



# Patient positioning options

Maquet Otesus 1160

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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.

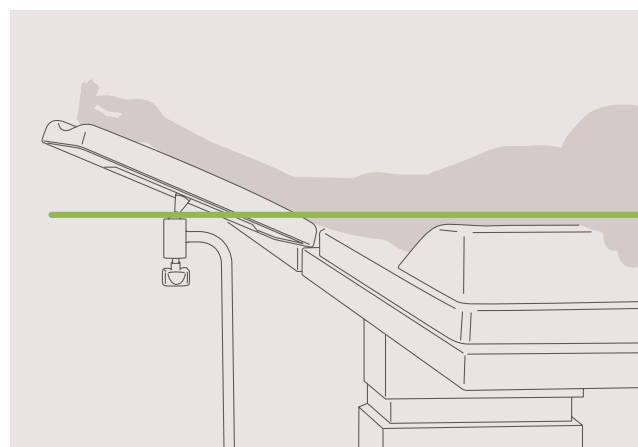


Positioning of the head using a plexus cushion for an additional shoulder stability.

#### 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).

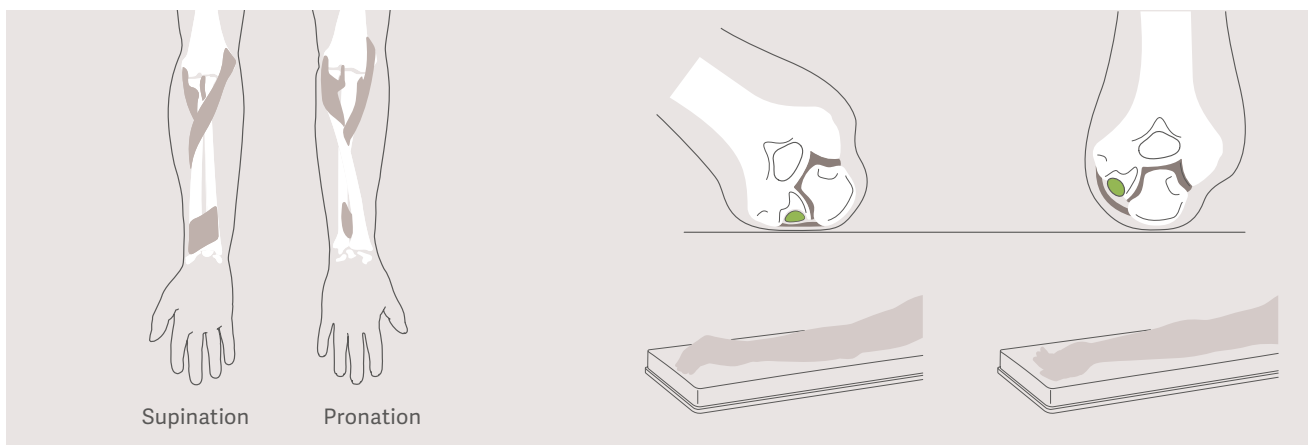
An abduction exceeding 90° is not recommended as this might overextend the brachial plexus. The elbow should be slightly bent with the lower arm secured to the arm rest. Please ensure that no pressure is exerted on the elbow (ulnar nerve). The upper arms should not rest on the OR table; this will prevent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



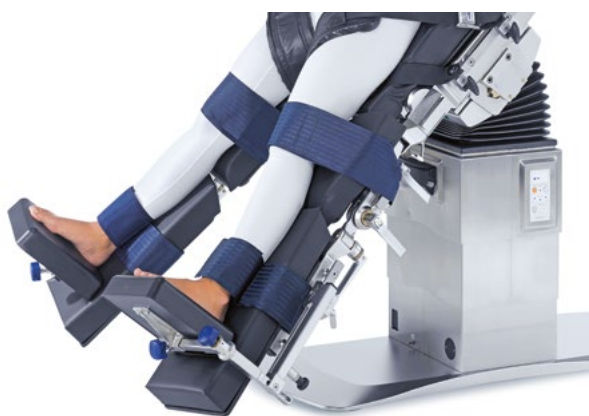
A body strap can be used to secure the patient. Position two fingers breadth above the patella, a flat hand should still be able to fit beneath the body strap.



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

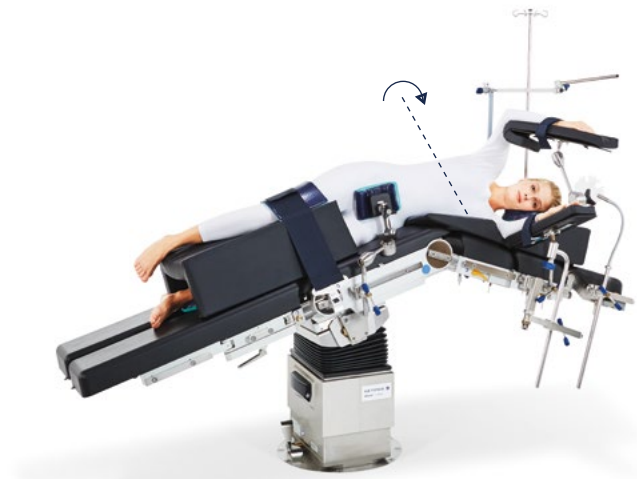
### Back and pelvis positioning

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.

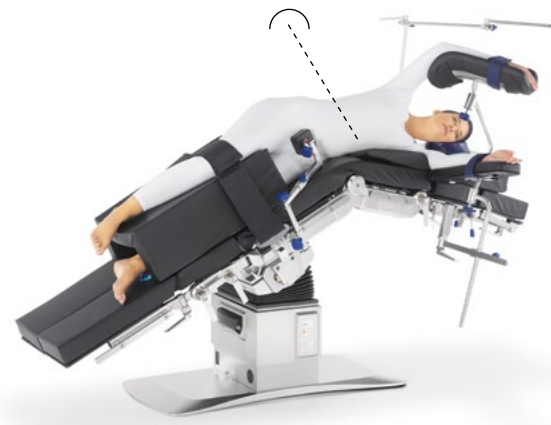
The pelvis is supported with two side supports at the front (symphysis) and back (sacrum). The additional support for the back (scapula) is recommended. Additional gel pads between the lateral supports and the patient reduce shear and friction forces.



