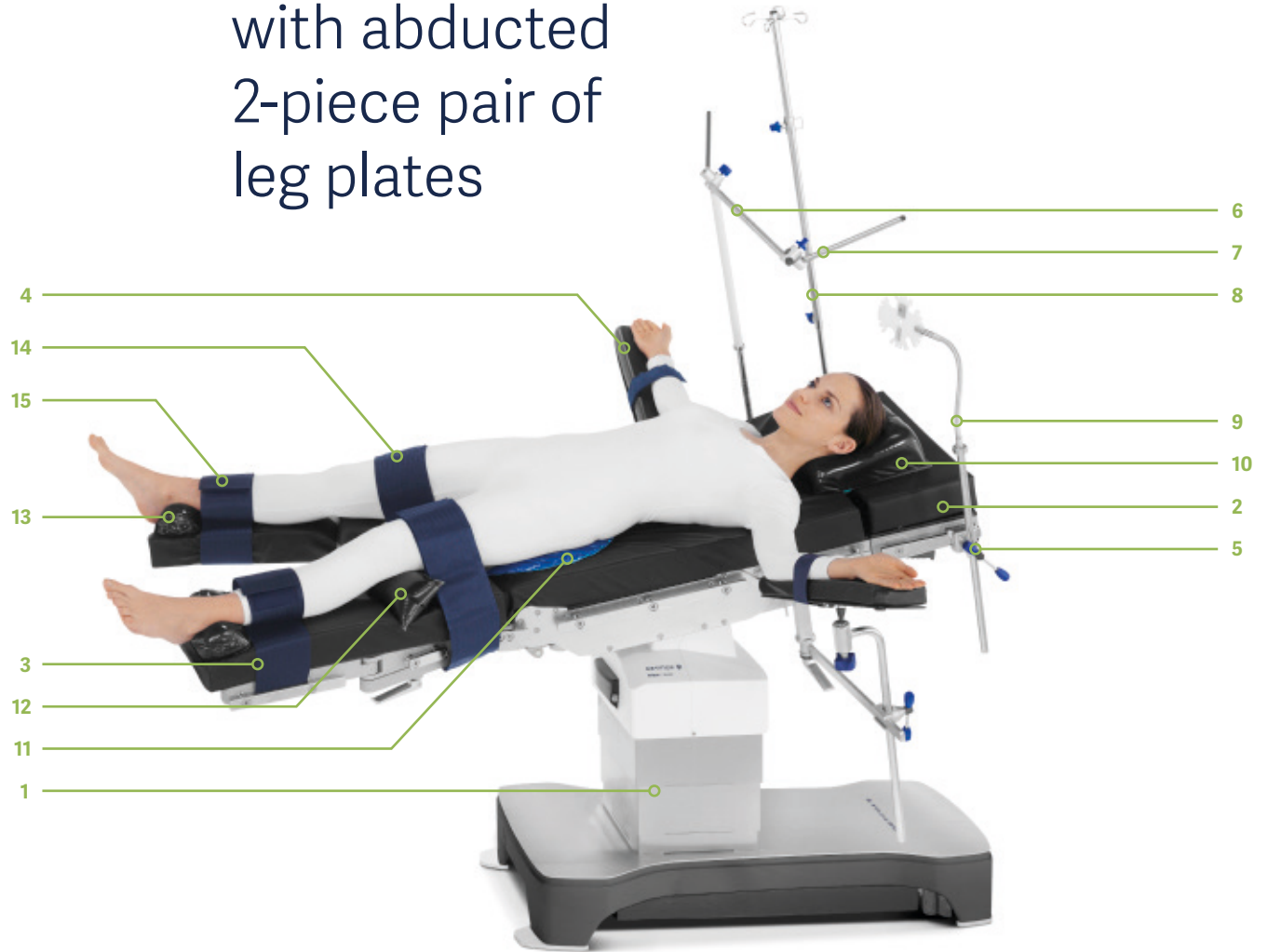
## Then proceed as follows:

- Place the arm supports (4) into the desired position and position the arms.
- ① The distal joint is higher than the proximal joint.
- Anatomically correct positioning of the remaining positioning aids and mounting of further side rail accessories.
- ① Make sure that the heels and popliteal fossa are positioned freely. The patient's legs should be slightly bent to prevent overextension of the knees.
- If necessary, the calf part of the 4-piece leg plate (3) can be slightly unfolded in order to better adapt to the anatomy of the patient.
- Secure the legs with a body strap (5).  
**Tip:** Position two fingers breadth above the knee joint, a flat hand should still fit between the strap and the patient.
- ① Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

# 1.4 Supine position

with abducted  
2-piece pair of  
leg plates



### Basic configuration

1	Maquet Meera Table Column	7200.01XX
2	Extension plate	1131.31XX
3	Leg plates, 2-pieces	1133.53XX

### General side rail accessories

4	Arm support (2x)	1001.44X0
5	Radial setting clamp (2x)	1003.23C0
6	Anesthesia screen	1002.57A0
7	Anesthesia screen extension	1002.59A0
8	Infusion stand	1009.01C0
9	Tube holder	1002.55A0

### Positioning aids

10	Pillow for supine position	4006.21A0**
11	Sacral support	4006.24A0**
12	Universal positioner	4006.10A0**
13	Heel pad	4006.16A0**
14	Leg strap	1001.57A0
15	Leg restraint cuff	1001.4700

\*\* Manufactured by Trulife

# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

Ensure that the patient is positioned properly: After anesthetic induction the patient lies on the table top in supine position with the acetabulum at the height of the leg plate mounting point which enables anatomical movement when adjusting the table top or leg plates.

The initiation of anesthesia is performed on the OR table.

After anesthetic induction the patient lies on the OR table in supine position. The head is positioned with a positioning aid (10).

## Then proceed as follows:

- If needed, use longitudinal shift of the table top (2) in the direction of the head end.
- Place the arm supports (4) into the desired position and position the arms.
- ① The distal joint is higher than the proximal joint.
- Abduction of the legs with the leg plates (3), fixation of the legs with a leg strap (14) and leg restraint cuff (15).
- Anatomically correct positioning of the positioning aids and mounting of further side rail accessories.
- ① Make sure that the heels and popliteal fossa are positioned freely. The patient's legs should be slightly bent to prevent overextension of the knee.
- Secure the legs with a body strap (11).  
**Tip:** Position two fingers breadth above the knee joint, a flat hand should fit between the strap and the patient.
- Move table top into surgical position.
- ① Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

# 1.5 Supine position

with abducted  
4-piece pair of  
leg plates



## Basic configuration

1	Maquet Meera Table Column	7200.01XX
2	Extension plate	1131.31XX
3	Leg plates, 4-pieces	1133.73XX

## General side rail accessories

4	Arm posturing device (2x)	1001.44X0
5	Radial setting clamp* (for anesthesia screen)	1003.23C0
6	Anesthesia screen	1002.57A0
7	Anesthesia screen extension	1002.59A0
8	Infusion stand	1009.01C0

## Positioning aids

9	Pillow for supine position	4006.21A0**
10	Sacral support	4006.24A0**
11	Heel pad	4006.16A0**
12	Leg strap	1001.57A0
13	Leg restraint cuff	1001.4700

\* not illustrated

\*\* Manufactured by Trulife

# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

The extension plate (2) can be removed for short patients.

Ensure that the patient is positioned properly: After anesthetic induction the patient lies on the table top in supine position with the acetabulum at the height of the leg plate mounting point which enables anatomical movement when adjusting the table top or leg plates.

The initiation of anesthesia is performed on the OR table.

After anesthetic induction the patient lies on the OR table in supine position. The head is positioned with a positioning aid (9).

## Then proceed as follows:

- If needed, use longitudinal shift of the table top (2) in the direction of the head end.
- Place the arm posturing devices (4) into the desired position and position the arms.
- ① The distal joint is higher than the proximal joint.
- Abduction of the legs with the leg plates (3), fixation of the legs with a leg strap (12) and leg restraint cuff (13).
- Anatomically correct positioning of the positioning aids and mounting of further side rail accessories.
- ① Make sure that the heels and popliteal fossa are positioned freely. The patient's legs should be slightly bent to prevent overextension of the knee.
- If necessary, the calf part of the 4-piece leg plate (3) can be slightly unfolded in order to better adapt to the anatomy of the patient.
- Move table top into surgical position.
- ① Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

# 1.6 Struma position with head rest



Basic configuration		
1	Maquet Meera Table Column	7200.01XX
2	Extension plate	1131.31XX
3	Head rest	1130.67XX
4	Leg plate	1133.58XX

General side rail accessories		
5	Arm support	1001.6000
6	Arm protector	1002.25A0
7	Body strap	1001.59X0

Positioning aids		
8	Head ring	4006.02A0**
9	Gel body roll	4006.25A0**
10	Heel pad	4006.16A0**

Alternative:

11	Connection bracket	1130.54B0
12	Fixture	1002.65A0
13	Horseshoe head rest	1002.72A0

\*\* Manufactured by Trulife



# Positioning the patient

When using mobile operating tables, OR-related patient positioning can only commence once the operating table has been locked (LOCK status).

Ensure that the patient is properly positioned: Acetabulum at the height of the electrically adjustable back rest joint (A) which enables correct anatomical movement when adjusting the table top.

The initiation of anesthesia is performed on the OR table.

After anesthetic induction the patient is on the table top in the supine position. The head is positioned on a head rest with a pneumatic spring (3).

## Then proceed as follows:

- Possibly, shift any longitudinal shift of the table top in the direction of the head end.
- Move the patient in the direction of the foot end until the shoulders are situated slightly over the edge of the extension plate (2).
- Example for positioning the arms: On the side on which the surgeon is standing, the arm is positioned next to the body using an arm protector (6). The other arm is abducted on an arm support (5) for anesthesia.
- Move table top into the surgical position: slightly Trendelenburg, in the next step, move up torso and then lower the leg plates by motor power.
- ! Once the patient has been positioned, any shear and friction forces that have arisen during the process must be eliminated, e.g. by briefly lifting the patient.
- Lower head rest (3) with pneumatic spring and move the head into the desired surgical position.
- Anatomically correct positioning of the remaining positioning aids and mounting of further side rail accessories.
- ! Make sure that the heels and popliteal fossa are positioned freely. The legs of the patient should be slightly bent to prevent overextension of the knee.
- Secure the legs with a body strap (7).  
**Tip:** Position two fingers breadth above the knee joint, a flat hand should still be able to fit between the strap and the patient.
- ! Check all screw and clamp connections.



Alternative positioning with horseshoe head rest

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

# 1.7 Lateral position

## for thorax operations



### Basic configuration

1	Maquet Meera Table Column	7200.01XX
2	Extension plate	1131.31XX
3	Head rest	1130.64XX
4	Leg plate	1133.53XX

### Positioning-specific accessories

5	Arm posturing device	1001.44X0
6	Arm rest with pin-joint arm	1002.49A0
7	Pin-joint arm for body supports	1002.40A0
8	Fixture for body supports 2x*	1002.19C0
9	Back/buttocks support*	1002.11A0
10	Lateral support*	1002.11C0
11	Body support	1002.97A0

### General side rail accessories

12	Radial setting clamp (2x)	1003.23C0
13	Body strap	1001.59X0

### Positioning aids

14	Head ring	4006.02A0**
15	Lateral positioner	4006.18A0**
16	Tunnel cushion	1000.77A0
17	Heel pad*	4006.29A0**

\* not illustrated  
 \*\* Manufactured by Trulife

# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

For this position, the OR table is constructed in reverse order. The hand control has to be converted correspondingly.

The anesthetization of the patient is done on a separate table top in supine position.

After anesthetic induction the patient lies on the OR table in supine position.

The head is positioned with a positioning aid (14).

## Then proceed as follows:

- Position the patient: Thorax ( $\frac{3}{4}$  intercostal area) at the height of the motorized leg plate adjustment.
- Mount and pre-position lateral supports (7–11), align arm posturing device (5) at shoulder height 90° to the table top, fasten radial setting clamp (12) for the arm rest (6) to the side rail above the arm posturing device (5), position arm rest (6) and adjust height.
- Turn the patient onto the side, placing the upper arm into the arm rest (6). The lower arm is in the opening of the lateral positioner (15). Position the lower arm on the arm posturing device (5).
- ❗ In the lateral position, make sure that the lower shoulder of the patient is pulled forward.
- Move the table top into the surgical position (by selecting the "FLEX" position in the menu of the hand control).
- Final positioning of the arms and lateral supports.
- ❗ Until the lateral supports have been put into their final position, the patient must be secured to prevent potential rolling back.
- ❗ Use gel pads (e.g. 4006.13A0) between the patient and the lateral supports to reduce shear and friction forces.
- Positioning of the tunnel cushion (16) and fixation of the legs with a body strap (13).
- ❗ Freely position the ankles with the aid of heel pads (17) and relieve pressure.
- Bring the cervical spine and thoracic spine into a neutral position. Positioning of the head with a gel head ring (14) to ensure free positioning of the ear.
- Mount further side rail accessories.
- ❗ Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

# 1.8 Lateral position

## for operations in the kidney area



### Basic configuration

1	Maquet Meera Table Column	7200.01XX
2	Extension plate (2x)	1131.31XX
3	Seat plate extension	1131.55XX
4	Dual-joint head rest	1130.53B0

### General side rail accessories

12	Radial setting clamp (2x)	1003.23C0
13	Body strap	1001.59X0

### Positioning-specific accessories

5	Arm posturing device	1001.44X0
6	Arm rest with pin-joint arm	1002.49A0
7	Pin-joint arm for body supports	1002.40A0
8	Fixture for body supports 2x*	1002.19C0
9	Back/buttocks support*	1002.11A0
10	Lateral support*	1002.11C0
11	Body support	1002.97A0

### Positioning aids

14	Head ring	4006.02A0**
15	Tunnel cushion	1000.77A0
16	Heel pad	4006.29A0**

\* not illustrated  
 \*\* Manufactured by Trulife

# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

For this position, the OR table is constructed in reverse order. The hand control has to be converted correspondingly. The anesthetization of the patient is done on a separate table top in supine position.

After anesthetic induction the patient lies on the OR table in supine position. The head is positioned with a positioning aid (14).

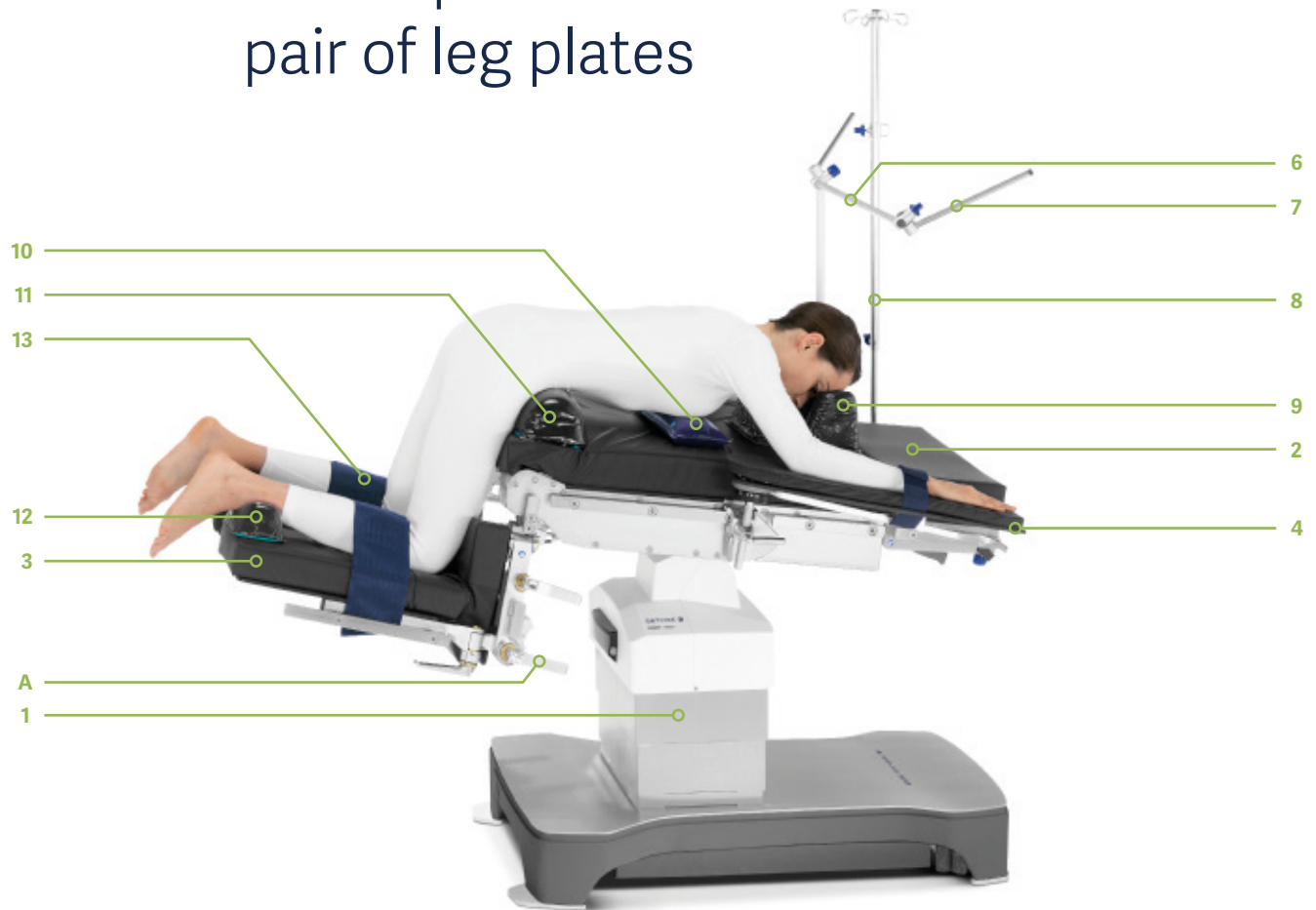
## Then proceed as follows:

- Position the patient: The flank is at the height of the motorized leg plate adjustment, the iliac crest is slightly in front of the adjustable joint to enable unfolding into the flank area.
- Mount and pre-position lateral supports (7–11), align arm posturing device (5) at shoulder height 90° to the table top, fasten radial setting clamp (12) for the arm rest (6) to the side rail above the arm posturing device (5), position arm rest (6) and adjust height.
- Turn the patient onto their side, placing the upper arm onto the arm rest (6). Position the lower arm on the arm posturing device (5).
- ① In the lateral position, make sure that the lower shoulder of the patient is pulled forward.
- Move the table top into the surgical position (by selecting the "FLEX" position in the menu of the hand control).
- Final positioning of the arms and lateral supports.
- ① Until the lateral supports have been put into their final position, the patient must be secured to prevent potential rolling back.
- ① Use gel pads (e.g. 4006.13A0) between the patient and the lateral supports to reduce shear and friction forces.
- Positioning of the tunnel cushion (15) and fixation of the legs with a body strap (13).
- ① Freely position the ankles with the aid of heel pads (16) and relieve pressure.
- Bring the cervical spine and thoracic spine into a neutral position using a dual-joint head rest. Position the ear freely with a gel head ring (14).
- Mount further side rail accessories.
- ① Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

# 1.9 Genucubital position

with 4-piece pair of leg plates



### Basic configuration

1	Maquet Meera Table Column	7200.01XX
2	Extension plate	1131.31XX

### General side rail accessories

5	Radial setting clamp*	1003.23C0
6	Anesthesia screen	1002.57A0
7	Anesthesia screen extension	1002.59A0
8	Infusion stand	1009.01C0

### Positioning-specific accessories

3	Pair of leg plates, 4-piece	1133.73XX
4	Arm support (2x)	1001.6000

### Positioning aids

9	Pillow for prone position	4006.19A0**
10	Universal positioner	4006.11A0**
11	Gel body roll	4006.25A0**
12	Heel pad	4006.16A0**
13	Leg restraint cuff (2x)	1001.4700

\* not illustrated  
 \*\* Manufactured by Trulife




# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

The initiation of anesthesia is performed on a separate stretcher.

After anesthetic induction the patient is on the stretcher in the supine position. The OR table is preconfigured with 2–3. The head is positioned with a positioning aid (9).