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.





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# 1 Patient positioning according to discipline

## General surgery



- 1.1 Supine position with 1-piece leg plate
- 1.2 Supine position with pair of leg plates
- 1.3 Supine position with abducted pair of leg plates, e. g. for laparoscopic surgery
- 1.4 Struma position with fixture and horseshoe head rest
- 1.5 Lateral position for kidney operations
- 1.6 Lateral position for thorax operations
- 1.7 Genucubital position with rectal positioning device
- 1.8 Standing position
- 1.9 Sitting position for obesity surgery
- 1.10 Supine position with carbon fiber table top for vascular surgery

# 1.1 Supine position with 1-piece leg plate



## Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Head rest	1160.64X0
4	Back plate	1160.32X0
5	Leg plate, 1-piece	1133.58BC

## Positioning-specific accessories

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

## General side rail accessories

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

## Positioning aids

13	Pillow for supine position	4006.2100
14	Sacral support	4006.2400
15	Gel body roll	4006.2500
16	Heel pad (Alternative: 4006.2900)	4006.1600

# 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.

After anesthetic induction the patient lies on the table top in supine position. The head is positioned with a positioning aid (13).

## Then proceed as follows:

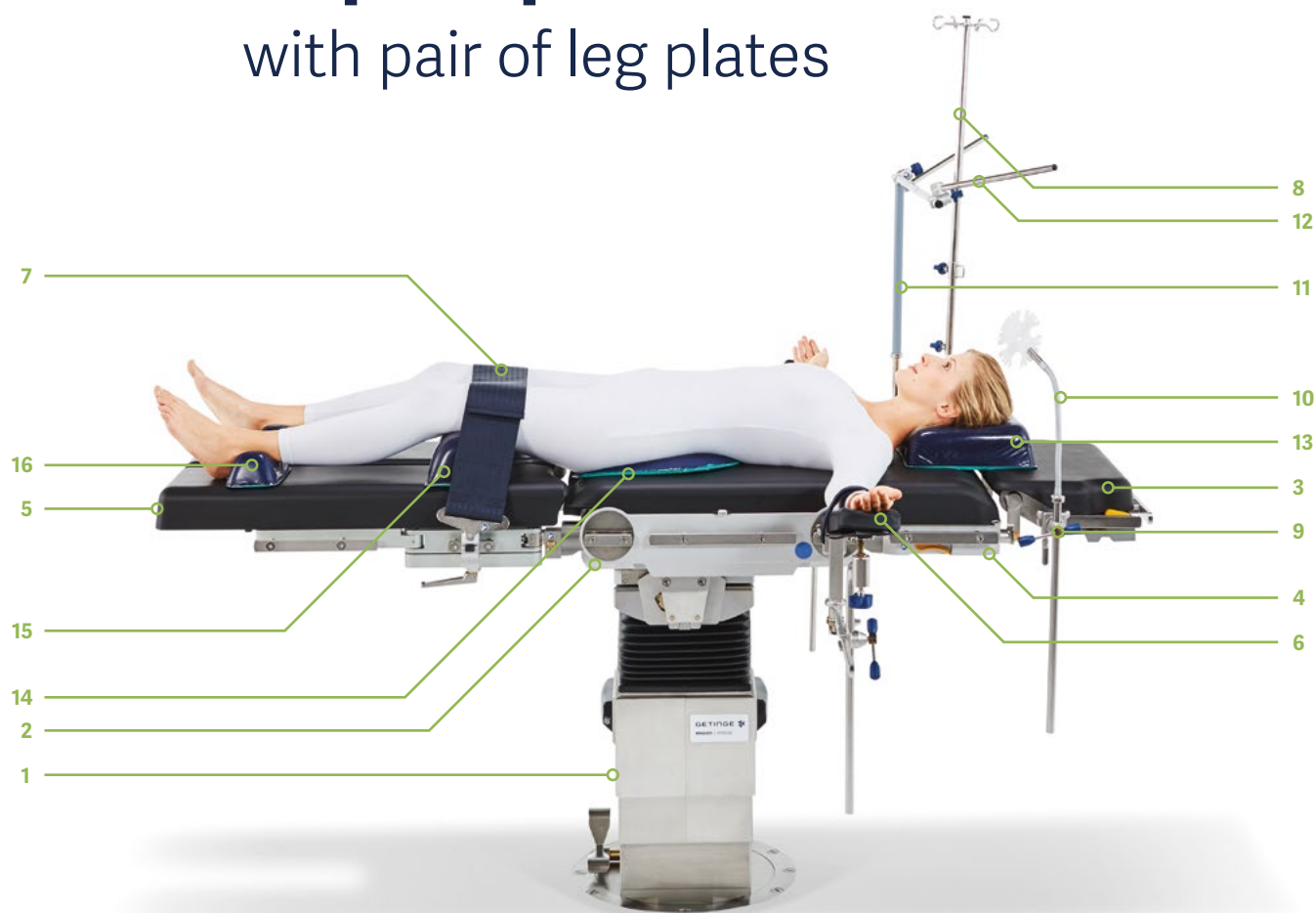
- Transfer of table top (2) with anesthetized patient onto the column (1).
- Place the arm posturing devices (6) into the desired position and position the arms.
- ! The distal joint is higher than the proximal joint.
- Anatomically correct positioning of the remaining positioning aids and mounting of 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 knees.
- Secure the legs with a body strap (7).  
**Tip:** Position two fingers breadth above the knee joint, a flat hand should still 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.