## Then proceed as follows:

- If needed, use longitudinal shift of the table top (2) in the direction of the foot end.
- Raise the calf parts of the leg plates (3) by 90° until they audibly snap into position and close the eccentric lever (A).
- Move the leg plates (3) downward with the aid of the motorized leg plate mounting point (90°) until the desired position has been reached.
- Adjust the positioning aids in line with patient anatomy.
- Axially turn patient from the stretcher to the pre-configured table top, and adjust positioning aids if necessary.
- Positioning of the head and the arms:  
Adapt the arm supports (4) at the side rails at shoulder height and position arms (see introduction under General Information).
- Mount further side rail accessories.
- If necessary, secure calf with leg strap and leg restraint cuff. If necessary, mount the lateral supports for the pelvis.
- Move table top until it is slightly head down (Trendelenburg).
-  Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

# 1.10 Standing position



## Basic configuration

1	Maquet Meera Table Column	7200.01XX
2	Extension plate	1131.31XX
3	Leg plates, 2-pieces	1133.53XX

## Positioning-specific accessories

4	Foot plate	1001.86C0
5	Leg strap (Nissen Straps)	1101.6485***
6	Leg restraint cuff (2x)	1001.4700

## General side rail accessories

7	Arm posturing device (2x)	1001.44X0
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## Positioning aids

8	Pillow for supine position	4006.21A0**
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\*\* Manufactured by Trulife

\*\*\* Manufactured by Allen Medical

# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

The initiation of anesthesia is performed on the OR table.

After anesthetic induction the patient lies on the OR table in supine position with the buttocks on the lower edge of the table top (cut-out for gynecology). The head is positioned with a positioning aid (8).

## Then proceed as follows:

- Place the arm posturing devices (7) into the desired position and position the arms.
- Mount the foot plates (4), abduct the legs with the leg plates (3) and apply and position leg straps (5-6) at the desired position.
- Align the foot plate (4) in anatomical foot position.
- Anatomically correct positioning of the positioning aids and mounting of further side rail accessories.
- ① Check all screw and clamp connections before raising the patient into a standing position.
- Move table top into the surgical position and raise patient.
- Check and, if necessary, adjust the arm support and the leg straps.
- ① Once the patient has been positioned, any shear and friction forces that have arisen during the process must be eliminated, e.g. by briefly lifting the patient.
- The positioning has to be removed in reverse order after the operation.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

# 1.11 Sitting position

for obesity surgery with seat plate and leg holders



### Basic configuration

1	Maquet Meera Table Column	7200.01XX
2	Extension plate	1131.31XX
3	Seat plate extension	1131.55XX
4	Leg plate, 1-piece (for induction)*	1133.58XX

### General side rail accessories

8	Arm posturing device (2x)	1001.44X0
9	Radial setting clamp (4x)	1003.23C0
10	Anesthesia screen	1002.57A0
11	Anesthesia screen extension	1002.59A0
12	Infusion stand	1009.01C0
13	Tube holder	1002.55A0

### Positioning-specific accessories

5	Table width extension	1001.75A0
6	Table width extension	1001.76A0
7	Leg holder (2x)	1001.73A0

### Positioning aids

14	Pillow for supine position	4006.21A0**
15	Sacral support	4006.24A0**

\* not illustrated  
 \*\* Manufactured by Trulife

# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

The initiation of anesthesia is performed on the OR table.

After anesthetic induction the patient lies on the OR table in supine position with the buttocks on the lower edge of the seat plate extension. The legs are positioned on the leg plate (4). The head is positioned with a positioning aid (14).

## Then proceed as follows:

- Place the arm posturing devices (8) into the desired position and position the arms.
- Mount the leg holders (7) with the radial setting clamps (9) on the side rails of the seat plate extension (3).
- Mount further side rail accessories and positioning aids.
- Abduct legs on leg holders (7).
- ⓘ Make sure to provide for the largest possible contact surface for the calf in the leg holders.
- Then remove the leg plates (4).
- Move table top into the surgical position and raise patient into sitting position.
- ⓘ Once the patient has been positioned, any shear and friction forces that have arisen during the process must be eliminated, e. g. by briefly lifting the patient.
- Check and, if necessary, adjust the positioning of the arm and the leg holder.
- ⓘ Check all screw and clamp connections.
- The positioning is removed in reverse order after the operation.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.



# 1.12 Sitting position

for obesity surgery  
with 4-piece pair of leg plates



### Basic configuration

1	Maquet Meera Table Column	7200.01XX
2	Extension plate	1131.31XX
3	Leg plate, 4-piece	1133.73XC

### General side rail accessories

6	Arm posturing device (2x)	1001.44X0
7	Radial setting clamp (2x)	1003.23C0
8	Anesthesia screen*	1002.57A0
9	Anesthesia screen extension*	1002.59A0
10	Infusion stand*	1009.01C0
11	Tube holder*	1002.55A0

### Positioning-specific accessories

4	Table width extension	1001.75A0
5	Table width extension	1001.76A0

### Positioning aids

12	Pillow for supine position	4006.21A0**
13	Heel pad	4006.29A0**
14	Leg strap (2x)	1001.57A0
15	Leg restraint cuff (2x)	1001.4700

\* not illustrated

\*\* Manufactured by Trulife

# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

The initiation of anesthesia is performed on the OR table.

After anesthetic induction the patient lies on the OR table in supine position with the buttocks on the lower edge of the table top. The head is positioned with a positioning aid (12).

## Then proceed as follows:

- Place the arm posturing devices (6) into the desired position and position the arms.
- Abduction of the legs with the leg plates (3), fixation of the legs with a leg strap (14) and leg restraint cuff (15).
- Mount further side rail accessories and positioning aids.
- ① Make sure that the heels and popliteal fossa are positioned freely. The legs of the patient should be slightly bent to prevent overextension of the knee.
- If necessary, the calf part of the 4-piece leg plate (3) can be slightly unfolded in order to better adapt to the anatomy of the patient.
- Move table top into the surgical position and raise patient into sitting position.
- ① Once the patient has been positioned, any shear and friction forces that have arisen during the process must be eliminated, e.g. by briefly lifting the patient.
- Check and, if necessary, adjust the positioning of the arm and the leg holder.
- ① Check all screw and clamp connections.
- The positioning is removed in reverse order after the operation.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.



# 2 Patient positioning according to discipline **Gynecology and urology**

- 2.1 Lithotomy position with leg holder
- 2.2 Lithotomy position with seat plate extension and leg holder
- 2.3 Lithotomy position with leg holder and TUR set
- 2.4 Lithotomy position with leg holder with one-hand operation
- 2.5 Lithotomy position with leg holder and vacuum mattress
- 2.6 Lithotomy position with Maquetmatic

# 2.1 Lithotomy position

## with with leg holder



### Basic configuration

1	Maquet Meera Table Column	7200.01XX
2	Extension plate	1131.31XX
3	Transfer board (for induction) Alternative: transfer board	1130.65A0 1132.65A0

### General side rail accessories

5	Arm support (2x)	1001.6000
6	Radial setting clamp (4x)	1003.23C0
7	Anesthesia screen	1002.57A0
8	Anesthesia screen extension	1002.59A0
9	Infusion stand	1009.01C0
10	Tube holder	1002.55A0

### Positioning-specific accessories

4	Leg holder (2x)	1001.65A0
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### Positioning aids

11	Pillow for supine position	4006.21A0**
12	Sacral support	4006.24A0**

\*\* Manufactured by Trulife



# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

For flat positioned legs or “hanging legs” a vacuum mattress or a sacral support (12) can be used to prevent a hollow back position.

The initiation of anesthesia is performed on the OR table.

After anesthetic induction the patient is in the supine position with the buttocks on the lower edge of the table top (cut-out for gynecology). The legs are positioned on the transfer board (3). The head is positioned with a positioning aid (11).



## Then proceed as follows:

- Longitudinal shift of the table top in the direction of the foot end.
- Mount the leg holders (4) to the radial setting clamps (6) on the side rails of the motorized leg plate mounting point (A).
- Abduct the legs on the leg holders (4) and remove the transfer board (3). Then move the patient’s legs along with the leg holders into the desired position.
- ① The calves must be positioned flat on the leg holders (4). The patient’s popliteal fossa must be positioned freely.
- Place the arm posturing devices (5) into the desired position and position the arms.
- ① The distal joint is higher than the proximal joint.
- Anatomically correct positioning of the positioning aids and mounting of further side rail accessories.
- ① Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

# 2.2 Lithotomy position

with seat plate extension  
and leg holder



### Basic configuration

1	Maquet Meera Table Column	7200.01XX
2	Seat plate extension	1131.55XX
3	Transfer board (for induction)	1130.65A0

### General side rail accessories

5	Arm support (2x)	1001.6000
6	Radial setting clamp (4x)	1003.23C0
7	Anesthesia screen	1002.57A0
8	Anesthesia screen extension	1002.59A0
9	Infusion stand	1009.01C0
10	Tube holder	1002.55A0

### Positioning-specific accessories

4	Leg holder (2x)	1001.65A0
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### Positioning aids

11	Plexus cushion	1000.6900
12	Sacral support	4006.24A0**

\*\* Manufactured by Trulife

# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

For flat positioned legs or “hanging legs” a vacuum mattress or a sacral support (12) can be used to prevent a hollow back position.

The initiation of anesthesia is performed on the OR table.

After anesthetic induction the patient is in the supine position with the buttocks on the lower edge of the table top (cut-out for gynecology). The legs are positioned on the transfer board (3).



## Then proceed as follows:

- Longitudinal shift of the table top in the direction of the foot end.
- Mount the leg holders (4) to the radial setting clamps (6) on the side rails of the seat plate extension (2).
- Abduct the legs on the leg holders (4) and remove the transfer board (3). Then move the patient’s legs along with the leg holders into the desired position.
- ❗ The calves must be positioned flat on the leg holders (4). The patient’s popliteal fossa must be positioned freely.
- Place the arm posturing devices (5) into the desired position and position the arms.
- ❗ The distal joint is higher than the proximal joint.
- Anatomically correct positioning of the positioning aids and mounting of further side rail accessories.
- ❗ Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

## 2.3 Lithotomy position

### with leg holder and TUR set



#### Basic configuration

1	Maquet Meera Table Column	7200.01XX
2	Seat plate extension	1131.55XX
3	Transfer board (for induction)	1130.65A0

#### General side rail accessories

6	Arm support (2x)	1001.6000
7	Radial setting clamp (4x)	1003.23C0
8	Anesthesia screen	1002.57A0
9	Anesthesia screen extension	1002.59A0
10	Infusion stand	1009.01C0
11	Tube holder	1002.55A0

#### Positioning-specific accessories

4	Leg holder (2x)	1001.65A0
5	TUR rinsing set (positioned on trolley 103.46A0)	1003.45D0

#### Positioning aids

12	Pillow for supine position	4006.21A0**
13	Sacral support	4006.24A0**

\*\* Manufactured by Trulife

# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

For flat positioned legs or “hanging legs” a vacuum mattress or a sacral support (13) can be used to prevent a hollow back position.

The initiation of anesthesia is performed on the OR table.

After anesthetic induction the patient is in the supine position with the buttocks on the lower edge of the seat plate extension (cut-out for gynecology). The legs are positioned on the transfer board (3). The head is positioned with a positioning aid (12).



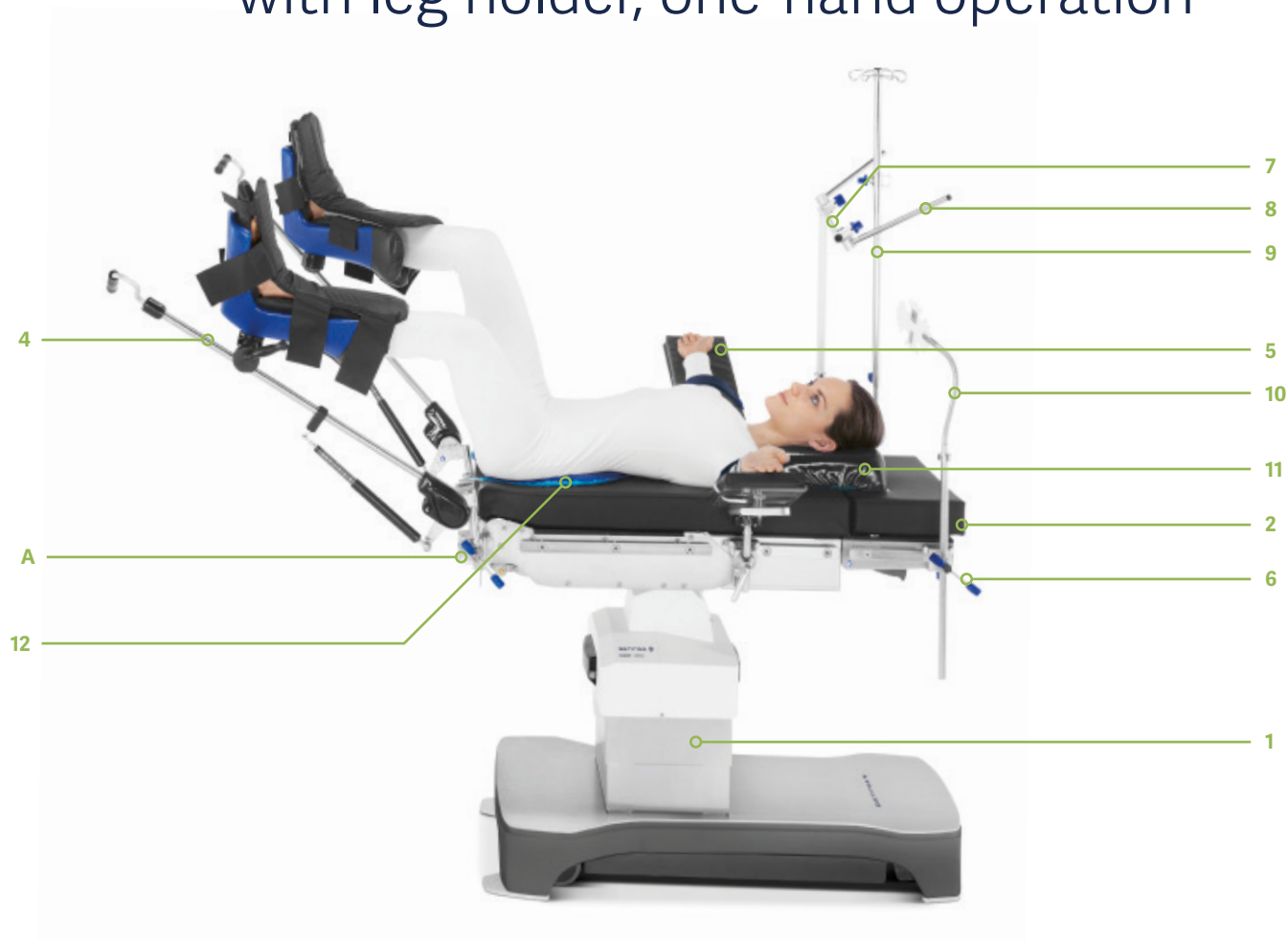
## Then proceed as follows:

- Longitudinal shift of the table top in the direction of the head end.
- Mount the leg holders (4) with the radial setting clamps (7) on the side rails of the seat plate extension (2).
- Abduct the legs on the leg holders (4) and remove the transfer board (3). Then move the patient’s legs along with the leg holders into the desired position.
- ① The calves must be positioned flat on the leg holders (4). The patient’s popliteal fossa must be positioned freely.
- Mount TUR rinsing set (5) onto the seat plate extension (2).
- Place the arm supports (6) into the desired position and position the arms.
- ① The distal joint is higher than the proximal joint.
- Anatomically correct positioning of the positioning aids and mounting of further side rail accessories.
- ① Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

# 2.4 Lithotomy position

with leg holder, one-hand operation



## Basic configuration

1	Maquet Meera Table Column	7200.01XX
2	Extension plate	1131.31XX
3	Transfer board (for induction)	1130.65A0

## General side rail accessories

5	Arm support (2x)	1001.6000
6	Radial setting clamp (4x)	1003.23C0
7	Anesthesia screen	1002.57A0
8	Anesthesia screen extension	1002.59A0
9	Infusion stand	1009.01C0
10	Tube holder	1002.55A0

## Positioning-specific accessories

4	Leg holder with one-hand operation attached to radial setting clamp (6)	1005.06A0***
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## Positioning aids

11	Pillow for supine position	4006.21A0**
12	Sacral support	4006.24A0**

\*\* Manufactured by Trulife

\*\*\* Manufactured by Allen Medical



# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

For flat positioned legs or “hanging legs” a vacuum mattress or a sacral support (12) can be used to prevent a hollow back position.

The initiation of anesthesia is performed on the OR table.

After anesthetic induction the patient is in the supine position with the buttocks on the lower edge of the table top (cut-out for gynecology). The legs are positioned on the transfer board (3). The head is positioned with a positioning aid (11).



## Then proceed as follows:

- Longitudinal shift of the table top in the direction of the head end.
- Mount the leg holders (4) with the radial setting clamps (6) on the side rails of the motorized leg plate mounting point (A).
- Place the heels into the deepest point of the leg crutch. The rear of the leg holder is aligned with the opposite shoulder. Toe, knee and opposite shoulder form a line. Make sure that the knee is slightly bent. When adjusting during operations, ensure that the knee crutches are correctly seated.
- Place the arm supports (5) into the desired position and position the arms.
- ① The distal joint is higher than the proximal joint.
- Anatomically correct positioning of the positioning aids and mounting of further side rail accessories.
- ① Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.



Alternative positioning in reverse position with improved radiolucency.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.



# 2.5 Lithotomy position

with leg holder and vacuum mattress



### Basic configuration

1	Maquet Meera Table Column	7200.01XX
2	Extension plate	1131.31XX
3	Transfer board (for induction)	1130.65A0

### Positioning-specific accessories

4	Vacuum mattress	1000.78A0***
5	Leg holder (2x)	1001.65A0

### General side rail accessories

6	Radial setting clamp (2x)	1003.23C0
7	Anesthesia screen*	1002.57A0
8	Anesthesia screen extension*	1002.59A0
9	Infusion stand*	1009.01C0
10	Tube holder*	1002.55A0

### Positioning aids

11	Pillow for supine position (as needed)*	4006.21A0**
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\* not illustrated  
 \*\* Manufactured by Trulife  
 \*\*\* Manufactured by B.u.W. Schmidt

# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

For flatly positioned legs or “hanging legs” a vacuum mattress or a sacral support can be used to prevent a hollow back position.

When using a vacuum mattress (4), appropriate precautions should be taken to ensure a secure fixation of the vacuum mattress on the OR table.

Suction the vacuum mattress into a stable form (see operating instructions vacuum mattress).

The initiation of anesthesia is performed on the OR table. After anesthetic induction the patient is in the supine position with the buttocks on the lower edge of the table top (cut-out for gynecology). The legs are positioned on the transfer board (3).

## Then proceed as follows:

- Possibly, shift any longitudinal shift of the table top in the direction of the foot end.
- Mount the leg holders (5) with the radial setting clamps (6) on the side rails of the motorized leg plate mounting point (A).
- Abduct the legs on leg holders (5) and then remove transfer board (3). Then bring the legs of the patient along with the leg holders into the desired position.
- ❗ The calves must be positioned flat on the leg holders (5). The popliteal fossa of the patient must be freely positioned.
- Adapt the vacuum mattress to the anatomy of the patient, shape it and vacuum with the aid of an air pump.
- Anatomically correct positioning of the positioning aids and mounting of further side rail accessories.
- ❗ Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

## 2.6 Lithotomy position with Maquetmatic



### Basic configuration

1	Maquet Meera Table Column	7200.01XX
2	Extension plate	1131.31XX

### General side rail accessories

5	Arm support (2x)	1001.6000
6	Radial setting clamp (2x)	1003.23C0
7	Anesthesia screen	1002.57A0
8	Anesthesia screen extension	1002.59A0
9	Infusion stand	1009.01C0
10	Tube holder	1002.55A0

### Positioning-specific accessories

3	Maquetmatic	1130.70AC
4	Knee crutches Alternative: calf crutches	1005.01B0 1005.04A0***

### Positioning aids

11	Plexus cushion	1000.6900
12	Sacral support	4006.24A0**

\*\* Manufactured by Trulife  
\*\*\* Manufactured by Allen Medical

# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

For flatly positioned legs or “hanging legs” a vacuum mattress or a sacral support (12) can be used to prevent a hollow back position.

The initiation of anesthesia is performed on the OR table. After anesthetic induction the patient is in the supine position with the buttocks on the lower edge of the table top (cut-out for gynecology). The legs are positioned on the Maquetmatic leg plate (3).

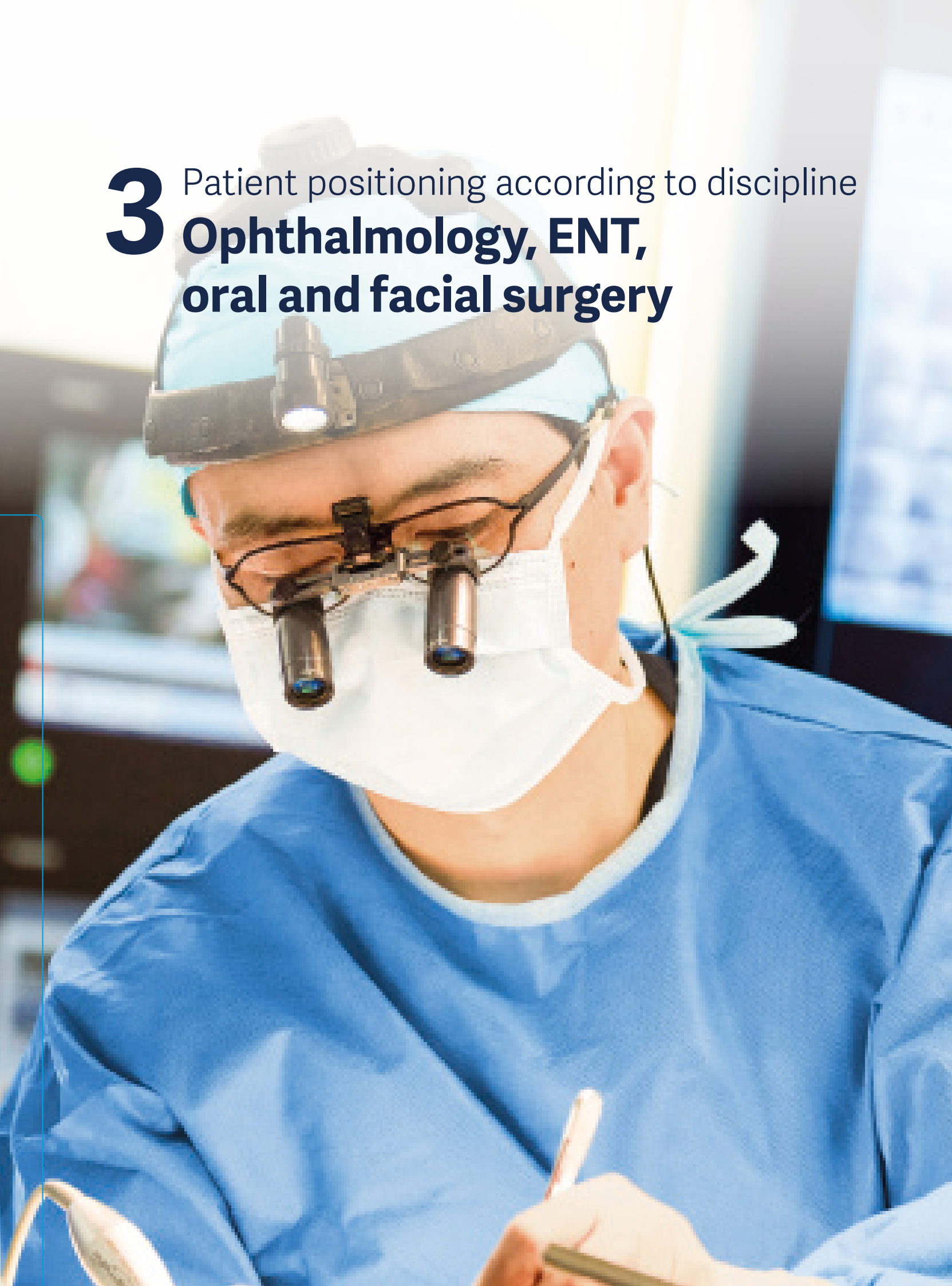
## Then proceed as follows:

- Possibly, shift any longitudinal shift of the table top in the direction of the foot end.
- Remove the calf plates of the Maquetmatic leg plate (3) and mount the knee crutches (4).
- Abduct legs on leg holders (4) and then move into the desired position.
- ⓘ The calves must be positioned flat on the leg crutches (4). The popliteal fossa of the patient must be freely positioned.
- Remove thigh plates from the Maquetmatic leg plate (3).
- Place the arm supports (5) into the desired position and position the arms.
- ⓘ The distal joint is higher than the proximal joint.
- Anatomically correct positioning of the positioning aids and mounting of further side rail accessories.
- ⓘ Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

# 3 Patient positioning according to discipline

## **Ophthalmology, ENT, oral and facial surgery**

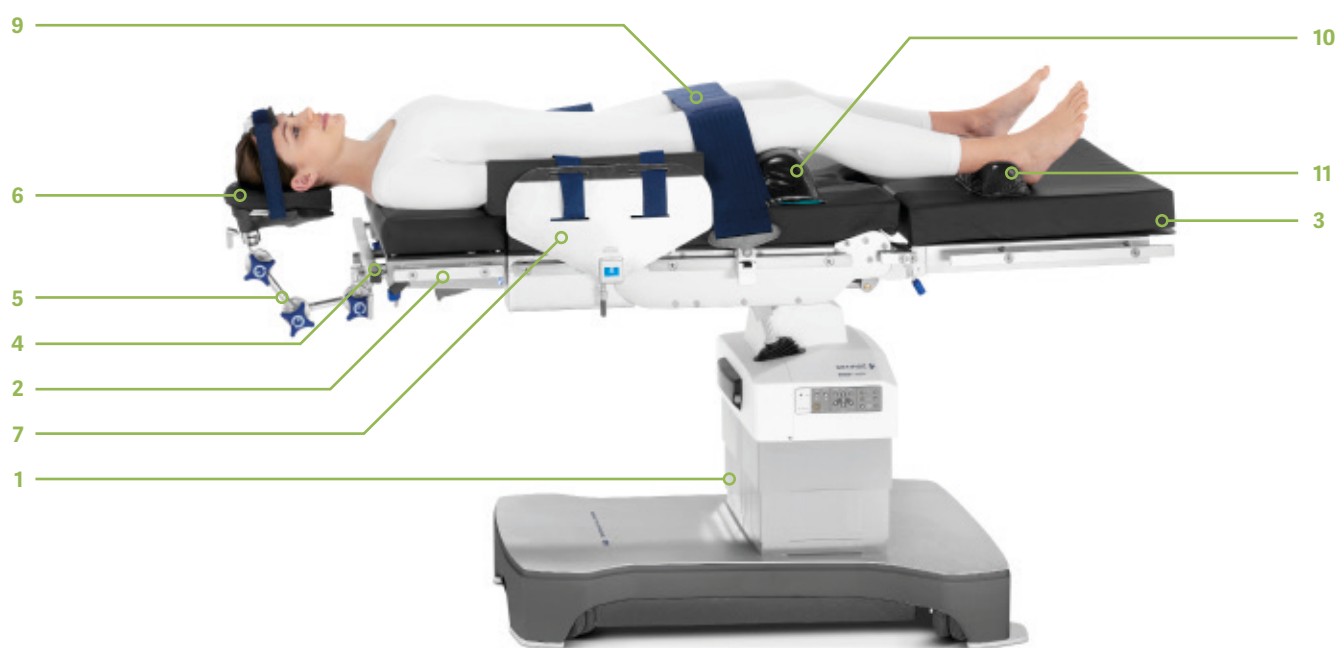


- 3.1 Supine position with head support with horseshoe head rest
- 3.2 Supine position with head support with head rest and head ring



# 3.1 Supine position

with head support  
with horseshoe head rest



## Basic configuration

1	Maquet Meera Table Column	7200.01XX
2	Extension plate	1131.31XX
3	Leg plate	1133.58XX

## Positioning-specific accessories

4	Connection bracket	1130.54B0
5	Fixture	1002.65A0
6	Horseshoe head rest, 2-piece	1002.72A0

## General side rail accessories

7	Arm protector	1002.25A0
8	Arm restraint cuff	1002.24C0*
9	Body strap	1001.59X0

## Positioning aids

10	Gel body roll	4006.25A0**
11	Heel pad	4006.16A0**

\* not illustrated  
\*\* Manufactured by Trulife

# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

The initiation of anesthesia is performed on the OR table.

After anesthetic induction the patient lies on the OR table in supine position. The head is positioned with a horseshoe head rest (6) with a fixture (5) that is fastened to the extensions plate (2) via a connection bracket (4).

## Then proceed as follows:

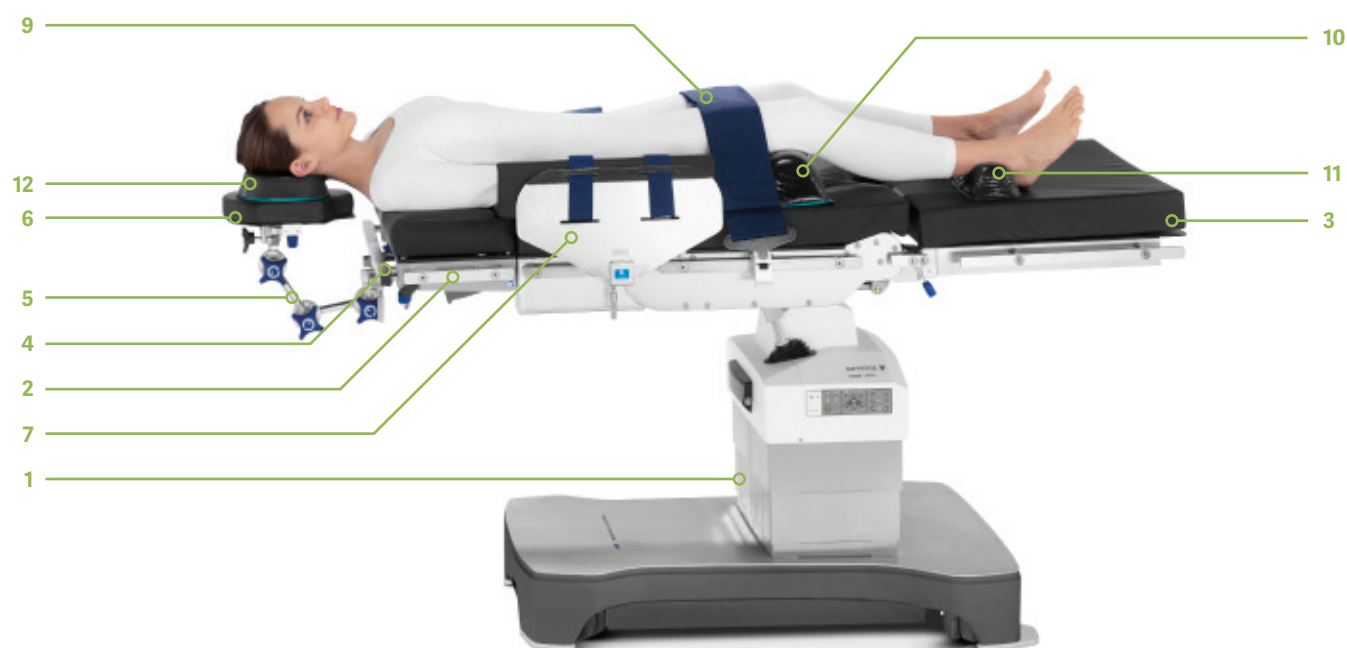
- Possibly, shift any longitudinal shift of the table top in the direction of the head end.
- ① Finely adjust fixture (5) with horseshoe head rest (6) and move the head into the desired position. Check all screw connections on the fixture and the horseshoe head rest. Secure the head of the patient with a strap (supplied with the horseshoe head rest).
- Example for positioning the arms: On the side on which the surgeon is standing, the arm is positioned next to the body using an arm protector (7). The other arm is positioned next to the body with an arm restraint cuff (8). Alternatively, the other arm can be abducted on an arm support for anesthesia.
- Anatomically correct positioning of the remaining positioning aids and mounting of further side rail accessories.
- ① Make sure that the heels and popliteal fossa are positioned freely. The patient's legs should be slightly bent to prevent overextension of the knee.
- Secure the legs with a body strap (9).  
**Tip:** Position two fingers breadth above the knee joint, a flat hand should still fit between the strap and the patient.
- ① Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

## 3.2 Supine position

with head support

with head rest and head ring



### Basic configuration

1	Maquet Meera Table Column	7200.01XX
2	Extension plate	1131.31XX
3	Leg plate	1133.58XX

### General side rail accessories

7	Arm protector	1002.25A0
8	Arm restraint cuff	1002.24C0*
9	Body strap	1001.59X0

### Positioning-specific accessories

4	Connection bracket	1130.54B0
5	Fixture	1002.65A0
6	Head rest	1002.73A0

### Positioning aids

10	Gel body roll	4006.25A0**
11	Heel pad	4006.16A0**
12	Head ring	4006.02A0**

\* not illustrated  
 \*\* Manufactured by Trulife

# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

The initiation of anesthesia is performed on the OR table.

After anesthetic induction the patient lies on the OR table in supine position. The head is positioned with a positioning aid (12) on a head rest (6) with a fixture (5) that is fastened to the extensions plate (2) via a connection bracket (4).

## Then proceed as follows:

- Possibly, shift any longitudinal shift of the table top in the direction of the head end.
  - ① Finely adjust fixture (5) with head rest (6) and move the head into the desired position. Check all screw connections on the fixture and the head rest.
  - Example for positioning the arms: On the side where the surgeon is standing, the arm is positioned next to the body using an arm protector (7). The other arm is positioned next to the body with an arm restraint cuff (8). Alternatively, the other arm can be abducted on an arm support for anesthesia.
  - Anatomically correct positioning of the remaining positioning aids and mounting of further side rail accessories.
- ① Make sure that the heels and popliteal fossa are positioned freely. The patient's legs should be slightly bent to prevent overextension of the knee.
  - Secure the legs with a body strap (9).  
**Tip:** Position two fingers breadth above the knee joint, a flat hand should still be fit between the strap and the patient.
  - ① Check all screw and clamp connections.
  - The positioning has to be removed in reverse order after the operation.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

# 4 Patient positioning by discipline

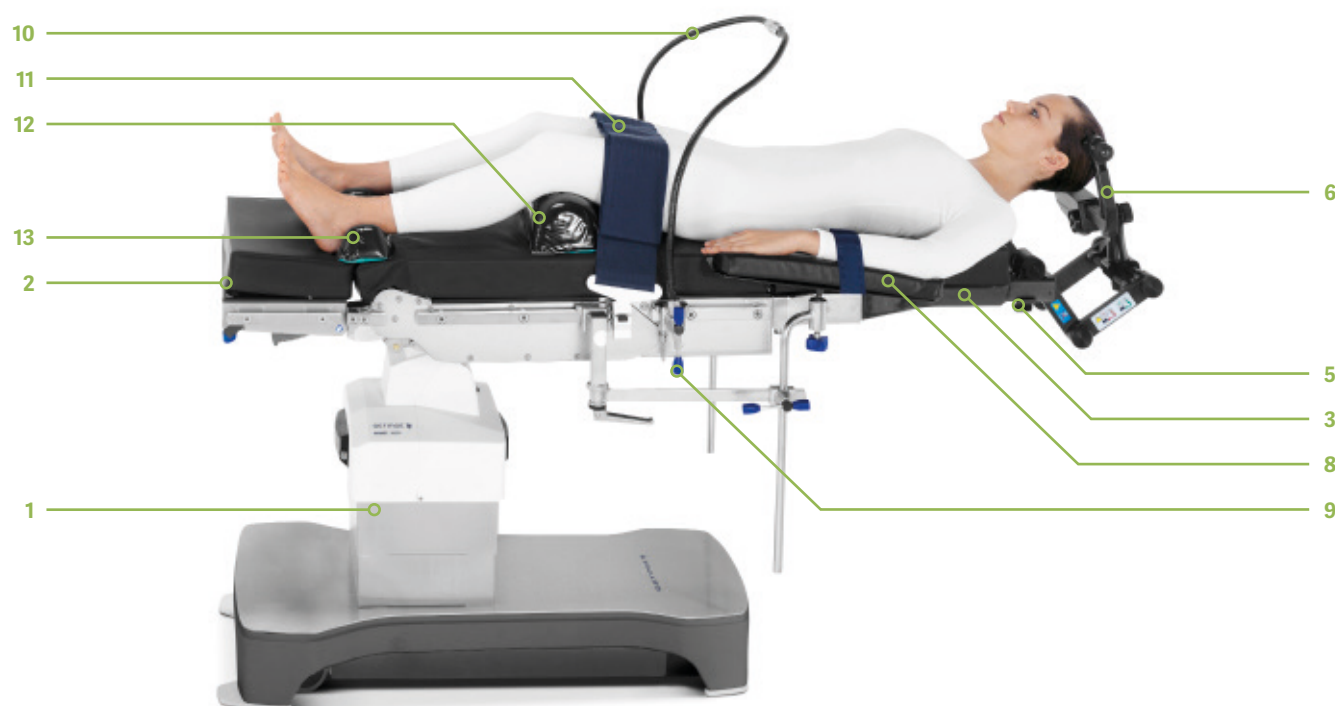
## Neurosurgery



- 4.1 Supine position with head fixture in carbon fiber skull clamp
- 4.2 Supine position with head fixture in steel skull clamp
- 4.3 Sitting position with head fixture in steel skull clamp
- 4.4 Park bench position

# 4.1 Supine position

head fixture  
in carbon fiber skull clamp



Basic configuration		
1	Maquet Meera Table Column	7200.01XX
2	Extension plate	1131.31XX
3	Carbon fiber back plate	1433.33AC
4	Head rest (for induction)*	1002.83A0

General side rail accessories		
8	Arm posturing device (2x)	1001.44X0
9	Radial setting clamp (2x)	1003.23C0
10	Anesthesia frame	1002.54A0
11	Body strap	1001.59X0

Positioning-specific accessories		
5	Skull clamp holder	1005.48B0
6	Carbon fiber skull clamp	1005.49B0***
7	Pins*	1005.67A0***

Positioning aids		
12	Gel body roll	4006.25A0**
13	Heel pad	4006.16A0**

\* not illustrated  
 \*\* Manufactured by Trulife  
 \*\*\* Manufactured by Black Forrest Medical



# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

The Maquet Meera mobile Operating Table has a lock function to lock the motorized adjustment ranges of the table top or the entire OR table.

The initiation of anesthesia is performed on the OR table.

After anesthetic induction the patient lies on the OR table in supine position. The head is positioned with a head rest (4).

## Then proceed as follows:

- Longitudinal shift of the table top in the direction of the head end.
- Move the patient in the head direction until the shoulders are situated over the edge of the carbon fiber back plate (3).
- The surgeon places the radiolucent skull clamp (6) onto the patient's head.
- Remove the head rest (4) and mount the skull clamp holder (5).
- ❗ The patient's head must be held.
- Connect the skull clamp (6) with the skull clamp holder (5). Move the head into the desired position.
- ❗ Check all screw and clamp connections on the skull clamp and the holder.
- Place the arm posturing devices (8) into the desired position and position the arms.
- Anatomically correct positioning of the positioning aids and mounting of further side rail accessories.
- ❗ Make sure that the heels and popliteal fossa are positioned freely. The patient's legs should be slightly bent to prevent overextension of the knees.
- Secure the legs with a body strap (11).  
**Tip:** Position two fingers breadth above the knee joint, a flat hand should still be able to fit between the strap and the patient.
- ❗ Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.



360° x-ray possibilities

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

# 4.2 Supine position

with head fixture in steel skull clamp



### Basic configuration

1	Maquet Meera Table Column	7200.01XX
2	Seat plate extension	1131.55XX
3	Extension plate (2x)	1131.31XX
4	Head rest (for induction)*	1130.64XX

### Positioning-specific accessories

5	Connection bracket	1130.54B0
6	Standard holder	1005.50A0***
7	Connection clamp	1005.51A0***
8	Skull clamp	1005.52C0***
9	Pins*	1005.67A0***

### General side rail accessories

10	Arm protector	1002.25A0
11	Arm posturing device*	1001.44X0
12	Radial setting clamp (2x)	1003.23C0
13	Anesthesia frame	1002.54A0
14	Body strap	1001.56X0

### Positioning aids

15	Gel body roll	4006.25A0**
16	Heel pad	4006.16A0**

\* not illustrated

\*\* Manufactured by Trulife

\*\*\* Manufactured by Black Forrest Medical

# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

The Maquet Meera mobile Operating Table has a lock function to lock the motorized adjustment ranges of the table top or the entire OR table.

The initiation of anesthesia is performed on the OR table.

After anesthetic induction the patient lies on the OR table in supine position. The head is positioned with a head rest (4).