# 1.2 Supine position

## with pair of leg plates



### Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Head rest	1160.64X0
4	Back plate	1160.32X0
5	Leg plates, 2-pieces	1160.50AC

### Positioning-specific accessories

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

### General side rail accessories

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

### Positioning aids

13	Pillow for supine position	4006.2100
14	Sacral support	4006.2400
15	Gel body roll	4006.2500
16	Heel pad (Alternative: 4006.2900)	4006.1600

# 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.

After anesthetic induction the patient lies on the table top in supine position. The head is positioned with a positioning aid (13).

## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient onto the column (1).
- Place the arm posturing devices (6) into the desired position and position the arms.
- ❗ The distal joint is higher than the proximal joint.
- 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 knees.
- Secure the legs with a body strap (7).  
**Tip:** Position two fingers breadth above the knee joint, a flat hand should still 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.

# 1.3 Supine position

with abducted pair of leg plates, e.g. for laparoscopic surgery



## Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Head rest	1160.64X0
4	Back plate	1160.32X0
5	Leg plates, 2-pieces	1160.50AC

## Positioning-specific accessories

6	Arm posturing device (2x)	1001.44X0
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## General side rail accessories

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

## Positioning aids

12	Pillow for supine position	4006.2100
13	Sacral support	4006.2400
14	Heel pad	4006.1600
15	Leg strap (2x)	1001.57A0
16	Leg restraint cuff (2x)	1001.4700

# 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 upper back plate (4) or the head rest (3) can be removed for small 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 to enable correct anatomical movement when adjusting the table top or leg plates.

The head is positioned with a positioning aid (12).

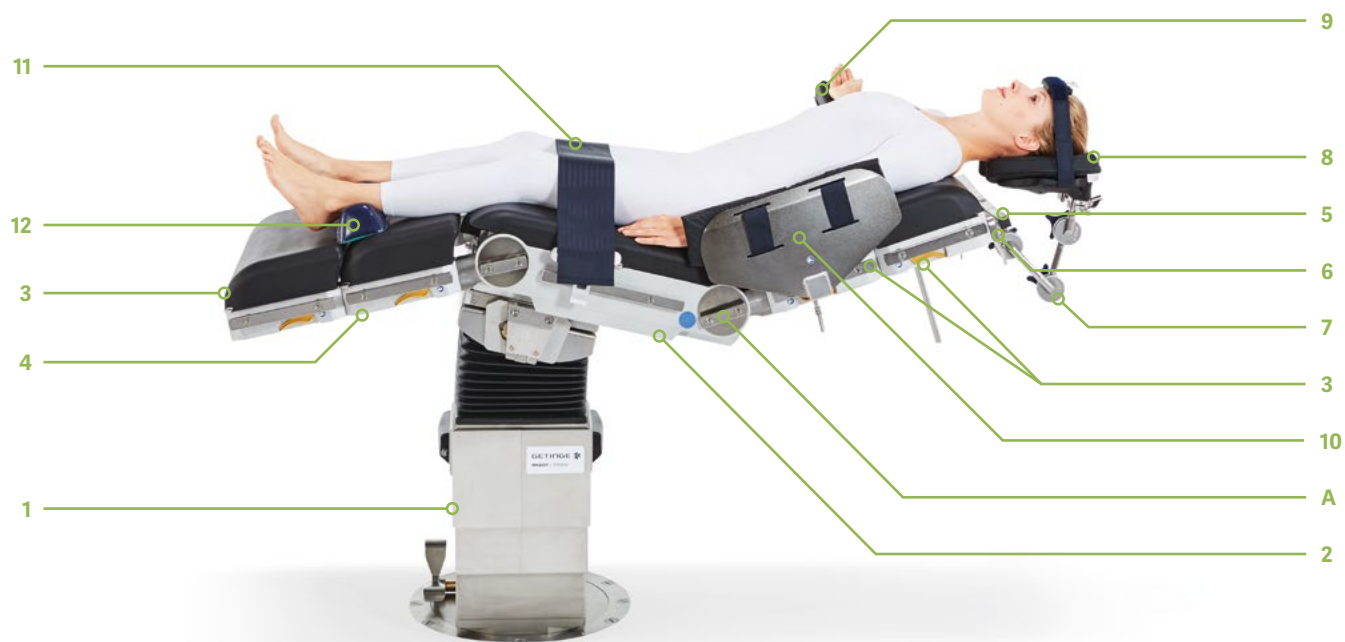
## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient onto the column (1).
- If needed, use longitudinal shift of the table top (2) as far as possible in the direction of the foot end.
- Place the arm posturing devices (6) into the desired position and position the arms.
- ! The distal joint is higher than the proximal joint.
- Abduction of the legs with the leg plates (5), fixation of the legs with a leg strap (15) and a leg restraint cuff (16).
- 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 bent slightly to prevent overextension of the knees.
- Move table top into surgical position.
- ! 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 Struma position

## with fixture and horseshoe head rest



### Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Back plate (3x)	1160.32X0
4	Seat plate elongation	1160.55X0

### Positioning-specific accessories

5	Connection bracket	1130.54B0
6	Head rest adapter	1130.81A0
7	Fixture	1002.65A0
8	Horseshoe head rest	1002.72A0

### General side rail accessories

9	Arm posturing device	1001.44X0
10	Arm protector	1002.25A0
11	Body strap	1001.59B0

### Positioning aids

12	Heel pad	4006.1600
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# 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.

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 upper motorized joints (A) to enable correct anatomical movement when adjusting the table top.