## Then proceed as follows:

- Longitudinal shift of the table top in the direction of the head end.
- Move the patient to the head end until the shoulders are situated at the upper edge of the extension plate (3).
- The surgeon places the skull clamp (8) onto the patient's head.
- Remove the head rest (4) and mount connection bracket (5), standard holder (6) and connection clamp (7).
- ❗ The patient's head must be held.
- Connect the skull clamp (8) with the connection clamp (7). Move the head into the desired position.
- ❗ Check all screw and clamp connections on the skull clamp and the holder.
- Example for positioning the arms: An arm is positioned next to the body with an arm protector (10). The other arm is abducted using an arm posturing device (11) for anesthesia. Alternatively, both arms can be abducted.
- Anatomically correct positioning of the remaining positioning aids and mounting of further side rail accessories.
- ❗ Make sure that the heels and popliteal fossa are positioned freely. The patient's legs should be slightly bent to prevent overextension of the knee.
- Secure the legs with a body strap (14).  
**Tip:** Position two fingers breadth above the knee joint, a flat hand should still be able to fit between the strap and the patient.
- ❗ Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

# 4.3 Sitting position

## with head fixture in steel skull clamp



Basic configuration		
1	Maquet Meera Table Column	7200.01XX
2	Seat plate extension	1131.55XX
3	Extension plate (2x)	1131.31XX
4	Head rest	1130.64XX

Positioning-specific accessories		
5	Cross-bar attachment	1005.2300
6	Standard holder	1005.50A0***
7	Connection clamp	1005.51A0***
8	Skull clamp	1005.52C0***
9	Pins*	1005.67A0***

General side rail accessories		
10	Arm posturing device (2x)	1001.44X0
11	Radial setting clamp (2x)	1003.23C0
12	Body strap	1001.59X0

Positioning aids		
13	Gel body roll	4006.25A0**
14	Heel pad	4006.16A0**

\* not illustrated  
 \*\* Manufactured by Trulife  
 \*\*\* Manufactured by Black Forrest Medical

# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

The Maquet Meera Mobile Operating Table has a lock function to lock the motorized adjustment ranges of the table top or the entire OR table.

For this position, the OR table is constructed in reverse order. The hand control has to be converted correspondingly.

The initiation of anesthesia is performed on the OR table.

After anesthetic induction the patient lies on the OR table in supine position. The head is positioned with a head rest (4).

## Then proceed as follows:

- Position the patient with the acetabulum at the height of the motorized back plate (A).
- Raise patient into a seated position step by step with the aid of the beach chair function of the hand control. Pay attention to the positioning of the legs: the calves of the patient should be above heart level.
- ① Once the patient has been positioned, any shear and friction forces that have arisen during the process must be eliminated, e.g. by briefly lifting the patient.
- Preparation of positioning in skull clamp: Mount the radial setting clamps (11) to the side rails of the seat plate extension (2), both sides at the same height and fasten the cross-bar attachment (5). Attach the standard holder (6) and connection clamp (7) and pre-position.
- Fix and position the head in the skull clamp (8) and connect with the connection clamp (7). Place the head into the desired position and fix the entire construction.
- ① Check all screw and clamp connections on the skull clamp and the holder.
- Lower or remove the head rest (4).
- Place the arm posturing devices (10) into the desired position and position the arms.
- Anatomically correct positioning of the remaining positioning aids and mounting of further side rail accessories.
- ① Make sure that the heels and popliteal fossa are positioned freely. The patient's legs should be slightly bent to prevent overextension of the knee.
- Secure the legs with a body strap (12).  
**Tip:** Position two fingers breadth above the knee joint, a flat hand should still be able to fit between the strap and the patient.
- ① Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.  
**Tip:** You can avoid any table movement of the table joints if the table lock function is used!

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

## 4.4 Park bench position



### Basic configuration

1	Maquet Meera Table Column	7200.01XX
2	Seat plate extension	1131.55XX
3	Extension plate (2x)	1131.31XX
4	Head rest (for induction)*	1130.64XX

### General side rail accessories

5	Radial setting clamp (3x)	1003.23C0
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### Positioning aids

6	Tunnel cushion	1000.77A0
7	Heel pad*	4006.16A0**

### Positioning-specific accessories

8	Connection bracket	1130.54B0
9	Standard holder	1005.50A0***
10	Connection clamp	1005.51A0***
11	Skull clamp	1005.52C0***
12	Pins*	1005.67A0***
13	Leg holder*	1001.65A0
14	Arm rest with pin-joint arm	1002.49A0
15	Fixture for body supports (2x)	1002.19C0
16	Pin-joint arm for body supports*	1002.40A0
17	Back support*	1002.11A0
18	Pubis-sacrum sternum support	1002.11B0
19	Lateral support*	1002.11C0

\* not illustrated

\*\* Manufactured by Trulife

\*\*\* Manufactured by Black Forrest Medical

# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

The Maquet Meera Mobile Operating Table has a lock function to lock the motorized adjustment ranges of the table top or the entire OR table.

The initiation of anesthesia is performed on the OR table.

After anesthetic induction the patient lies on the OR table in supine position. The head is positioned with a head rest (4).

## Then proceed as follows:

- Longitudinal shift of the table top as far as possible in the direction of head.
- Mount and pre-position lateral supports (15–19), arm rest (14) and Goepel leg holder (13).
- Remove the head rest (4) and mount the connection bracket (8).
- Turn the patient onto the side, continue to position the patient towards the head, shoulders and lowered positioned arm must be freely movable and situated above the upper edge of the extension plate (3) (make sure axilla is positioned freely), fix the upper arm to the pre-mounted Goepel leg holder and the lower arm on the arm rest and fix.
- ① Hold the patient's head until he/she is positioned securely and the head is located in the skull clamp.
- Preparation of positioning in skull clamp: Attach the standard holder (9) and connection clamp (10) and pre-position.
- Fix and position the head in the skull clamp (11) and connect with the connection clamp (10). Place the head into the desired position and fix the entire construction.
- ① Check all screw and clamp connections on the skull clamp and the holder.
- Final positioning of the lateral supports.
- ① Until the lateral supports have been put into their final position, the patient must be secured to prevent potential rolling back.
- Final positioning of the arms.
- ① Positioning of the tunnel cushion (6) and fixation of the legs with a body strap. Freely position the ankles with heel pads (7) and relieve pressure.
- ① Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.



# 5 Patient positioning according to discipline

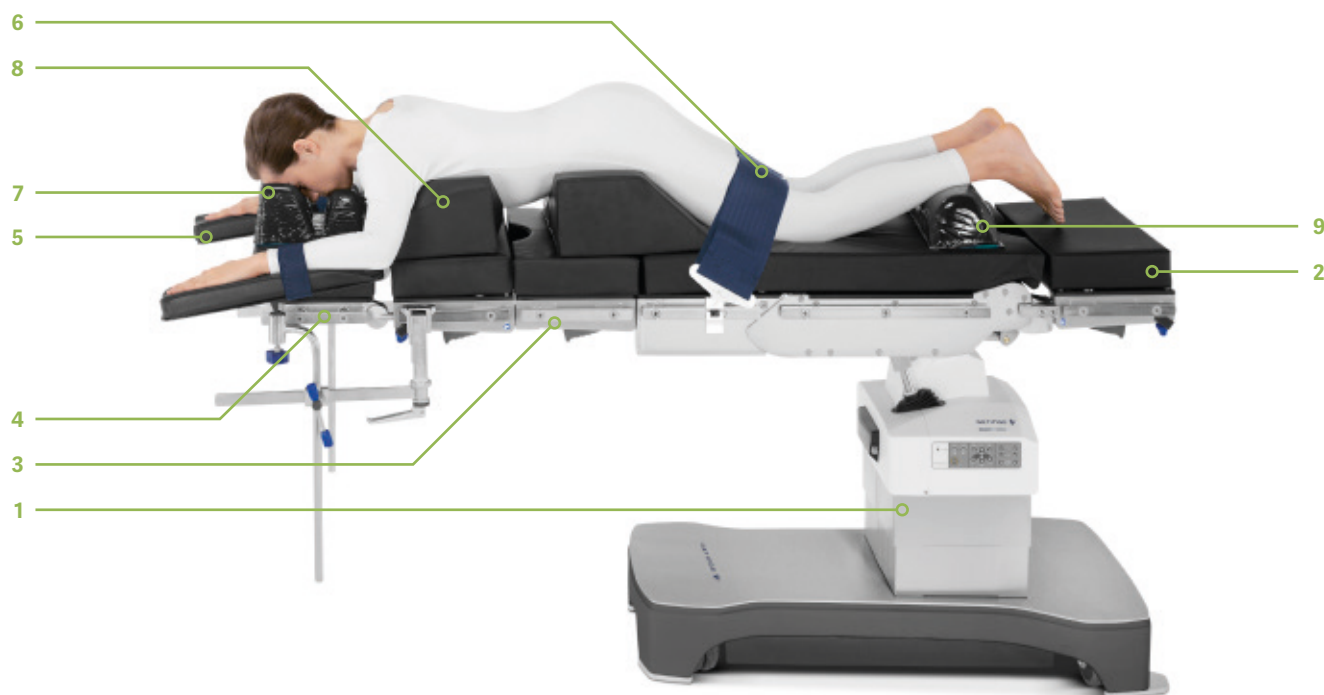
## **Orthopedics and traumatology**



- 5.1 Prone position, e. g. for spinal surgery
- 5.2 Prone position with long carbon fiber back plate, e. g. for spinal surgery
- 5.3 Lower arm treatment with hand operating table in supine position, reverse order
- 5.4 Lower arm treatment, vascular surgery in supine position with hand operating table and long carbon fiber back plate, reverse order
- 5.5 Cervical spine surgery in supine position with carbon fiber back plate
- 5.6 Elbow surgery in prone position
- 5.7 Genucubital position with kneeling frame and buttocks support
- 5.8 Beach chair position with short back plate for shoulder operations
- 5.9 Beach chair position with long back plate for shoulder operations, reverse order
- 5.10 Beach chair position with carbon fiber back plate for shoulder operations and Trimano, reverse order
- 5.11 Knee arthroscopy in supine position
- 5.12 Lower leg fracture with pair of carbon fiber leg plates
- 5.13 Femur treatment in supine position, traction on the extended leg
- 5.14 Femur treatment in supine position, traction on the extended leg, healthy leg on leg holder
- 5.15 Femur treatment in supine position, transcondylar traction, healthy leg on leg holder
- 5.16 Femur treatment in lateral position with femur countertraction post
- 5.17 Tibia treatment in supine position with countertraction post for tibia and fibula and joint supporting arm
- 5.18 Tibia treatment in supine position with countertraction post for tibia and fibula, healthy leg on leg holder
- 5.19 Tibia treatment in supine position with countertraction post for tibia and fibula, healthy leg on universal support

# 5.1 Prone position

e.g. for spinal surgery



## Basic configuration

1	Maquet Meera Table Column	7200.01XX
2	Extension plate (2x)	1131.31XX
3	Seat plate extension	1131.55XX
4	Head rest	1130.64XX

## General side rail accessories

5	Arm posturing device (2x)	1001.44X0
6	Body strap	1001.59X0

## Positioning aids

7	Pillow for prone position	4006.19A0**
8	Pad for prone position, 2-piece	1000.68C0
9	Gel body roll	4006.25A0**

\* not illustrated  
 \*\* Manufactured by Trulife

# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

The initiation of anesthesia is performed on a separate stretcher.

After anesthetic induction the patient is on the stretcher in the supine position. The OR table is preconfigured with 2–4 and 7–9. Head is positioned on positioning aid (7).

## Then proceed as follows:

- Possibly, shift any longitudinal shift of the table top in the direction of the head end.
- Adjust the positioning aids in line with the patient's anatomy.
- Axially turn patient from the stretcher to the pre-configured table top, and adjust positioning aids if necessary.
- Position the head and the arms: Adapt the arm supports (5) at the side rails at shoulder height and position arms (see introduction under general information).
- Ensure that the toes are freely positioned and that the pressure on the patella is minimized.
- Mount further side rail accessories.
- Secure the legs with a body strap (6).  
**Tip:** A flat hand should be able to fit between the strap and the patient.
- Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.

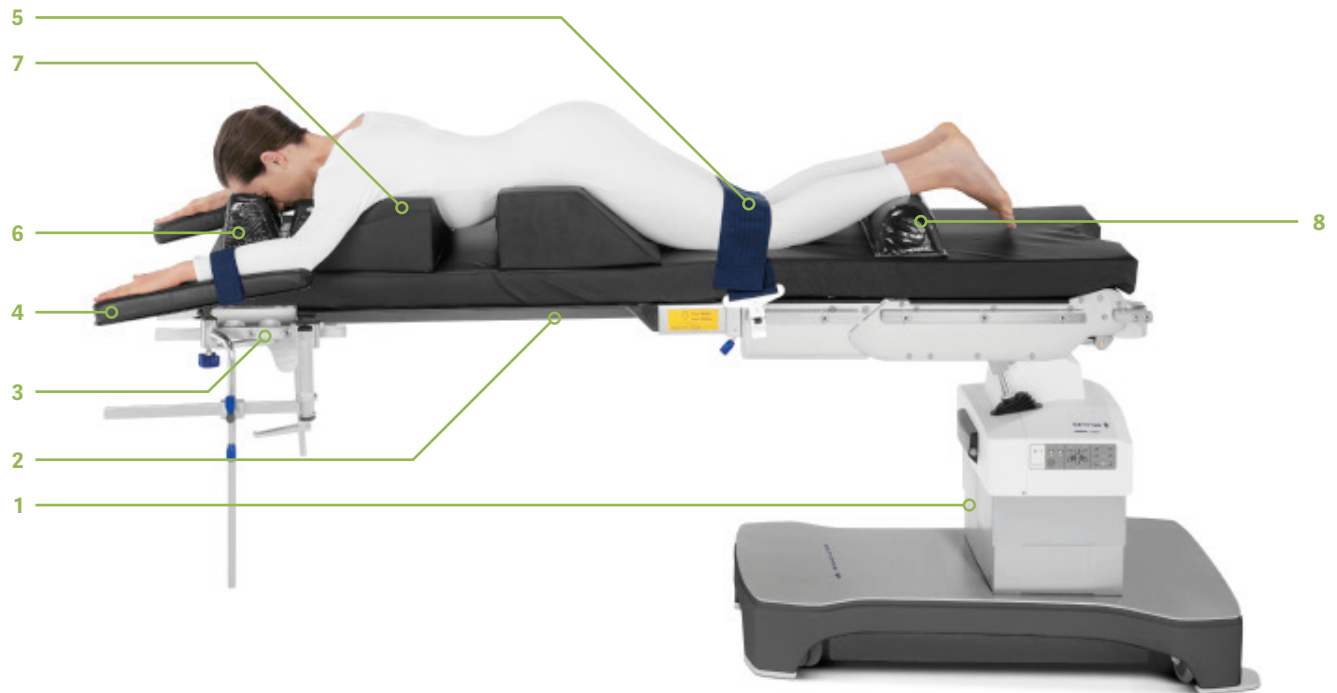


Alternative positioning in reverse position for better access.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

## 5.2 Prone position

with long carbon fiber back plate,  
e. g. for spinal surgery



### Basic configuration

1	Maquet Meera Table Column	7200.01XX
2	Carbon fiber back plate	1132.45AC
3	Accessory adapter	1150.72A0

### General side rail accessories

4	Arm posturing device (2x)	1001.44X0
5	Body strap	1001.59X0

### Positioning aids

6	Pillow for prone position	4006.19A0**
7	Pad for prone position, 2-piece	1000.68C0
8	Gel body roll	4006.25A0**

\*\* Manufactured by Trulife

# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

The initiation of anesthesia is performed on a separate stretcher.

After anesthetic induction the patient is on the stretcher in the supine position. The OR table is preconfigured with 2–3 and 6–8. Head is positioned on positioning aid (6).

## Then proceed as follows:

- Possibly, shift any longitudinal shift of the table top in the direction of the head end.
- Adjust the positioning aids in line with the patient's anatomy.
- Axially turn patient from the stretcher to the pre-configured table top, and adjust positioning aids if necessary.
- Position the head and the arms: Adapt the arm posturing devices (4) at the side rails of the accessory adapter (3) and position arms (see introduction under general information).
- Ensure that the toes are freely positioned and that the pressure on the patella is minimized.
- Mount further side rail accessories.
- Secure the legs with a body strap (5).  
**Tip:** A flat hand should be able to fit between the strap and the patient.
- Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.

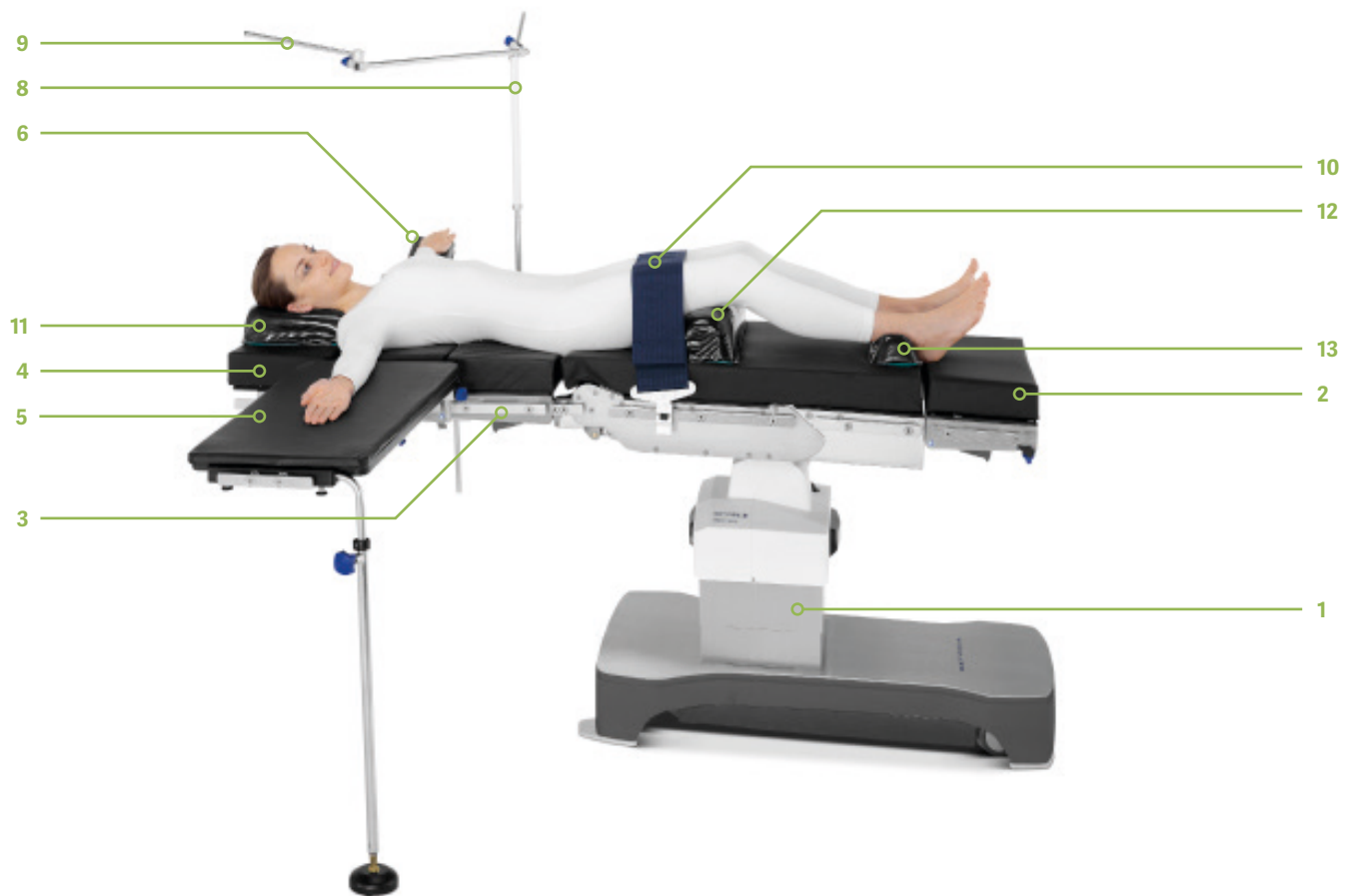


Alternative positioning in reverse position

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

# 5.3 Lower arm treatment

with hand operating table in supine position, reverse order



Basic configuration		
1	Maquet Meera Table Column	7200.01XX
2	Extension plate (2x)	1131.31XX
3	Seat plate extension	1131.55XX
4	Head rest	1130.64XX

General side rail accessories		
6	Arm posturing device	1001.44X0
7	Radial setting clamp (2x)*	1003.23C0
8	Anesthesia screen	1002.57A0
9	Anesthesia screen extension	1002.59A0
10	Body strap	1001.59X0

Positioning-specific accessories		
5	Multi-purpose plate for arm surgery	1001.63X0

Positioning aids		
11	Pillow for supine position	4006.21A0**
12	Gel body roll	4006.25A0**
13	Heel pad	4006.16A0**

\* not illustrated  
 \*\* Manufactured by Trulife



# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

For this position, the OR table is constructed in reverse order. The hand control has to be converted correspondingly.