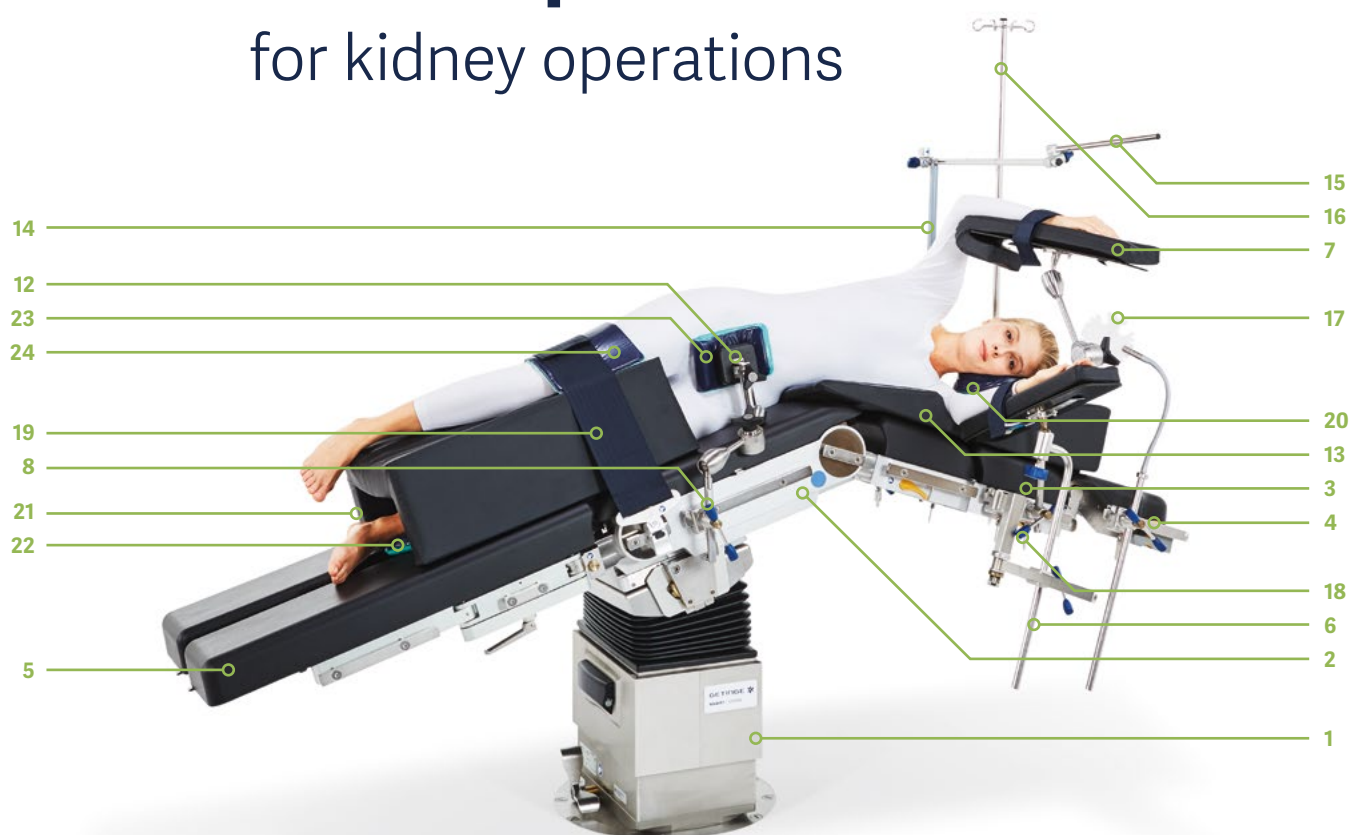
The head is placed with a horseshoe head rest (8) on a fixture (7).

## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient onto the column (1).
- If needed, use longitudinal shift of the table top (2) 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 back plate (3).
- 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 (10). The other arm is abducted using an arm posturing device (9) for anesthesia.
- Move table top into surgical position. Trendelenburg, in the next step, move up torso and then lower the back plates with 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 fixture (7) with horseshoe head rest (8) and move the head into the desired surgical position.
- Secure the head with a strap.
- 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 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.
- ❗ 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 Lateral position for kidney operations



## Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Back plate (2x)	1160.32X0
4	Head rest	1160.64X0
5	Leg plates, 2-pieces	1160.50AC

## Positioning-specific accessories

6	Arm posturing device	1001.44X0
7	Arm rest with joint arm	1002.49A0
8	Pin-joint arm for body supports (2x)	1002.40A0
9	Fixture for body supports (1x)	1002.19C0
10	Back/buttocks support	1002.11A0
11	Lateral support	1002.11C0
12	Pubis-sacrum-sternum support	1002.11B0
13	Lateral positioner	4006.1800

## General side rail accessories

14	Anesthesia screen	1002.57A0
15	Anesthesia screen extension	1002.59A0
16	Infusion stand	1009.01C0
17	Tube holder	1002.55A0
18	Radial setting clamp (5x)	1003.23C0
19	Body strap	1001.59B0

## Positioning aids

20	Head ring	4006.0200
21	Tunnel cushion	1000.77A0
22	Heel pad	4006.2900
23	Arm pad	4000.1200
24	Leg holder pad (2x)	4000.1400

# 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.

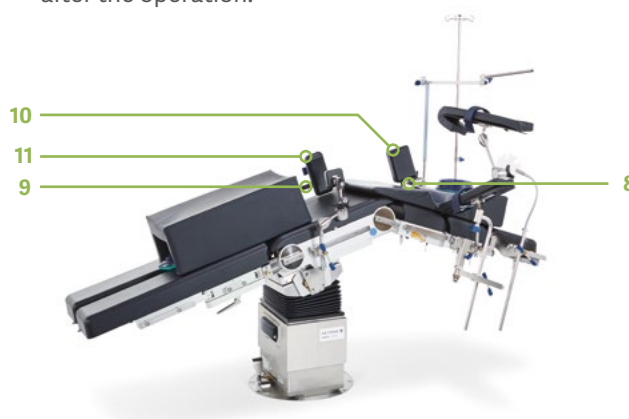
After anesthetic induction the patient lies on the table top in supine position.