The initiation of anesthesia is performed on the pre-configured OR table (2–4, 11). The patient lies on the OR table in supine position. Head is positioned on positioning aid (11).

## Then proceed as follows:

- Mount the hand operating table (5) with a radial setting clamp to the table top, adjust the height to the level of the pad and mount the support bar.
- Position the arms: position the arm to be operated on the hand operating table (5). The other arm is abducted on an arm support (6) for anesthesia.
- Anatomically correct positioning of the positioning aids and mounting of further side rail accessories.
- ① Make sure that the heels and popliteal fossa are positioned freely. The legs of the patient should be slightly bent to prevent overextension of the knee.
- Secure the legs with a body strap (10).  
**Tip:** A flat hand should be able to fit between the strap and the patient.
- ① Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.

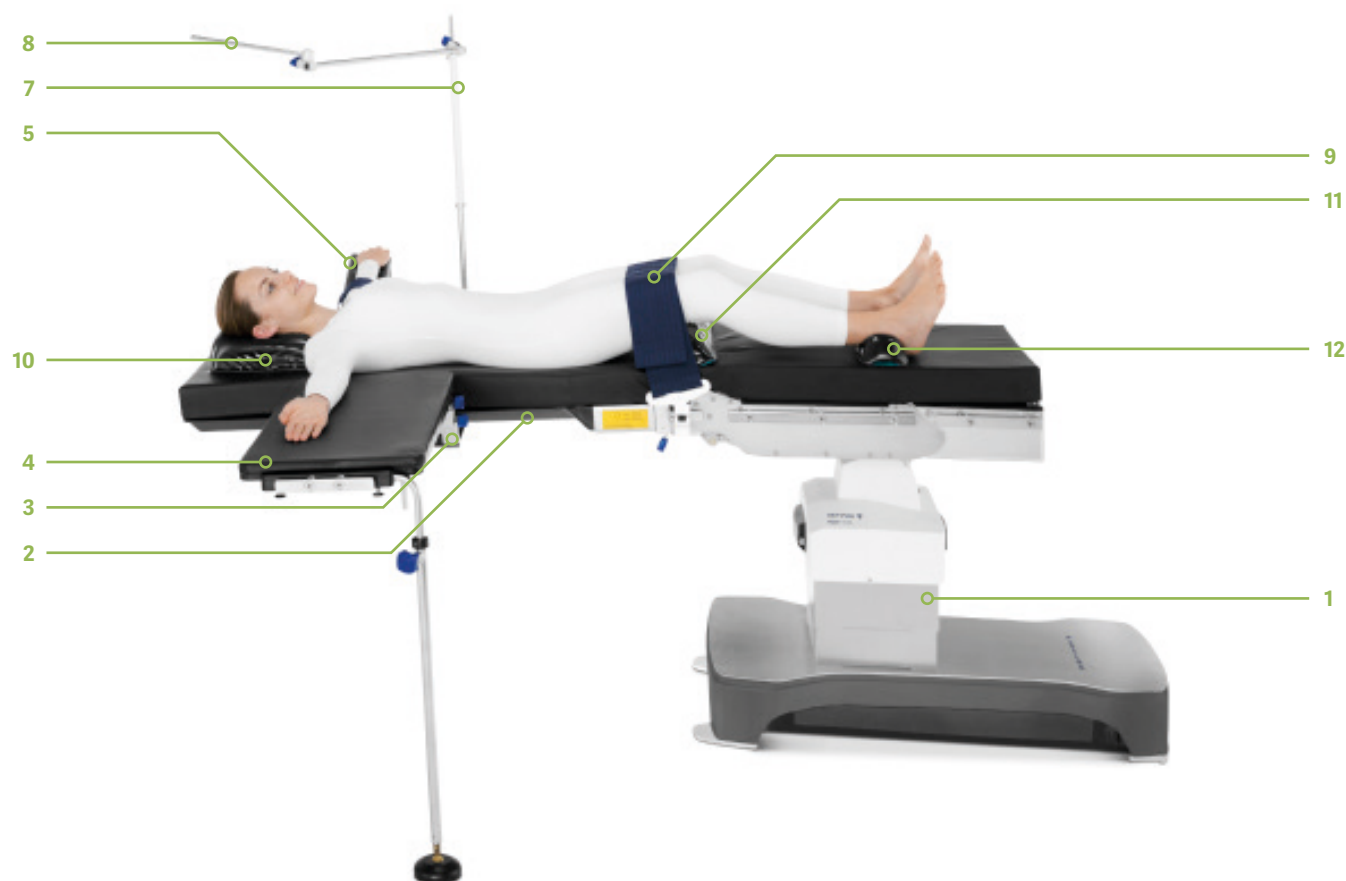


360° X-ray possibilities

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

## 5.4 Lower arm treatment

Vascular surgery in supine position with hand operating table and long carbon fiber back plate, reverse order



### Basic configuration

1	Maquet Meera Table Column	7200.01XX
2	Carbon fiber back plate	1132.45AC

### General side rail accessories

5	Arm posturing device	1001.44X0
6	Radial setting clamp (for anesthesia screen)*	1003.23C0
7	Anesthesia screen	1002.57A0
8	Anesthesia screen extension	1002.59A0
9	Body strap	1001.59X0

### Positioning-specific accessories

3	Adapter for carbon fiber table top	1001.64CX
4	Multi-purpose plate for arm surgery	1001.63X0

### Positioning aids

10	Pillow for supine position	4006.21A0**
11	Gel body roll	4006.25A0**
12	Heel pad	4006.16A0**

\* not illustrated

\*\* Manufactured by Trulife

# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

For this position, the OR table is constructed in reverse order. The hand control has to be converted correspondingly.

The initiation of anesthesia is performed on the pre-configured OR table (2–3, 10). The patient lies on the OR table in supine position. Head is positioned on positioning aid (10).

## Then proceed as follows:

- Mount the hand operating table (4) to the adapter (3), adjust the height to the level of the pad and mount the support bar.
- Position the arms: position the arm to be operated on the hand operating table (4). The other arm is abducted on an arm support (5) for anesthesia.
- Anatomically correct positioning of the positioning aids and mounting of further side rail accessories.
- ① Make sure that the heels and popliteal fossa are positioned freely. The legs of the patient should be slightly bent to prevent overextension of the knee.
- Secure the legs with a body strap (9).  
**Tip:** A flat hand should be able to fit between the strap and the patient.
- ① Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.

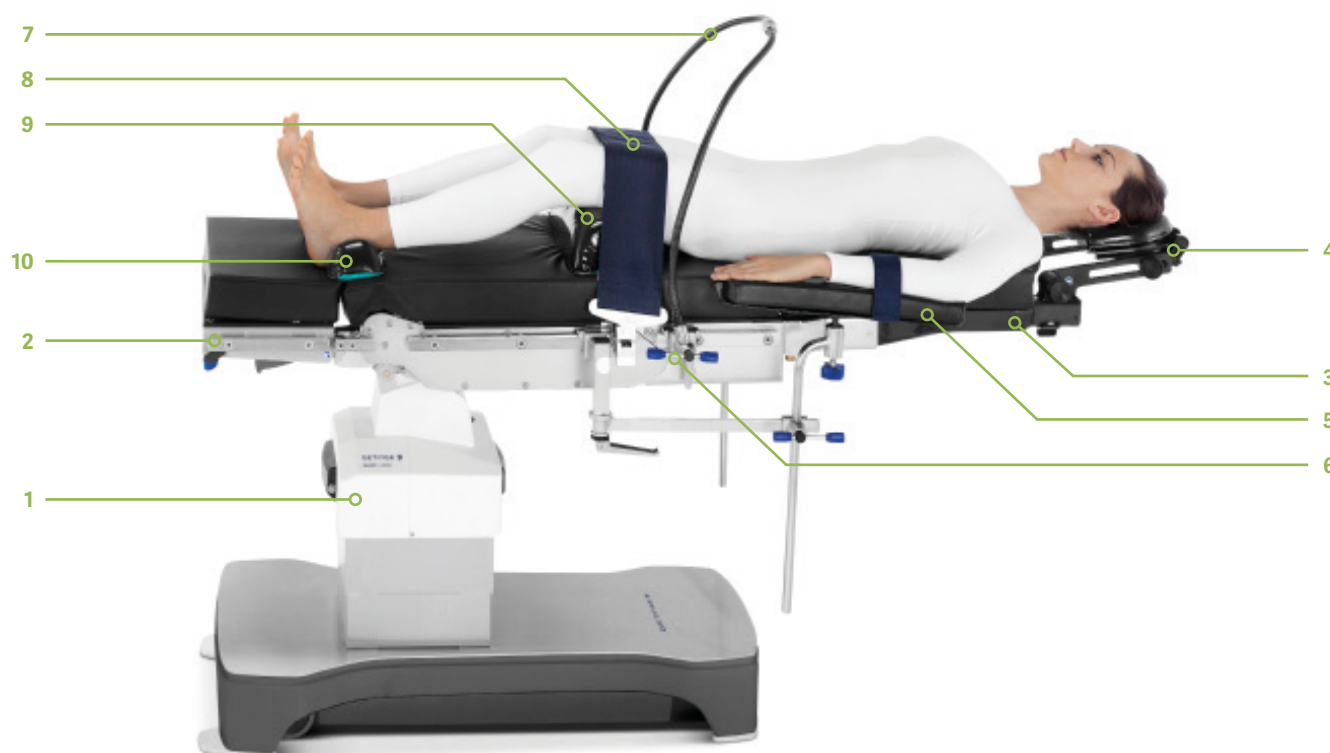


360° X-ray possibilities

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

# 5.5 Cervical spine surgery

in supine position  
with carbon fiber back plate



Basic configuration		
1	Maquet Meera Table Column	7200.01XX
2	Extension plate	1131.31XX
3	Carbon fiber back plate	1433.33AC
4	Horseshoe head rest	1002.03A0

General side rail accessories		
5	Arm posturing device (2x)	1001.44X0
6	Radial setting clamp (2x)	1003.23C0
7	Anesthesia frame	1002.54A0
8	Body strap	1001.59X0

Positioning aids		
9	Gel body roll	4006.25A0**
10	Heel pad	4006.16A0**

\*\* Manufactured by Trulife

# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

The patient lies on the OR table in supine position. The head is pre-positioned on the horseshoe head rest (4).

## Then proceed as follows:

- Possibly, shift any longitudinal shift of the table top in the direction of the head end.
- Finely adjust the horseshoe head rest (4) and move the head into the desired position for operation.  
**Tip:** Secure the head during the entire procedure. Check the screw connections of the horseshoe head rest directly after positioning.
- Position the arms on the arm posturing device mounted to the foot end (5).
- Anatomically correct positioning of the positioning aids and mounting of further side rail accessories.
- **!** Make sure that the heels and popliteal fossa are positioned freely. The patient's legs should be slightly bent to prevent overextension of the knees.
- Secure the legs with a body strap (8).  
**Tip:** A flat hand should be able to fit between the strap and the patient.
- **!** Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.

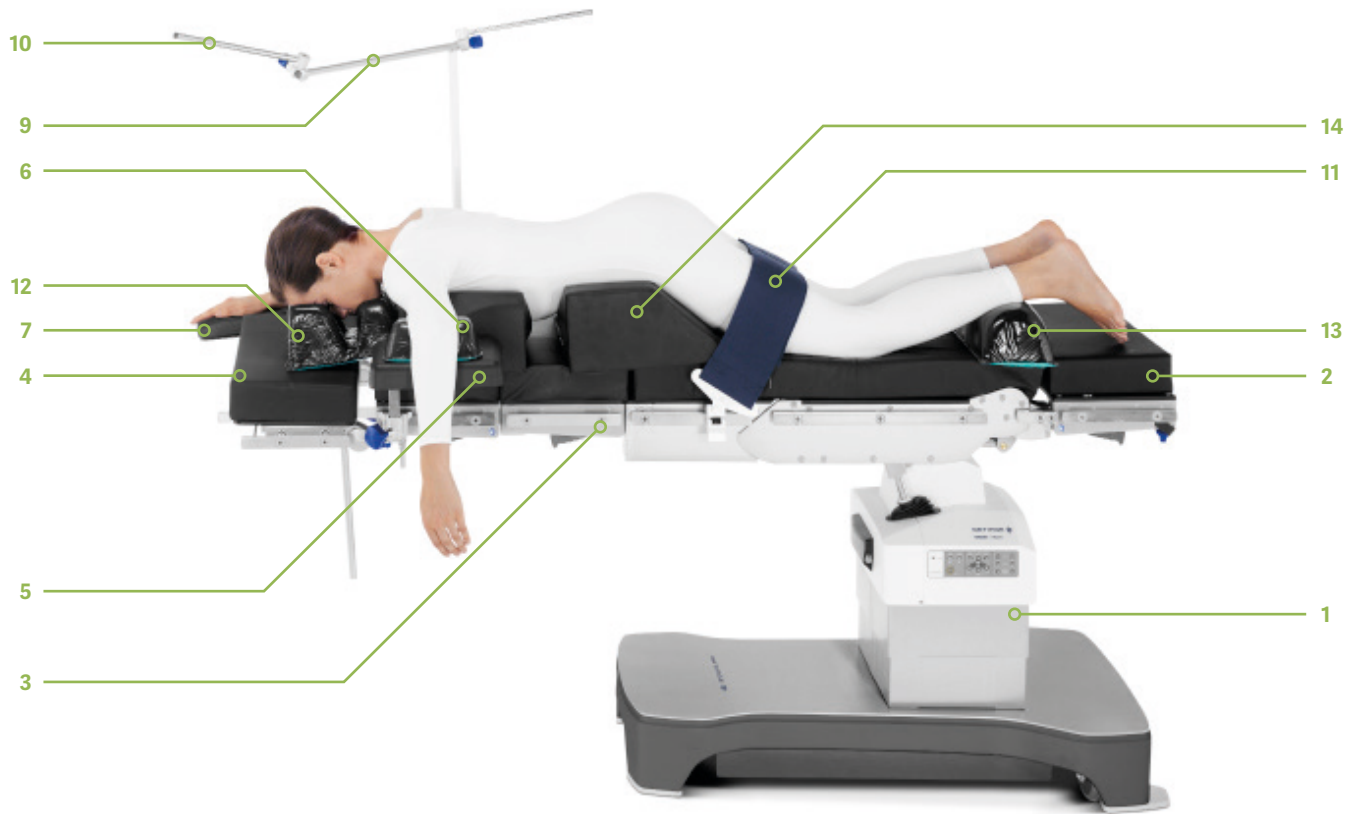


360° X-ray possibilities

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

# 5.6 Elbow surgery

## in prone position



### Basic configuration

1	Maquet Meera Table Column	7200.01XX
2	Seat plate extension	1131.55XX
3	Extension plate (2x)	1131.31XX
4	Head rest	1130.64XX

### General side rail accessories

7	Arm posturing device	1001.44X0
8	Radial setting clamp (for anesthesia screen)*	1003.23C0
9	Anesthesia screen	1002.57A0
10	Anesthesia screen extension	1002.59A0
11	Body strap	1001.59X0

### Positioning-specific accessories

5	Upper arm posturing plate	1001.45C0
6	Heel pad (1x)	4006.16A0**

### Positioning aids

12	Pillow for supine position	4006.21A0**
13	Gel body roll	4006.25A0**
14	Pad	1000.68C0

\* not illustrated  
 \*\* Manufactured by Trulife

# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

The initiation of anesthesia is performed on a separate stretcher.

After anesthetic induction the patient is on the stretcher in the supine position. The OR table is preconfigured with 2–4. Head is positioned on positioning aid (12)

## Then proceed as follows:

- Possibly, shift any longitudinal shift of the table top in the direction of the head end.
- Adjust the positioning aids in line with the patient's anatomy.
- Axially turn patient from the stretcher to the pre-configured table top, and adjust positioning aids if necessary.
- ❗ Ensure that the toes are freely positioned and that the pressure on the patella is minimized.
- Position the arms: Mount upper arm posturing plate (5) and position the arm to be operated with the aid of the heel pad (6). Adapt the arm support (7) for the other arm at the side rails at shoulder height and position arm (see introduction under general information).
- Mount further side rail accessories.
- Secure the legs with a body strap (11).  
**Tip:** A flat hand should be able to fit between the strap and the patient.
- ❗ Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.



Alternative positioning with Trimano and countertraction post

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.



# 5.7 Genucubital position

with kneeling frame  
and buttocks support



### Basic configuration

1	Maquet Meera Table Column	7200.01XX
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### General side rail accessories

4	Arm posturing device (2x)	1001.44X0
5	Radial setting clamp (for anesthesia screen)*	1003.23C0
6	Anesthesia screen	1002.57A0
7	Anesthesia screen extension	1002.59A0

### Positioning-specific accessories

2	Kneeling frame (position on trolley 1007.07A0)	1007.04BC
3	Sitting bracket with pelvis support	1007.05A0

### Positioning aids

8	Pillow for prone position	4006.19A0**
9	Gel body roll	4006.25A0**

\* not illustrated  
\*\* Manufactured by Trulife


# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

The initiation of anesthesia is performed on a separate stretcher.

After anesthetic induction the patient is on the stretcher in the supine position. The OR table is preconfigured with 2.

## Then proceed as follows:

- Longitudinal shift of the table top in the direction of the foot end.
- Raise the calf part of the kneeling frame (2) by 90° until it audibly snaps into position and close the eccentric lever (A).
- Move the kneeling frame (2) downward with the aid of the motorized leg plate mounting point (approx. 90°) until the desired position has been reached.
- Adjust the positioning aids in line with patient anatomy.
- Axially turn patient from the stretcher to the pre-configured table top, and adjust positioning aids if necessary.
- Preposition the head and the arms: Adapt the arm posturing device (4) at the side rails at shoulder height and position arms (see introduction under general information).
- Adjust kneeling frame to the height of the patient anatomy.
- Mount the buttocks support (3), position the patient and adjust lateral supports, final positioning of arms.
- Move table top until it is slightly head down (Trendelenburg).
- Mount further side rail accessories.
-  Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

# 5.8 Beach chair position

with short back plate for shoulder operations



### Basic configuration

1	Maquet Meera Table Column	7200.01XX
2	Leg plates, 2-piece	1133.53XX

### General side rail accessories

5	Arm posturing device (2x)	1001.44X0
6	Radial setting clamp (for anesthesia screen)*	1003.23C0
7	Anesthesia screen	1002.57A0
8	Anesthesia screen extension	1002.59A0
9	Lateral support	1002.36A0
10	Body strap	1001.59X0

### Positioning-specific accessories

3	Back plate for shoulder operations	1132.34A0
	Head-rest adapter	1007.16A0
4	Head support for shoulder operations	1002.15A0

### Positioning aids

11	Heel pad	4006.16A0**
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\* not illustrated  
 \*\* Manufactured by Trulife

# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

A wedge pillow (e.g. a plexus cushion) can be used for smaller patients as a cushion to sit on.

The initiation of anesthesia is performed on the pre-configured OR table (1–4). The patient lies on the OR table in supine position. The head is pre-positioned on the opened head support (4).

## Then proceed as follows:

- Position the patients with the acetabulum at the height of the motorized joint module (A), if necessary pull the patient to the edge of the table top.
- Raise patient into a seated position step by step with the aid of the beach chair function of the hand control.
- ❗ Once the patient has been positioned, any shear and friction forces that have arisen during the process must be eliminated, e.g. by briefly lifting the patient.
- Adjust and fix the head to the head support (4) check screw and clamp connections right after positioning.
- Remove the shoulder segment on the side to be operated.
- If necessary, contralateral tilt of table top on the side.
- Mount lateral support (9) if necessary.
- Place the arm posturing devices (5) into the desired position and position the arms.
- Anatomically correct positioning of the remaining positioning aids and mounting of further side rail accessories.
- ❗ Make sure that the heels and popliteal fossa are positioned freely. The legs of the patient should be slightly bent to prevent overextension of the knee.
- Secure the legs with a body strap (10).  
**Tip:** Position two fingers breadth above the knee joint, a flat hand should still be able to fit between the strap and the patient.
- ❗ Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

# 5.9 Beach chair position

with long back plate  
for shoulder operations, reverse order



## Basic configuration

1	Maquet Meera Table Column	7200.01XX
2	Extension plate	1131.31XX

## General side rail accessories

5	Arm posturing device (2x)	1001.44X0
6	Body strap	1001.59X0

## Positioning-specific accessories

3	Back plate for shoulder operations (positioned on trolley 1007.20A0)	1007.21XX
	Head-rest adapter	1007.16A0
4	Head support for shoulder operations	1002.15A0

## Positioning aids

7	Heel pad	4006.16A0**
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\*\* Manufactured by Trulife

# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

For this position, the OR table is constructed in reverse order. The hand control has to be converted correspondingly.

The initiation of anesthesia is performed on the pre-configured OR table (1–4). The patient lies on the OR table in supine position. The head is pre-positioned on the opened head support (4).

## Then proceed as follows:

- Position the patients with the acetabulum at the height of the motorized leg plate mounting point (A), if necessary pull the patient to the edge of the table top.
- Raise patient into a seated position step by step with the aid of the beach chair function of the hand control.
- ❗ Once the patient has been positioned, any shear and friction forces that have arisen during the process must be eliminated, e.g. by briefly lifting the patient.
- Adjust and fix the head to the head support (4) check screw and clamp connections right after positioning.
- Remove the shoulder segment on the side to be operated.
- If necessary, contralateral tilt of table top on the side.
- Place the arm posturing devices (5) into the desired position and position the arms.
- Anatomically correct positioning of the remaining positioning aids and mounting of further side rail accessories.
- ❗ Make sure that the heels and popliteal fossa are positioned freely. The legs of the patient should be slightly bent to prevent overextension of the knee.
- Secure the legs with a body strap (6).  
**Tip:** Position two fingers breadth above the knee joint, a flat hand should still be able to fit between the strap and the patient.
- ❗ Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

# 5.10 Beach chair position

with carbon fiber back plate for shoulder operations and Trimano, reverse order



### Basic configuration

1	Maquet Meera Table Column	7200.01XX
2	Extension plate	1131.31XX

### Positioning-specific accessories

3	Carbon fiber back plate for shoulder operations	1433.34XX
4	Head support for shoulder operations	1002.15A0
5	Trimano Fortis	1002.30A0
6	Adapter Trimano Fortis	1002.31A0
7	Trimano arm rest Alternative: disposable arm rest	1002.43B0 1002.52A0
8	Head-rest adapter	1002.10A0

### General side rail accessories

9	Arm posturing device	1001.44X0
10	Body strap	1001.59X0

### Positioning aids

11	Heel pad	4006.16A0**
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Alternative arm support with disposable arm rest

\*\* Manufactured by Trulife



# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

For this position, the OR table is constructed in reverse order. The hand control has to be converted correspondingly.

The initiation of anesthesia is performed on the pre-configured OR table (1–4). The patient lies on the OR table in supine position. The head is pre-positioned on the opened head support (4).

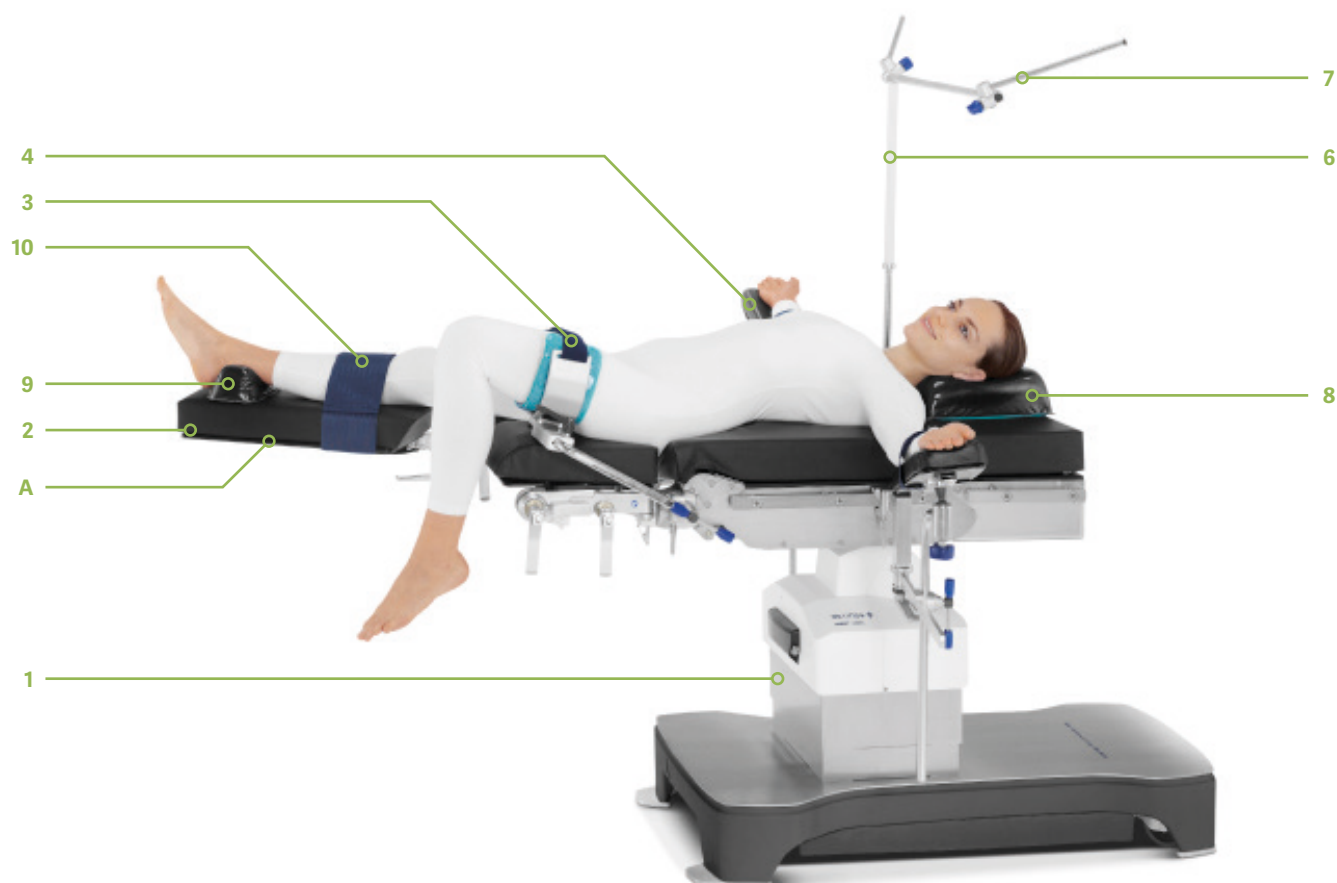
## Then proceed as follows:

- Position the patients with the acetabulum at the height of the motorized leg plate mounting point (A), if necessary pull the patient to the edge of the table top.
- Raise patient into a seated position step by step with the aid of the beach chair function of the hand control.
- ❗ Once the patient has been positioned, any shear and friction forces that have arisen during the process must be eliminated, e.g. by briefly lifting the patient.
- Adjust and fix the head to the head support (4) check screw and clamp connections right after positioning.
- Remove the shoulder segment on the side to be operated.
- If necessary, contralateral tilt of table top on the side.
- Place the arm that is not to be operated on the arm posturing device (8) into the final position.
- Anatomically correct positioning of the remaining positioning aids and mounting of further side rail accessories.
- ❗ Make sure that the heels and popliteal fossa are positioned freely. The legs of the patient should be slightly bent to prevent overextension of the knee.
- Secure the legs with a body strap (9).  
**Tip:** Position two fingers breadth above the knee joint, a flat hand should still be able to fit between the strap and the patient.
- Mount the Trimano (5) to the side rail.
- Preparatory measures for the implementation of TRIMANO: Attach the sterile sheath (1002.44A0) to the sterile adapter (6) and attach the white sterile disposable pad to the resterilizable arm rest (alternative: mount sterile disposable arm rest to TRIMANO).
- ❗ Sterile covering of Trimano:
  - a. If the surgeon is sterile, the Trimano must be covered with the sterile sheath prior to disinfection of the surgical area.
  - b. If the surgeon is not sterile, Trimano must be covered with the sterile sheath after disinfection of the operating area but before covering the patient.
- After the arm of the patient has been disinfected and covered with sterile drapes, fasten the arm to be operated to the prepared arm rest (7) (alternative: in the disposable arm rest).
- ❗ Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

# 5.11 Knee arthroscopy

## in supine position



### Basic configuration

1	Maquet Meera Table Column	7200.01XX
2	Leg plates, 4-piece	1133.73XX

### Positioning-specific accessories

3	Knee positioning device Alternative: Motorized knee positioning device	1004.84B0 1004.84A0
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### General side rail accessories

4	Arm posturing device (2x)	1001.44X0
5	Radial setting clamp (for anesthesia screen)*	1003.23C0
6	Anesthesia screen	1002.57A0
7	Anesthesia screen extension	1002.59A0

### Positioning aids

8	Pillow for supine position	4006.21A0**
9	Heel pad	4006.16A0**
10	Leg restraint cuff	1001.4700

\* not illustrated  
\*\* Manufactured by Trulife

# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

Ensure proper positioning of the patient when using the motorized knee positioning device: Acetabulum at the height of the motorized leg plate mounting point.

The initiation of anesthesia is performed on the pre-configured OR table (1–5). The patient lies on the OR table in supine position. Head is positioned on positioning aid (8).

## Then proceed as follows:

- Place the arm posturing devices (4) into the desired position and position the arms.
- Position the leg that is not to be operated: Abduct the leg with the aid of the 4-piece leg plate (2) and fix with a leg restraint cuff (10). Make sure that the heels are positioned freely. The leg of the patient should be slightly bent, to prevent overextension of the knee. If necessary, the calf part (A) of the 4-piece leg plate can be slightly unfolded.
- Attach manual knee positioning device (3) to the upper side rail of the leg plate. (When using the motorized knee positioning device, attach to the side rail of the leg plate motor.)
- Apply the exsanguination / tourniquet cuff to the leg to be operated, then remove the calf plate of the leg plate. (Remove the entire leg plate when using the motorized knee positioning device).
- Fix the leg to be operated in the knee positioning device.
- Anatomically correct positioning of the positioning aids and mounting of further side rail accessories.
- ! Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

# 5.12 Lower leg fracture

## with pair of carbon fiber leg plates



### Basic configuration

1	Maquet Meera Table Column	7200.01XX
2	Pair of carbon fiber leg plates	1133.67BC

### General side rail accessories

3	Arm posturing device (2x)	1001.44X0
4	Radial setting clamp (for anesthesia screen)*	1003.23C0
5	Anesthesia screen	1002.57A0
6	Anesthesia screen extension	1002.59A0
7	Body strap	1001.59X0

### Positioning aids

8	Plexus cushion	1000.6900
9	Heel pad*	4006.16A0**

\* not illustrated  
 \*\* Manufactured by Trulife

# Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

Ensure that the patient is properly positioned: Acetabulum at the height of the leg plate mounting point which enables anatomical movement when adjusting the table top or leg plates.

The initiation of anesthesia is performed on the pre-configured OR table (1–2, 8). The patient lies on the OR table in supine position.

## Then proceed as follows:

- Place the arm posturing devices (3) into the desired position and position the arms.
- Anatomically correct positioning of the remaining positioning aids and mounting of further side rail accessories.
- ① Make sure that the heels and popliteal fossa are positioned freely. The legs of the patient should be slightly bent to prevent overextension of the knee.
- Secure the legs with a body strap (7).  
**Tip:** A flat hand should be able to fit between the strap and the patient.
- ① Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.



360° X-ray possibilities

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

# 5.13 Femur treatment

in supine position,  
traction on the extended leg



Basic configuration		
1	Maquet Meera Table Column	7200.01XX
Positioning-specific accessories		
2	Extension device	1419.01B0 <sup>2</sup>
3	Pair of leg plates (for induction)*	1150.64B0
4	Countertraction post <sup>1</sup>	
5	Screw tension device	1007.43A0
	Vertical adjustment	1007.51B0
6	Rotating and tilting clamp	1003.34A0
7	Extension shoe	1003.75A0***
8	Foot plate mount <sup>1</sup>	1003.49B0
9	Foot plate	1001.97A0
10	Support bar (2x) <sup>1</sup>	1002.18A0

General side rail accessories		
11	Arm support	1001.6000
12	Arm rest with pin-joint arm	1002.49A0
13	Fixture for body supports	1002.19C0
14	Back support	1002.11A0
15	Radial setting clamp (2x)*	1003.23C0
16	Anesthesia screen	1002.57A0
17	Anesthesia screen extension	1002.59A0

Positioning aids		
18	Pillow*	4006.21A0**

1 Supplied with the extension device  
2 Alternative: 1419.01JC for mounting point "normal"

\* not illustrated  
\*\* Manufactured by Trulife  
\*\*\* Manufactured by Condor

# Positioning the patient and repositioning of the fracture

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

The initiation of anesthesia is performed on the pre-configured OR table (1–3). The patient lies on the OR table in supine position. The head is repositioned with a positioning aid (18). The legs are positioned on the leg plate (3).

## Then proceed as follows:

- Move OR table into neutral position.
  - Mount the traction bar (A) and telescopic bar (B) to the central mounting point of the extension device (2).  
**Tip:** Square mount for screw tension device points outward. Make sure that the bar does not impair the X-ray beams.
  - Mount the screw tension device (5) on the telescopic bar (B) to the side to be operated.
  - Mount the rotating and tilting clamp (6) to the screw tension device (5).
  - Attach the extension shoe (7) to the rotating and tilting clamp (6).
  - Mount the foot plate mount (8) on the telescopic bar (B) to the side that is not to be operated.
  - Mount the foot plate (9) to the foot plate mount (8).
  - Mount the support bars (10) to telescopic bars (B).
  - Remove the seat plate segment on the side to be operated and mount the padded countertraction post (4).
  - Position the patient towards the foot end until the pelvis is positioned at the countertraction post.
  - Fix the legs in the prepared extension shoe (7) or foot plate (9), adjust the bars to patient's anatomy if necessary.
- Tip:** Alternatively, you can fasten the extension shoe or foot plate to the patient's foot first, and in a further step mount it to the rotating and tilting clamp and foot plate mount.
- Remove the leg plates (3).
  - Position the arms: Abduct the not to be operated arm onto an arm support (11). Place the arm on the operating side on the arm rest (12) (see introduction under general information).
  - Attach and pad the lateral support (13–14) to the side to be operated.
  - Mount the anesthesia screen (16–17) and any further side rail accessories.
  - Exert slight traction onto both legs. The leg on the side not to be operated can be abducted if necessary.
  - Adjust the traction direction of the leg to be operated in line with the specific fracture and extend.
  - Abduct the healthy leg until the image amplifier can be inserted from the foot end.
  - Check all screw and clamp connections.
  - Final repositioning of the fracture.  
**Tip:** The telescopic bar is used to exert the basic traction and the screw tension device for final adjustment of the fine traction.
  - The positioning has to be removed in reverse order after the operation.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.



# 5.14 Femur treatment

in supine position, traction on the extended leg, healthy leg on leg holder



Basic configuration		
1	Maquet Meera Table Column	7200.01XX
Positioning-specific accessories		
2	Extension device	1419.01B0 <sup>2</sup>
3	Pair of leg plates (for induction)*	1150.64B0
4	Countertraction post <sup>1</sup>	
5	Screw tension device	1007.43A0
	Vertical adjustment	1007.51B0
6	Rotating and tilting clamp	1003.34A0
7	Extension shoe	1003.75A0***
8	Side rail extension <sup>1*</sup>	1004.91A0
9	Leg holder	1001.65A0
10	Support bar (2x) <sup>1</sup>	1002.18A0

- 1 Supplied with the extension device  
2 Alternative: 1419.01JC for mounting point "normal"

General side rail accessories		
11	Arm support	1001.6000
12	Radial setting clamp (3x)	1003.23C0
13	Pin-joint arm for body supports	1002.40A0
14	Lateral support	1002.11C0
15	Anesthesia screen	1002.57A0
16	Anesthesia screen extension	1002.59A0
17	Arm restraint cuff	1001.4600
Positioning aids		
18	Pillow	4006.21A0**

- \* not illustrated  
\*\* Manufactured by Trulife  
\*\*\* Manufactured by Condor

# Positioning the patient and repositioning of the fracture

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

The initiation of anesthesia is performed on the pre-configured OR table (1–3). The patient lies on the OR table in supine position. The head is prepositioned with a positioning aid (18). The legs are positioned on the leg plate (3).

## Then proceed as follows:

- Move OR table into neutral position.
- Mount traction bar (A) and telescopic bar (B) to the side to be operated to the central mounting point of the extension device (2).  
**Tip:** Square mount for screw tension device points outward. Make sure that the bar does not impair the X-ray beams.
- Swivel the traction bar from the side that is not to be operated towards the head end or remove.
- Mount the screw tension device (5) on the telescopic bar (B) to the side to be operated.
- Mount the rotating and tilting clamp (6) to the screw tension device (5).
- Attach the extension shoe (7) to the rotating and tilting clamp (6).
- Mount the support bar (10) to telescopic bar (B).
- Remove the seat plate segment on the side to be operated and mount the padded countertraction post (4).
- Position the patient towards the foot end until the pelvis is positioned at the countertraction post.
- Remove the leg plate of the leg to be operated and fix the leg in the prepared extension shoe (7), adjust the bars to patient's anatomy if necessary.  
**Tip:** Alternatively, you can fasten the extension shoe to the patient's foot first, and in a further step mount it to the rotating and tilting clamp.
- Attach the leg holder (9) to the side rail extension (8) on the side not to be operated. Position the leg not to be operated on the leg holder (9) and remove the leg plate.
- Position the arms: Abduct the arm on an arm posturing device (11) from the side that is not to be operated.
- Attach and pad the lateral support (13–14) to the side to be operated.
- Mount the anesthesia screen (15–16) and any further side rail accessories.
- Raise the arm on the operating side with the aid of the arm restraint cuff (17) (see introduction under general information).
- Exert slight traction onto the leg to be operated.
- Check whether the fracture is rendered faultlessly by the image amplifier at both levels.
- **!** Check all screw and clamp connections.
- Final repositioning of the fracture.  
**Tip:** The telescopic bar is used to exert the basic traction and the screw tension device for final adjustment of the fine traction.
- The positioning has to be removed in reverse order after the operation.



Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

# 5.15 Femur treatment

in supine position, transcondylar traction, healthy leg on leg holder



### Basic configuration

1	Maquet Meera Table Column	7200.01XX
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### Positioning-specific accessories

2	Extension device	1419.01B0 <sup>2</sup>
3	Pair of leg plates (for induction)*	1150.64B0
4	Countertraction post <sup>1</sup>	
5	Screw tension device <sup>1</sup>	1003.3700
6	Traction stirrup clamp with rotation	1003.35A0
7	Traction stirrup (not supplied by Maquet)	
8	Side rail extension <sup>1*</sup>	1004.91A0
9	Leg holder	1001.65A0
10	Support bar (2x) <sup>1</sup>	1002.18A0

### General side rail accessories

11	Arm support	1001.6000
12	Radial setting clamp (3x)*	1003.23C0
13	Pin-joint arm for body supports	1002.40A0
14	Lateral support	1002.11C0
15	Anesthesia screen	1002.57A0
16	Anesthesia screen extension	1002.59A0
17	Arm restraint cuff	1001.4600

### Positioning aids

18	Pillow	4006.21A0**
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1 Supplied with the extension device  
2 Alternative: 1419.01JC for mounting point "normal"

\* not illustrated  
\*\* Manufactured by Trulife

# Positioning the patient and repositioning of the fracture

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

The initiation of anesthesia is performed on the pre-configured OR table (1–3). The patient lies on the OR table in supine position. The head is repositioned with a positioning aid (18). The legs are positioned on the leg plate (3).