## Then proceed as follows:

- Transfer the table top (2) and use longitudinal shift as far as possible in the direction of the head end.
- ① Adjust all positioning aids to the anatomy of the patient.
- Position patient: The flank is at the height of the motorized back plate adjustment, the iliac crest is slightly in front of the motorized joint to enable unfolding into the flank area.
- Mount and pre-position lateral supports (7–12), align arm posturing device (6) at shoulder height at 90° to the table top, fasten radial setting clamp (18) to the side rail above the arm posturing device (6), position pin-joint arm (7) and adjust the height.
- Turn the patient onto his/her side, placing the upper arm into the pin-joint arm (7). The lower arm is in the opening of the lateral positioner (13). Position the lower arm on the arm posturing device (6).
- ① When in lateral position, make sure that the patient's lower shoulder is pulled forward.
- Move the table top into the surgical position by pressing the "FLEX" button on 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. 4006.1300) between the patient and the lateral supports to reduce shear and friction forces.
- ① Positioning of the tunnel cushion (21) and fixation of the legs with a body strap (19). Freely position the lower ankle with the aid of heel pads (22) and relieve pressure (illustration below).

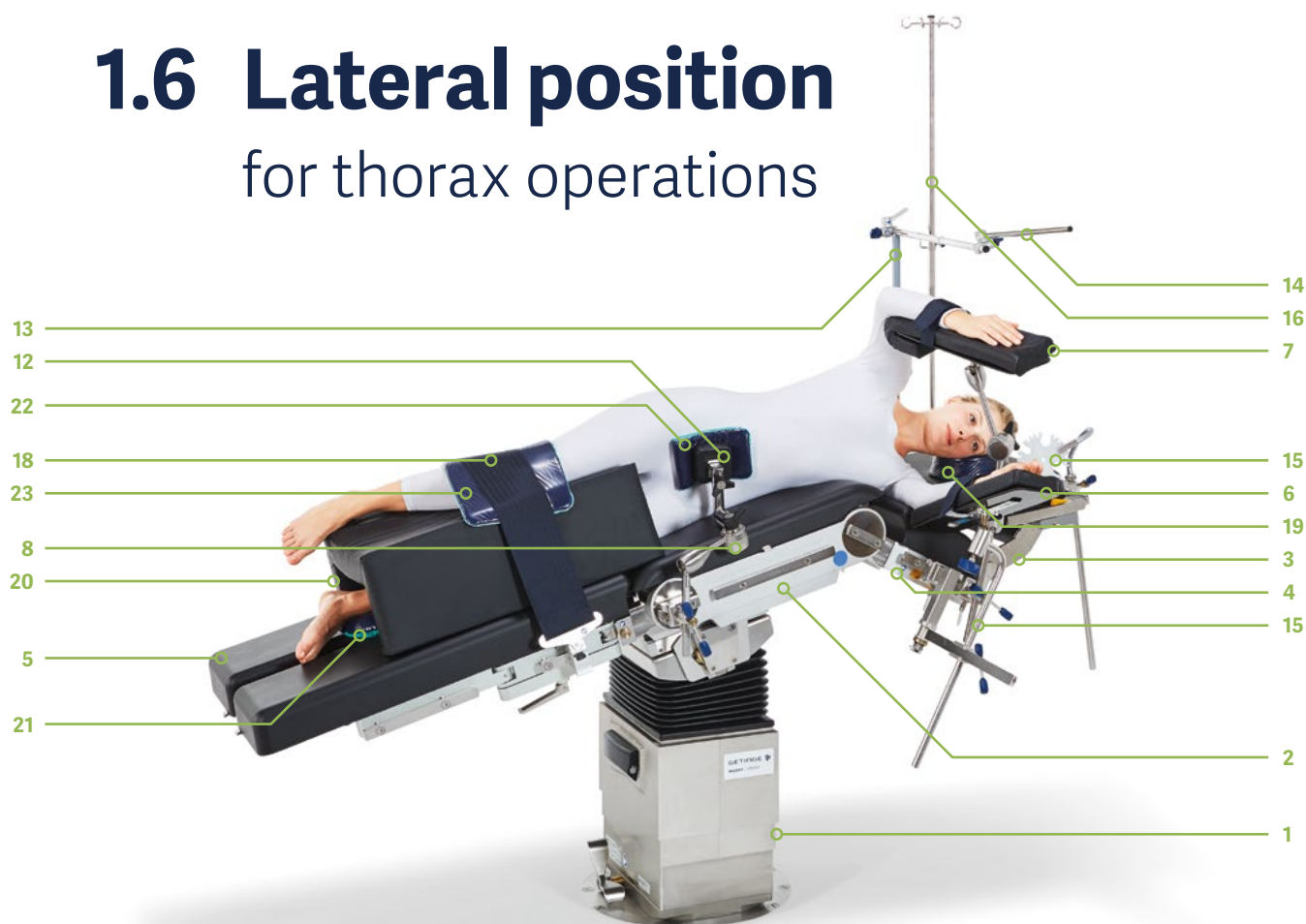


- Bring the cervical spine and thoracic spine into an anatomically neutral position. Positioning of the head with a gel head ring (20) to ensure free positioning of the ear.
- Mount further side rail accessories.
- ① Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.



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

# 1.6 Lateral position for thorax operations



## Basic configuration

1	Maquet Otetus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Dual-joint head rest	1160.53X0
4	Back plate	1160.32X0
5	Leg plates, 2-pieces	1160.50AC

## Positioning-specific accessories

6	Arm posturing device	1001.44X0
7	Arm rest with pin-joint arm	1002.49A0
8	Pin-joint arm for body supports (2x)	1002.40A0
9	Fixture for body supports (1x) (not illustrated)	1002.19C0
10	Back/buttocks support (not illustrated)	1002.11A0
11	Lateral support (not illustrated)	1002.11C0
12	Pubis-sacrum-sternum support	1002.11B0

## General side rail accessories

13	Anesthesia screen	1002.57A0
14	Anesthesia screen extension	1002.59A0
15	Radial setting clamp (5x)	1003.23C0
16	Infusion stand	1009.01C0
17	Tube holder	1002.55A0
18	Body strap	1001.59X0

## Positioning aids

19	Head ring	4006.0200
20	Tunnel cushion	1000.77A0
21	Heel pad	4006.2900
22	Arm pad	4000.1200
23	Leg holder pad	4000.1400