## Then proceed as follows:

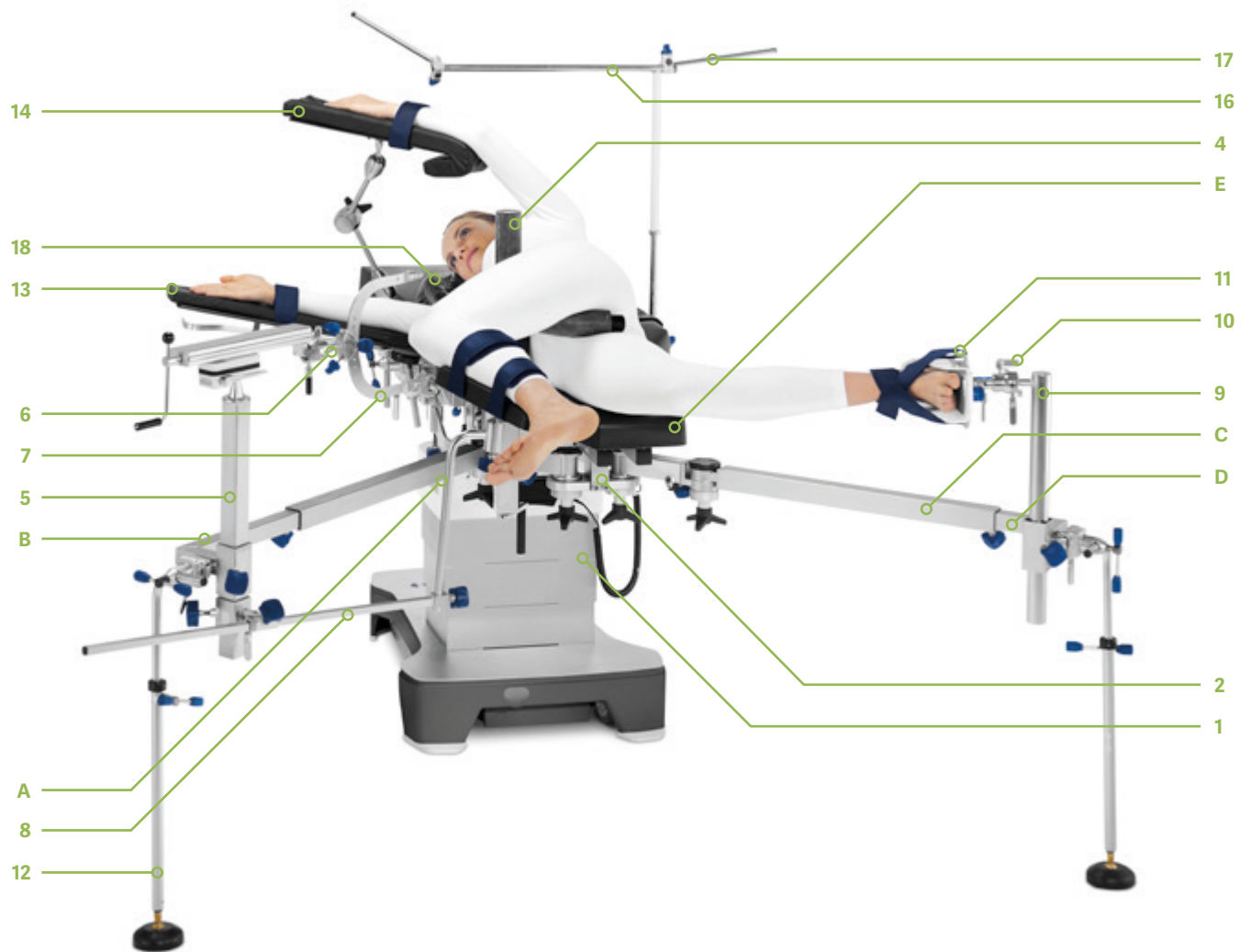
- Move OR table into neutral position.
- Mount traction bar (A) and telescopic bar (B) to the side to be operated to the central mounting point of the extension device (2).  
**Tip:** Square mount for screw tension device points outward. Make sure that the bar does not impair the X-ray beams.
- Swivel the traction bar from the side not to be operated towards the head end or remove.
- Mount the screw tension device (5) on the telescopic bar (B) to the side to be operated.
- Mount the traction stirrup clamp with rotation (6) to the screw tension device (5).
- Mount the support bar (10) to telescopic bar (B).
- Remove the seat plate segment on the side to be operated and mount the padded countertraction post (4).
- Position the patient towards the foot end until the pelvis is positioned at the countertraction post.
- If it has not already been done, apply Kirschner wire into the femoral condyle and mount the traction stirrup (7).
- Remove the leg plate of the leg to be operated and fix the leg to the traction stirrup clamp with rotation (6) by using traction stirrups (7), adjust the bars to patient's anatomy if necessary.
- Attach the leg holder (9) to the side rail extension (8) on the side not to be operated. Position the leg not to be operated on the leg holder (9) and remove the leg plate.
- Position the arms: Abduct the arm on an arm support (11) from the side that is not to be operated.
- Attach and pad the lateral support (13–14) to the side to be operated.
- Mount the anesthesia screen (15–16) and any further side rail accessories.
- Raise the arm on the operating side with the aid of the arm restraint cuff (17) (see introduction under General Information).
- Check whether the fracture is rendered faultlessly by the image amplifier at both levels.
- Check all screw and clamp connections.
- Final repositioning of the fracture.  
**Tip:** The telescopic bar is used to exert the basic traction and the screw tension device for final adjustment of the fine traction.
- The positioning has to be removed in reverse order after the operation.



Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

# 5.16 Femur treatment

in lateral position  
with femur countertraction post



### Basic configuration

**1** Maquet Meera Table Column 7200.01XX

### Positioning-specific accessories

**2** Extension device 1419.01B0<sup>2</sup>

**3** Pair of leg plates (for induction)\* 1150.64B0

**4** Countertraction post for femur including extension plate (E) 1004.85B0

**5** Screw tension device<sup>1</sup> 1003.3700

**6** Traction stirrup clamp with rotation 1003.35A0

**7** Traction stirrup (not supplied by Maquet)

**8** Universal support 1004.86B0

**9** Foot plate mount<sup>1</sup> 1003.49B0

**10** Rotating and tilting clamp 1003.34A0

**11** Foot plate 1001.97A0

**12** Support bar (2x)<sup>1</sup> 1002.18A0

### General side rail accessories

**13** Arm support 1001.6000

**14** Arm rest with pin-joint arm 1002.49A0

**15** Radial setting clamp (2x)\* 1003.23C0

**16** Anesthesia screen 1002.57A0

**17** Anesthesia screen extension 1002.59A0

### Positioning aids

**18** Head ring 4006.02A0\*\*

1 Supplied with the extension device  
2 Alternative: 1419.01JC for mounting point "normal"

\* not illustrated  
\*\* Manufactured by Trulife

## 5.16 Femur treatment in lateral position with femur countertraction post

# Positioning the patient and repositioning of the fracture

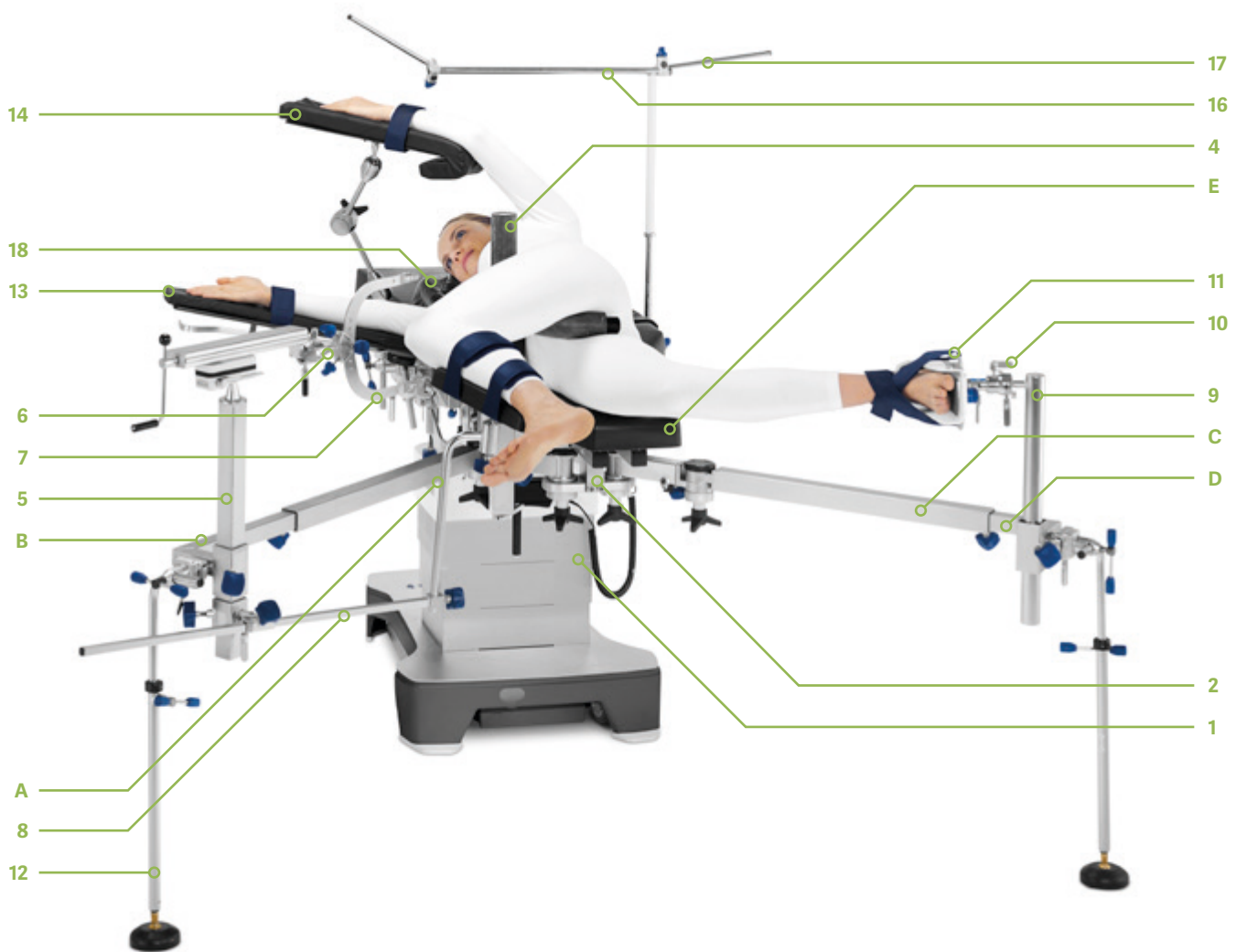
When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

The initiation of anesthesia is performed on the pre-configured OR table (1–3). The patient lies on the OR table in supine position. The head is repositioned with a positioning aid (18). The legs are positioned on the leg plate (3).

### Then proceed as follows:

- Move OR table into neutral position.
- Mount the traction bars (A, C) and telescopic bar (B, D) to the central mounting point of the extension device (2).  
**Tip:** Square mount for screw tension device points inward. Make sure that the bar does not impair the X-ray beams.
- Mount the screw tension device (5) on the telescopic bar (B) to the side to be operated.
- Mount universal support (8) from below to the screw tension device (5) so that it can swivel inward.
- Mount foot plate mount (9), rotating and tilting clamp (10) and foot plate (11) to the telescopic bar (D) to the side that is not to be operated.
- Mount the support bars (12) to telescopic bars (B, D).
- If it has not already been done, apply Kirschner wire into the femoral condyle and mount the traction stirrup (7).
- Remove the seat plate segment on the side to be operated and mount femur countertraction post (4) without perineal support and upper pad. Then swivel the traction bar (A) toward head end. The traction bar must be set further towards the head end than the countertraction post.
- Remove the leg plates and mount the pelvis plate (E).
- **i** The patient's legs must be held / secured.
- Turn the patient onto his / her side, insert perineal bow and upper pad and position the patient towards the foot end until the pelvis is positioned at the femur countertraction post.  
**Tip:** The height can be individually adjusted to the patient's anatomy.





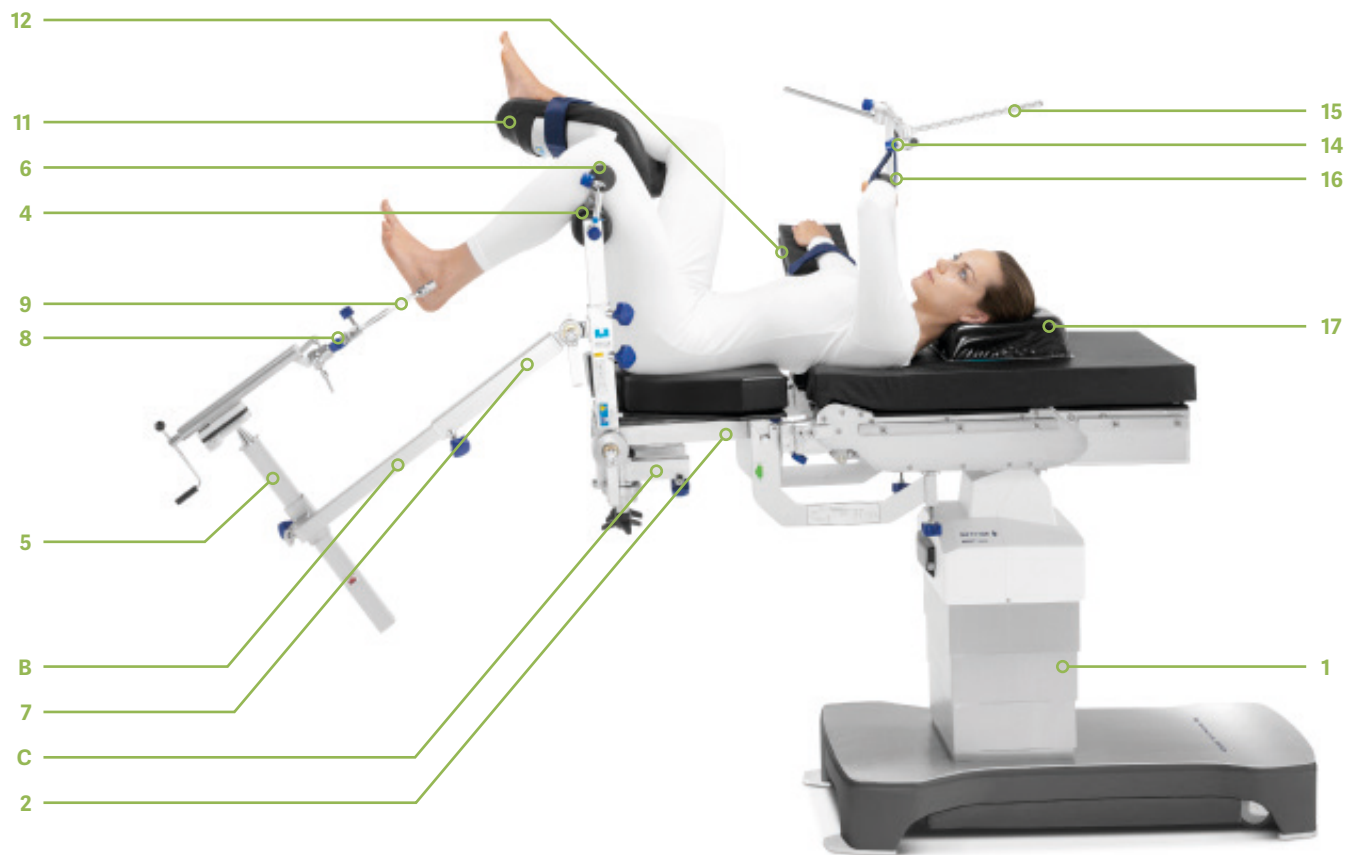
- ❗ In the lateral position, make sure that the lower shoulder of the patient is pulled forward.
- ❗ Until the lateral supports have been put into their final position, the patient must be secured to prevent potential rolling back.
- Abduct and fix the leg that is not to be operated on the foot plate (10), adjust bars to patient's anatomy if necessary.
- Connect the traction stirrup (7) to the traction stirrup clamp with rotation (6).
- Fix the leg to be operated to the screw tension device (5) with the aid of the traction stirrup clamp with rotation (6) and position the calf on the universal support (8).
- Position the arms: Position the lower arm on the arm support (13). Raise the upper arm with the arm rest (14) (see introduction under general information).
- Mount the anesthesia screen (16-17) and any further side rail accessories.
- ❗ Check all screw and clamp connections.
- Final repositioning of the fracture.  
**Tip:** The telescopic bar is used to exert basic traction and the screw tension device for final adjustment of the fine traction.
- The positioning has to be removed in reverse order after the operation.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.



# 5.17 Tibia treatment

in supine position with counter-traction post for tibia and fibula and joint supporting arm



Basic configuration		
1	Maquet Meera Table Column	7200.01XX

Positioning-specific accessories		
2	Extension device	1419.01B0 <sup>2</sup>
3	Pair of leg plates (for induction)*	1150.64B0
4	Countertraction post for tibia and fibula	1003.50C0
5	Screw tension device <sup>1</sup>	1003.3700
6	Condyle fixation	1004.93B0
7	Joint supporting arm	1004.42B0
8	Traction stirrup clamp with rotation	1003.35A0
9	Traction stirrup (not supplied by Maquet)	
10	Side rail extension <sup>1*</sup>	1004.91A0
11	Leg holder	1001.65A0

General side rail accessories		
12	Arm support	1001.6000
13	Radial setting clamp (2x)*	1003.23C0
14	Anesthesia screen	1002.57A0
15	Anesthesia screen extension	1002.59A0
16	Arm restraint cuff	1001.4600

Positioning aids		
17	Pillow	4006.21A0**

1 Supplied with the extension device  
 2 Alternative: 1419.01JC for mounting point "normal"

\* not illustrated  
 \*\* Manufactured by Trulife

## 5.17 Tibia treatment in supine position with countertraction post for tibia and fibula and joint supporting arm

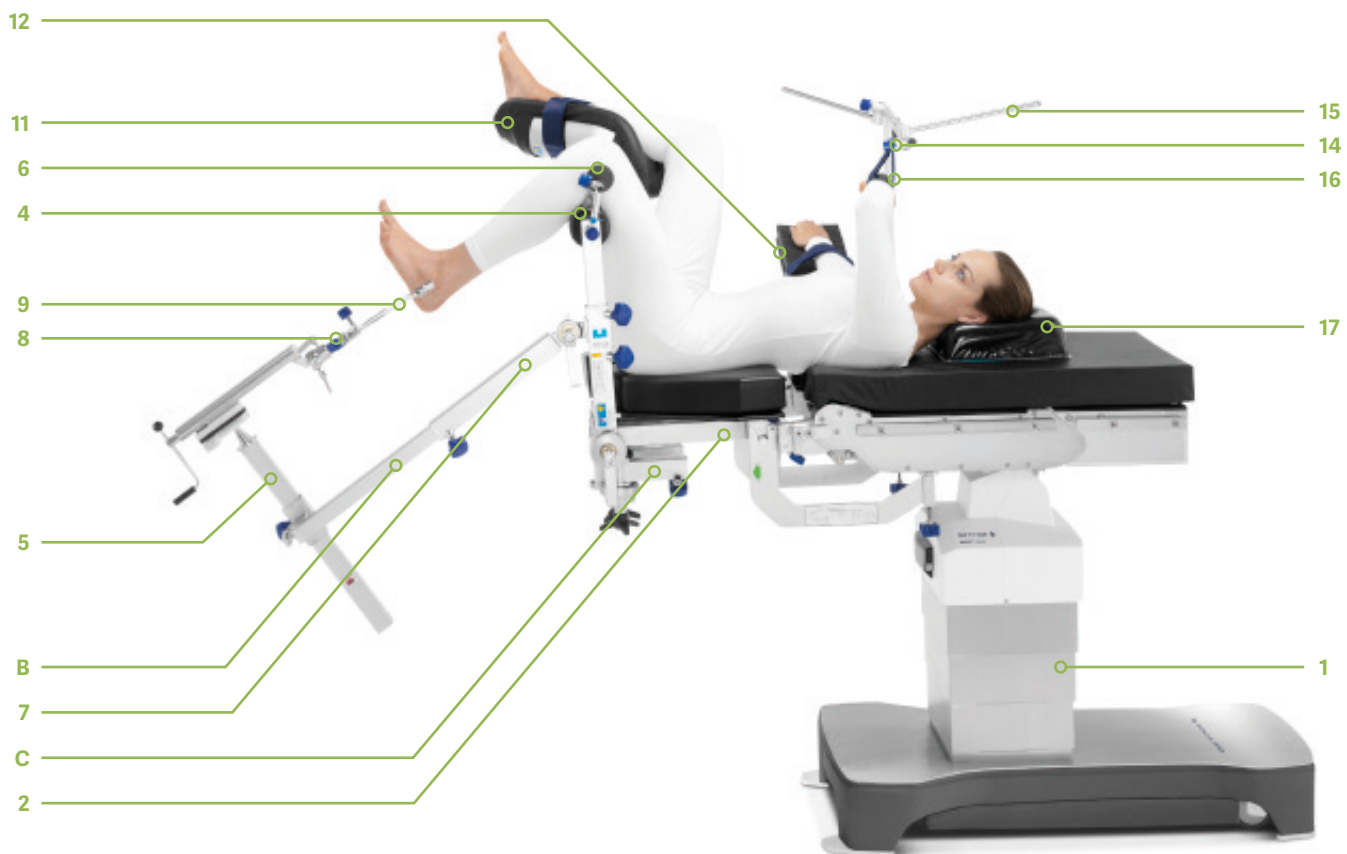
# Positioning the patient and repositioning of the fracture

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

The initiation of anesthesia is performed on the pre-configured OR table (1-3). The patient lies on the OR table in supine position. The head is repositioned with a positioning aid (17). The legs are positioned on the leg plate (3).

### Then proceed as follows:

- Move OR table into neutral position.
- Remove traction bars and swivel upper bars (C) toward the head end.
- If it has not already been done, apply Kirschner wire into the calcaneus and mount the traction stirrup (9).
- Remove the seat plate segment on the side to be operated.
- Mount the countertraction post for tibia and fibula (4).
- Mount joint supporting arm (7) to countertraction post for tibia and fibula (4).
- Mount the telescopic bar (B) to the joint supporting arm (7).  
**Tip:** Square mount for screw tension device points inward.
- Mount the screw tension device (5) to the telescopic bar (B).
- Mount the traction stirrup clamp with rotation (8) to the screw tension device (5).
- Position the patient towards the foot end until the thigh is positioned at the countertraction post.
- Guide the leg to be operated over the countertraction post for tibia and fibula (4), remove the leg plate (3) on the side to be operated and connect the traction stirrup with the traction stirrup clamp with rotation to the screw tension device, if necessary, adjust the bars to the patient's anatomy.
- If necessary, mount condyle fixation (6).
- The thigh of the leg to be operated must be nearly upright. If necessary, adjust the position of the patient.



- ① Finely adjust the joint supporting arm (7) and set the desired position of the leg for the lock angle. The popliteal fossa must be freely positioned.
- Attach the leg holder (11) to the side rail extension (10) on the side not to be operated. Position the leg that is not to be operated on the leg holder (11) and remove the leg plate (3).
- Position the arms: Abduct the arm on an arm support (12) from the side that is not to be operated.
- Mount the anesthesia screen (14-15) and any further side rail accessories.
- Raise the arm on the operating side with the aid of the arm restraint cuff (16) (see introduction under general information).

- ① Check all screw and clamp connections.
- Check whether the fracture is rendered faultlessly by the image amplifier at both levels.
- Final repositioning of the fracture.  
**Tip:** The telescopic bar is used to exert the basic traction and the screw tension device for final adjustment of the fine traction.
- The positioning has to be removed in reverse order after the operation.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.

## 5.18 Tibia treatment

in supine position with counter-traction post for tibia and fibula, healthy leg on leg holder



### Basic configuration

<b>1</b>	Maquet Meera Table Column	7200.01XX
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### Positioning-specific accessories

<b>2</b>	Extension device	1419.01B0 <sup>2</sup>
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<b>3</b>	Pair of leg plates (for induction)*	1150.64B0
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<b>4</b>	Countertraction post for tibia and fibula	1003.50C0
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<b>5</b>	Screw tension device <sup>1</sup>	1003.3700
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<b>6</b>	Condyle fixation	1004.93B0
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<b>7</b>	Traction stirrup clamp with rotation	1003.35A0
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<b>8</b>	Traction stirrup (not supplied by Maquet)	
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<b>9</b>	Side rail extension <sup>1*</sup>	1004.91A0
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<b>10</b>	Leg holder	1001.65A0
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### General side rail accessories

<b>11</b>	Arm support	1001.6000
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<b>12</b>	Radial setting clamp (2x)*	1003.23C0
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<b>13</b>	Anesthesia screen	1002.57A0
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<b>14</b>	Anesthesia screen extension	1002.59A0
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<b>15</b>	Arm restraint cuff	1001.4600
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### Positioning aids

<b>16</b>	Pillow	4006.21A0**
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1 Supplied with the extension device  
2 Alternative: 1419.01JC for mounting point "normal"

\* not illustrated  
\*\* Manufactured by Trulife

## 5.18 Tibia treatment in supine position with countertraction post for tibia and fibula, healthy leg on leg holder

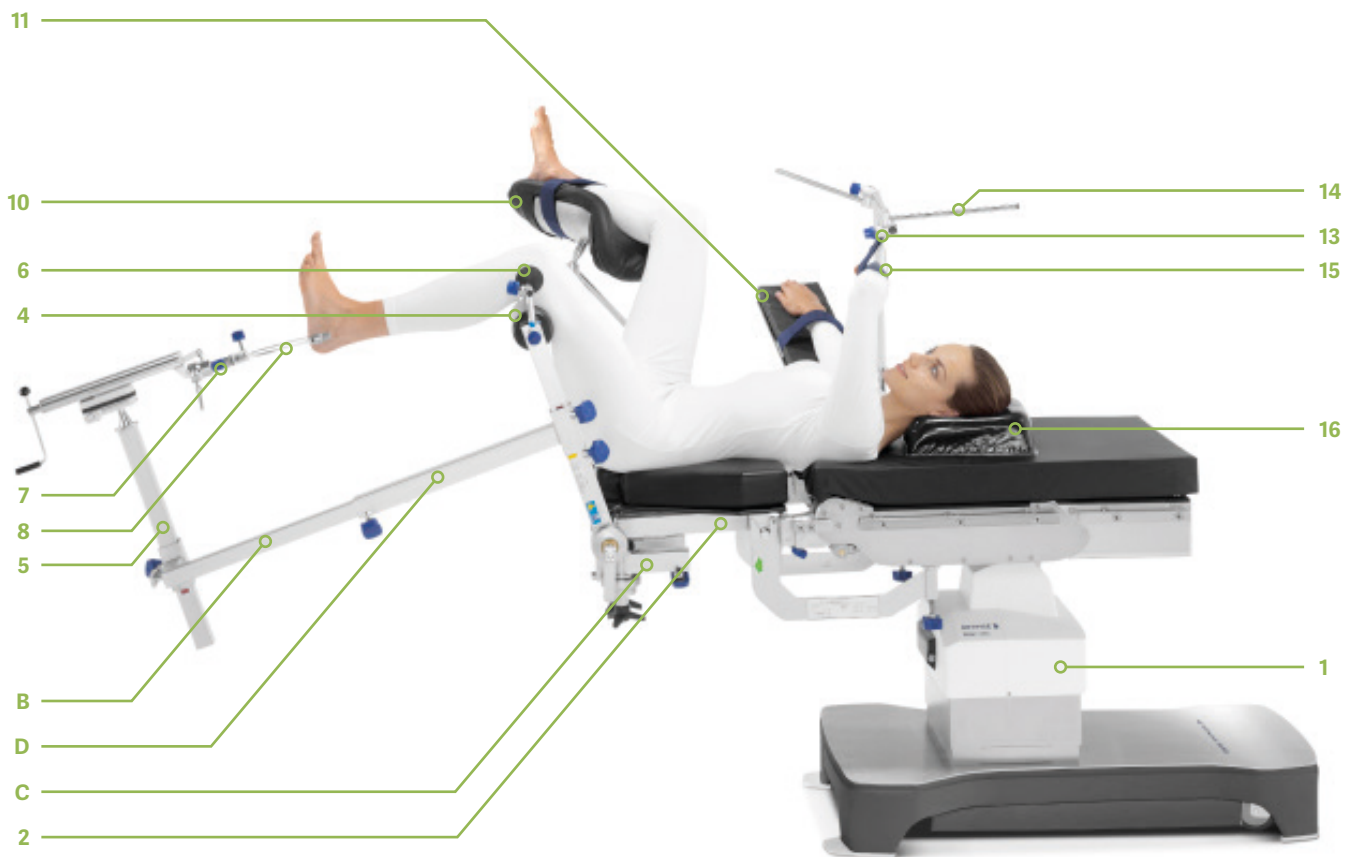
# Positioning the patient and repositioning of the fracture

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

The initiation of anesthesia is performed on the pre-configured OR table (1-3). The patient lies on the OR table in supine position. The head is repositioned with a positioning aid (16). The legs are positioned on the leg plate (3).

### Then proceed as follows:

- Move OR table into neutral position.
- Remove traction bars and swivel upper bars (C) toward the head end.
- If it has not already been done, apply Kirschner wire into the calcaneus and mount the traction stirrup (8).
- Remove the seat plate segment on the side to be operated.
- Mount the countertraction post for tibia and fibula (4) to horizontal bar (D).
- Mount the telescopic bar (B) on the horizontal bar (D).  
**Tip:** Square mount for screw tension device points inward.
- Mount the screw tension device (5) to the telescopic bar (B).
- Mount the traction stirrup clamp with rotation (7) to the screw tension device (5).
- Position the patient to the foot end until the thigh is positioned at the countertraction post.
- Guide the leg to be operated over the countertraction post for tibia and fibula (4), remove the leg plate (3) on the side to be operated and connect the traction stirrup with the traction stirrup clamp with rotation to the screw tension device, if necessary, adjust the bars to the patient's anatomy.
- If necessary, mount condyle fixation (6).
- The thigh of the leg to be operated must be nearly upright. If necessary, adjust the position of the patient.



- ① Finely adjust the entire configuration and set the desired position of the leg for the lock angle. The popliteal fossa must be freely positioned.
- Attach the leg holder (10) to the side rail extension (9) on the side that is not to be operated. Position the leg that is not to be operated on the leg holder (10) and remove the leg plate (3).
- Position the arms: Abduct the arm on an arm support (11) from the side that is not to be operated.
- Mount the anesthesia screen (13-14) and any further side rail accessories.
- Raise the arm on the operating side with the aid of the arm restraint cuff (15) (see introduction under general information).

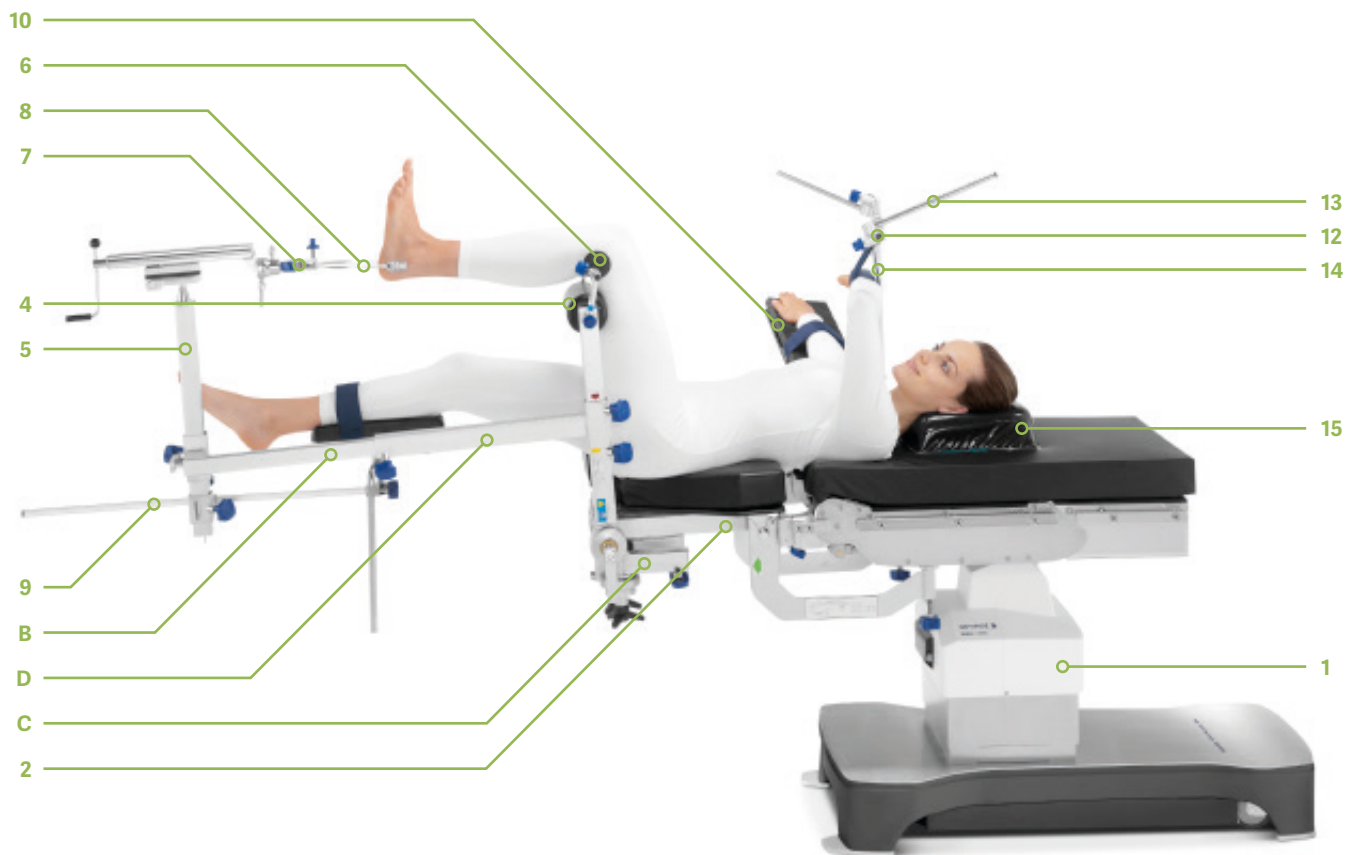
- ① Check all screw and clamp connections.
- Check whether the fracture is rendered faultlessly by the image amplifier at both levels.
- Final repositioning of the fracture.  
**Tip:** The telescopic bar is used to exert the basic traction and the screw tension device for final adjustment of the fine traction.
- The positioning has to be removed in reverse order after the operation.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.



# 5.19 Tibia treatment

in supine position with counter-traction post for tibia and fibula, healthy leg on universal support



### Basic configuration

1	Maquet Meera Table Column	7200.01XX
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### Positioning-specific accessories

2	Extension device	1419.01B0 <sup>2</sup>
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3	Pair of leg plates (for induction)*	1150.64B0
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4	Countertraction post for tibia and fibula	1003.50C0
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5	Screw tension device <sup>1</sup>	1003.3700
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6	Condyle fixation	1004.93B0
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7	Traction stirrup clamp with rotation	1003.35A0
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8	Traction stirrup (not supplied by Maquet)	
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9	Universal support	1004.86B0
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### General side rail accessories

10	Arm support	1001.6000
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11	Radial setting clamp (2x)*	1003.23C0
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12	Anesthesia screen	1002.57A0
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13	Anesthesia screen extension	1002.59A0
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14	Arm restraint cuff	1001.4600
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### Positioning aids

15	Pillow	4006.21A0**
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1 Supplied with the extension device  
2 Alternative: 1419.01JC for mounting point "normal"

\* not illustrated  
\*\* Manufactured by Trulife

## 5.19 Tibia treatment in supine position with countertraction post for tibia and fibula, healthy leg on universal support

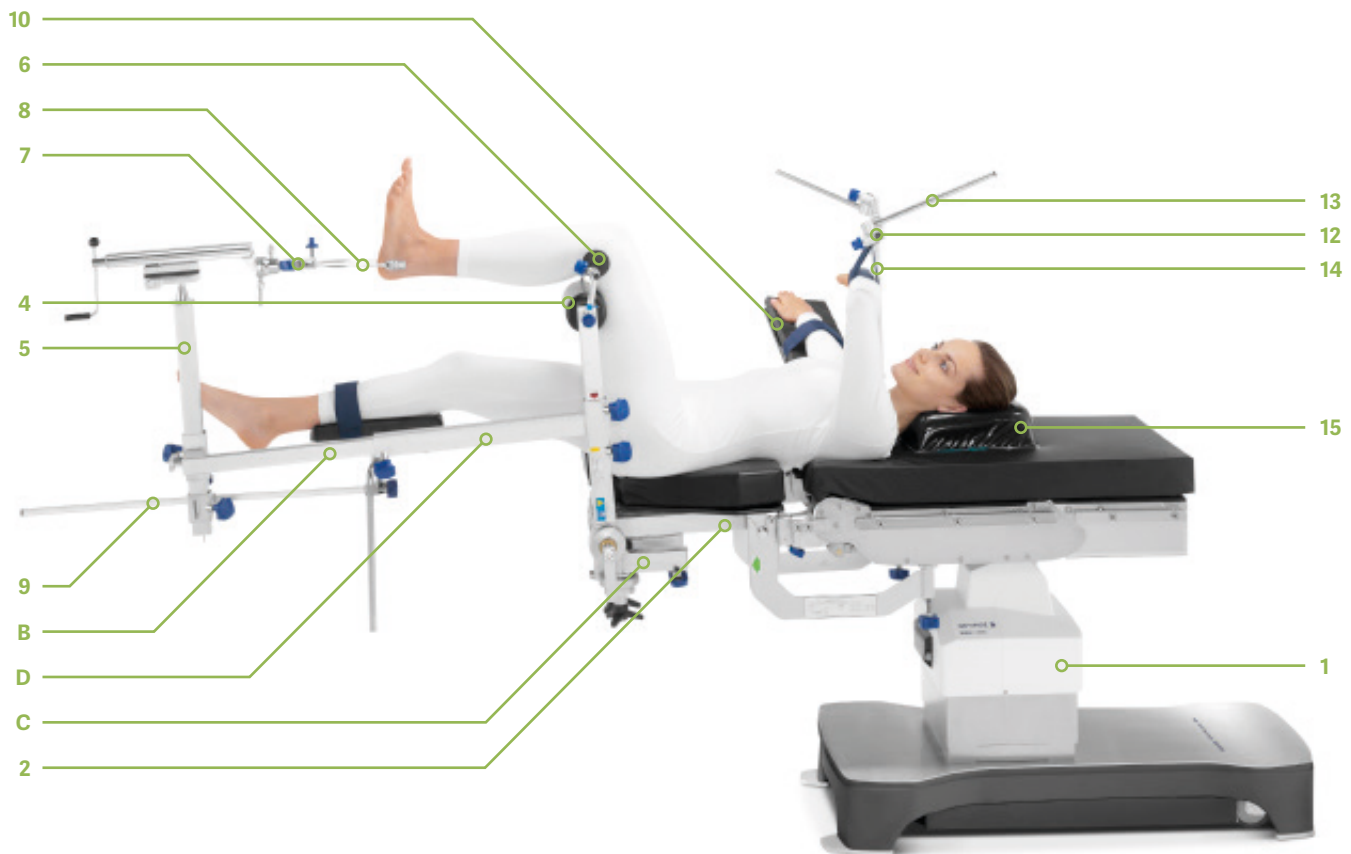
# Positioning the patient and repositioning of the fracture

When using the mobile operating table, final patient positioning must only commence once the table has been locked securely to the floor.

The initiation of anesthesia is done on the extension table top. Afterwards the patient lies on the OR table in supine position and a positioning aid (18) is used to position the head on the table top. The legs are positioned on the leg plates (4).

### Then proceed as follows:

- Move OR table into neutral position.
- Remove traction bars and swivel upper bars (C) toward the head end.
- If it has not already been done, apply Kirschner wire into the calcaneus and mount the traction stirrup (8).
- Remove the seat plate segment on the side to be operated.
- Mount the countertraction post for tibia and fibula (4) to horizontal bar (D).
- Mount the telescopic bar (B) to the horizontal bar (D).  
**Tip:** Square mount for screw tension device points inward.
- Mount the screw tension device (5) to telescopic bar (B).
- Mount the traction stirrup clamp with rotation (7) to the screw tension device (5).
- Position the patient to the foot end until the thigh is positioned at the countertraction post.
- Guide the leg to be operated over the countertraction post for tibia and fibula (4), remove the leg plate (3) on the side to be operated and connect the traction stirrup with the traction stirrup clamp with rotation to the screw tension device, if necessary, adjust the bars to the patient's anatomy.
- If necessary, mount condyle fixation (6).
- The thigh of the leg to be operated must be nearly upright. If necessary, adjust the position of the patient.



- ① Finely adjust the entire configuration and set the desired position of the leg for the lock angle. The popliteal fossa must be freely positioned.
- Mount the universal support (9) from below to the screw tension device (5) so that it can swivel inward.
- Remove the leg plate (3) of the leg not to be operated and position the leg on the universal support (9).
- Position the arms: Abduct the arm on an arm support (10) from the side not to be operated.
- Mount the anesthesia screen (12-13) and any further side rail accessories.
- Raise the arm on the operating side with the aid of the arm restraint cuff (14) (see introduction under general information).
- ⚠ Check all screw and clamp connections.
- Check whether the fracture is rendered faultlessly by the image amplifier at both levels.
- Final repositioning of the fracture.  
**Tip:** The telescopic bar is used to exert the basic traction and the screw tension device for final adjustment of the fine traction.
- The positioning has to be removed in reverse order after the operation.

Note: The present instructions do not include notes on any additional padding required for decubitus prevention.



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This document is intended to provide information to an international audience outside of the US.

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