# 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.

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

## Then proceed as follows:

- Transfer the table top (2) and use longitudinal shift as far as possible in the direction of the head end.
- ① Adjust all positioning aids to the anatomy of the patient.
- Position the patient: Thorax ( $\frac{3}{4}$  intercostal area) at the height of the motorized back plate adjustment.
- Mount and pre-position lateral supports (8–12), align arm posturing device (6) at shoulder height 90° to the table top, fasten radial setting clamp (14) to the side rail above the arm posturing device (6), position arm rest (7) and adjust the height.
- Turn the patient onto his / her side, placing the upper arm into the arm rest (7) and secure with a strap. Position the lower arm on the arm posturing device (6).
- ① When in lateral position, make sure that the patient's lower shoulder is pulled forward.
- Move the table top into the surgical position by pressing the "FLEX" button on 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. 4006.1300) between the patient and the lateral supports to reduce shear and friction forces.
- ① Positioning of the tunnel cushion (20) and fixation of the legs with a body strap (18). Freely position the lower ankle with the aid of heel pads (20) and relieve pressure.
- Bring the cervical spine and thoracic spine into an anatomically neutral position using a dual-joint head rest. Position the ear freely with a gel head ring (19).
- 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.



# 1.7 Genucubital position

## with rectal positioning device



### Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Back plate	1160.32X0

### General side rail accessories

7	Radial setting clamp (2x) (not illustrated)	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	Rectal positioning device	1130.56A0
5	Knee support	1003.3300
6	Arm posturing device (2x)	1001.6000

### Positioning aids

12	Pillow for prone position	4006.1900
13	Gel body roll	4006.2500

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

## Then proceed as follows:

- Move the table top (2) with longitudinal shift as far as possible in the direction of the foot end.
- Remove the leg plates and mount the rectal positioning device (4) and the knee support (5).
- Adjust the positioning aids in line with the patient's anatomy.
- Axially turn the patient from the second table top to the pre-configured table top and adjust positioning aids if necessary.
- Positioning of the head and the arms: Adapt the arm posturing device (6) at the side rails at shoulder height and position the arms (see introduction under general information).
- Anatomically correct positioning of the positioning aids and mounting of further side rail accessories.
- Move the table top until it is slightly head down.
- Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.



Positioning with alternative positioning aids.

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

# 1.8 Standing position



## Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Head rest	1160.64X0
4	Back plate	1160.32X0
5	Leg plates, 2-pieces	1160.50AC

## Positioning-specific accessories

6	Foot plate	1001.86B0
7	Heavy weight leg strap	1001.53A0
8	Leg strap (2x)	1001.57A0
9	Leg restraint cuff (2x)	1001.4700

## General side rail accessories

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



11	Pillow for supine position	4006.2100
12	Heel pad	4006.2900

# 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.

After anesthetic induction the patient lies on the table top in supine position with the buttocks at the edge of the seat plate and the lower sternum support at the height of the motorized adjustment options. The head is positioned with a positioning aid (11).

## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient onto the column (1).
- Position the patient as described above.
- Place the arm posturing devices (10) into the desired position and position the arms.
- Mount the foot plates (6), abduct the legs with the 2-piece leg plate (5) and apply and position the leg straps (7-9) at the desired position.
- Align the foot plate (6) in an anatomical foot position.
- Anatomically correct positioning of the positioning aids and mounting of further side rail accessories.
-  Check all screw and clamp connections before raising the patient.
- Move table top into reverse Trendelenburg position and raise the patient.
-  Check and, if necessary, adjust the arm support and the leg straps.
- 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 Sitting position

## for obesity surgery



### Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Head rest	1160.64X0
4	Back plate	1160.32X0
5	Seat plate elongation	1160.55X0

### Positioning-specific accessories

6	Leg plate (not illustrated)	1133.58BC
7	Table width extension (2x)	1001.75A0
8	Leg holder (2x)	1001.73A0

### General side rail accessories

9	Arm posturing device (2x)	1001.44X0
10	Radial setting clamp (2x)	1003.23C0

### Positioning aids

11	Pillow for supine position	4006.2100
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# 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.

After anesthetic induction the patient lies on the table top in supine position with the acetabulum at the height of the motorized leg plate mounting point. The head is positioned with a positioning aid (11).

## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient onto the column (1).
- Place the arm posturing devices (9) into the desired position and position the arms.
- Mount the leg holders (8) with the radial setting clamps (10) to the side rails of the thigh plates of the seat plate elongation.
- Mount further side rail accessories and positioning aids.
- Abduction of the legs with the leg holders (8), then remove the leg plate (6).
- ! Make sure the calf has the largest possible contact surface for the calf in the leg holder (8).
- Place the patient into a 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.
- If necessary, unfold the torso.
- ! Check all screw and clamp connections.
- Check and, if necessary, adjust the positioning of the arm and the leg holder.
- 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 Supine position

with carbon fiber table top  
for vascular surgery



## Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Carbon fiber table top	1150.16B0
3	Head rest*	1150.71B0
4	Accessory adapter	1150.72A0

## General side rail accessories

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

6	Head ring	4006.0200
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\* Supplied with the table top.

# 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.

After anesthetic induction the patient lies on the carbon fiber table top. The head is positioned with a positioning aid (6).

## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient onto the column (1).
  - Maximum longitudinal shift of the table top (2) in the direction of the head end.
  - Fasten the arm posturing devices (5) onto the side rail of the accessory adapter (4) and position the arms.
  - Anatomically correct positioning of the remaining positioning aids and mounting of any 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.
  - ! 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 Patient positioning according to discipline

## **Gynecology and urology**



- 2.1 Dorsosacral position with radial setting clamp and transfer board
- 2.2 Dorsosacral position with leg holder and TUR set
- 2.3 Dorsosacral position with leg holder with one-hand operation
- 2.4 Dorsosacral position with leg holder with one-hand operation and vacuum mattress
- 2.5 Dorsosacral position with Maquetmatic and knee crutches
- 2.6 Dorsosacral position with Maquetmatic and calf crutches



# 2.1 Dorsosacral position

with radial setting clamp  
and transfer board



## Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Back plate (2x)	1160.32X0

## General side rail accessories

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

## Positioning-specific accessories

4	Transfer board	1132.65A0
5	Leg holder (2x)	1001.65A0

## Positioning aids

12	Plexus cushion	1000.6900
13	Sacral support	4006.2400
14	Leg holder pad	4006.1400

# 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.

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

After the anesthetic induction the patient lies on the table in supine position with the buttocks on the lower edge of the table top (2). The legs are positioned on the transfer board (4), which is inserted in the radial setting clamp (7).



## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient onto the column (1).
- Longitudinal shift of the table top (2) in the direction of the foot end.
- Mount the leg holders (5) to the radial setting clamps (7).
- Abduct the legs on the leg holders (5) and remove the transfer board (4). 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 (5). The patient's popliteal fossa must be positioned freely.
- Place the arm posturing devices (6) 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.



Alternative positioning with one back plate.

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

## 2.2 Dorsosacral position with leg holder and TUR set



### Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Back plate	1160.32X0
4	Seat plate elongation	1160.55X0
5	Leg plate, 1-piece (not illustrated)	1133.58BC

### Positioning-specific accessories

6	Leg holder (2x)	1001.65A0
7	TUR rinsing set	1003.45XX
8	TUR guide rail	1160.56A0

### General side rail accessories

9	Arm posturing device (2x)	1001.6000
10	Radial setting clamp (5x)	1003.23C0
11	Infusion stand	1009.01C0
12	Anesthesia frame	1002.54A0
13	Tube holder	1002.55A0

### Positioning aids

14	Head ring Alternative: Pillow for supine position	4006.0200 4006.2100
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# 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.

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

After the anesthetic induction the patient lies on the table in supine position with the buttocks on the lower edge of the seat plate elongation (4). The legs are positioned on the leg plate (5).

## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient onto the column (1).
- Longitudinal shift of the table top (2) in the direction of the foot end.
- Mount the leg holders (6) with the radial setting clamps (9) on the side rails of the seat plate elongation (4).
- Abduct the legs on leg holders (6) and remove the leg plate (5). 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 (6). The patient’s popliteal fossa must be positioned freely.
- Mount the TUR rinsing set (7) onto the seat plate elongation (4).
- Place the arm posturing devices (8) 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 Dorsosacral position

with leg holder with one-hand operation



### Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Back plate (2x)	1160.32X0
4	Transfer board (not illustrated)	1132.65A0

### Positioning-specific accessories

5	Leg holder with one-hand operation	1005.86B0
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### General side rail accessories

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

### Positioning aids

12	Plexus cushion	1000.6900
13	Sacral support	4006.2400



# 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.

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

After the anesthetic induction the patient lies on the table in supine position with the buttocks on the lower edge of the table top (2). The legs are positioned on the leg plate, 1-piece (4).

## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient onto the column (1).
- Longitudinal shift of the table top (2) in the direction of the head end.
- Mount the leg holders (5) with the radial setting clamps (7) on the side rails of the motorized leg plate mount.
- Abduct the legs on the leg holders (6) and remove the leg plate (4). Then move the patient’s legs along with the leg holders into the desired position.
- Place the heels at the deepest point of the leg crutch. The rear of the leg holder shall be aligned with the opposite shoulder. Toe, knee and opposite shoulder form one line. Make sure that the knee is slightly bent. When adjusting during operations, ensure that the leg holder (5) is seated correctly.
- Place the arm posturing devices (6) 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.

## 2.4 Dorsosacral position

with leg holder with one-hand operation and vacuum mattress



### Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Head rest	1160.64X0
4	Back plate	1160.32X0
5	Transfer board (not illustrated)	1132.65A0

### Positioning-specific accessories

6	Leg holder with one-hand operation	1005.86B0
7	Vacuum mattress	1000.78A0

### General side rail accessories

8	Radial setting clamp (4x)	1003.23C0
9	Infusion stand	1009.01C0
10	Anesthesia screen	1002.57A0
11	Anesthesia screen extension	1002.59A0
12	Tube holder	1002.55A0

### Positioning aids

13	Pillow for supine position	4006.2100
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# 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.

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

Before positioning the patient: Extend the vacuum mattress so that the filling-material is distributed equally. Suck the vacuum mattress a little bit so that it is stable. Put the patient on the vacuum mattress.\*

After the anesthetic induction the patient lies on the table in supine position with the buttocks on the lower edge of the table top (2). The legs are positioned on the transfer board (5).

## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient onto the column (1).
- Longitudinal shift of the table top (2) in the direction of the foot end.
- Mount the leg holders (6) with the radial setting clamps (8) on the side rails of the motorized leg plate mount.
- Abduct the legs on the leg holders (6) and remove the transfer board (5). Then move the patient’s legs along with the leg holders into the desired position.
- Place the heels at the deepest point of the knee crutches. The rear of the leg holder shall be aligned with the opposite shoulder. Toe, knee and opposite shoulder form one line. Make sure that the knee is bent slightly. When adjusting during operations, ensure that the knee crutches are seated correctly.
- Let some air into the vacuum mattress so that the patient sinks in a little bit, but the mattress still remains stable. Bring the patient in the planned position and adjust the vacuum mattress to the patient. If the patient is in the final position and the mattress is adjusted, the air can be sucked from the mattress until it is solid. Close the valve and check the correct position of both valve parts (for more information please refer to the operating instructions of the vacuum mattress).\*

- ! 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.

\*Source: 03-1 Instruction for use, Vacuform 2.0, B.u.W. Schmidt GmbH, 2017-03-15



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

## 2.5 Dorsosacral position

with Maquetmatic  
and knee crutches



### Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Back plate	1160.32X0
4	Seat plate elongation	1160.55X0
5	Maquetmatic	1130.70AC

### Positioning-specific accessories

6	Knee crutches	1005.01B0
7	Arm support (2x)	1001.6000

### General side rail accessories

8	Infusion stand	1009.01C0
9	Radial setting clamp (2x)	1003.23C0
10	Anesthesia frame	1002.54A0
11	Tube holder	1002.55A0

### Positioning aids

12	Head ring	4006.0200
13	Sacral support (not illustrated)	4006.2400

# 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.

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

After the anesthetic induction the patient lies on the table in supine position with the buttocks on the lower edge of the table top (2). The legs are positioned on the Maquetmatic leg plate (5).

## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient onto the column (1).
- Longitudinal shift of the table top (2) in the direction of the foot end.
- Remove the calf plates of the Maquetmatic leg plate (5) and mounting the knee crutches (6).
- Abduct the legs on the knee crutches (6) and move them into the desired position.
- ❗ The calves must be positioned flatly on the knee crutches (6). The patient’s popliteal fossa must be positioned freely.
- Remove thigh plates from the Maquetmatic leg plate (5).
- Place the arm support (7) 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.



## 2.6 Dorsosacral position

with Maquetmatic  
and calf crutches



### Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Back plate	1160.32X0
4	Seat plate elongation	1160.55X0
5	Maquetmatic	1130.70AC

### General side rail accessories

8	Infusion stand	1009.01C0
9	Radial setting clamp (2x)	1003.23C0
10	Anesthesia frame	1002.54A0
11	Tube holder	1002.55A0

### Positioning-specific accessories

6	Calf crutches	1005.03A0
7	Arm posturing device (2x)	1001.44X0

### Positioning aids

12	Pillow for supine position	4006.2100
13	Sacral support (not illustrated)	4006.2400

# 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.

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

After the anesthetic induction the patient lies on the table in supine position with the buttocks on the lower edge of the table top (2). The legs are positioned on the Maquetmatic leg plate (5).

## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient onto the column (1).
- Longitudinal shift of the table top (2) in the direction of the foot end.
- Remove the calf plates of the Maquetmatic leg plate (5) and mount the calf crutches (6).
- Abduct the legs in the calf crutches (6) and move them into the desired position.
- ① Place the heels at the deepest point of the calf crutches (6).
- Remove thigh plates from the Maquetmatic leg plate (5).
- Place the arm posturing devices (7) 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.

# 3 Patient positioning according to discipline

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

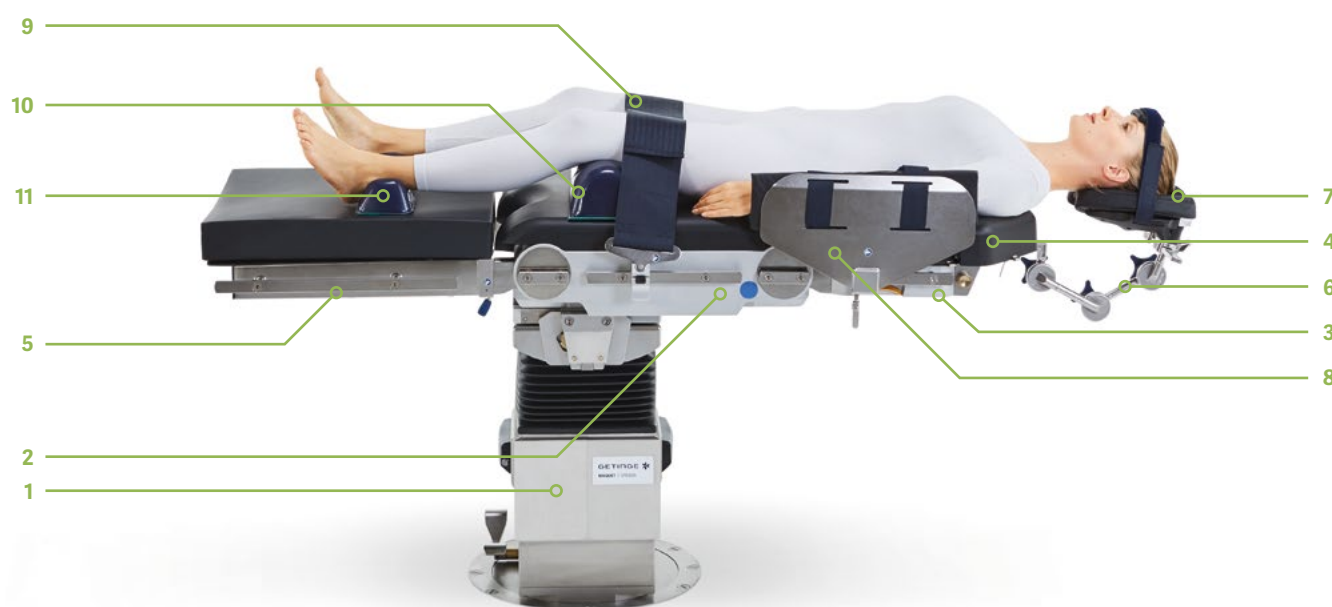




- 3.1** Supine position with trapezoidal back plate, fixture and 2-piece horseshoe head rest (1002.72A0)
- 3.2** Supine position with head rest adapter, fixture and 2-piece horseshoe head rest (1002.72A0)
- 3.3** Supine position with horseshoe head rest for one-handed adjustment (1002.66A0)
- 3.4** Supine position with horseshoe head rest, fixture and wrist support

# 3.1 Supine position

with trapezoidal back plate, fixture and 2-piece horseshoe head rest



## Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Back plate	1160.32X0
4	Trapezoidal back plate	1160.35X0
5	Leg plate, 1-piece	1133.58BC

## Positioning-specific accessories

6	Fixture	1002.65A0
7	Horseshoe head rest	1002.72A0

## General side rail accessories

8	Arm protector (2x)	1002.25A0
9	Body strap	1001.59B0

## Positioning aids

10	Gel body roll	4006.2500
11	Heel pad	4006.1600



# 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.

After the anesthetic induction the patient lies on the table top in supine position. The head is placed on a horseshoe head rest (7) that is mounted with a fixture (6) to the trapezoidal back plate (4).

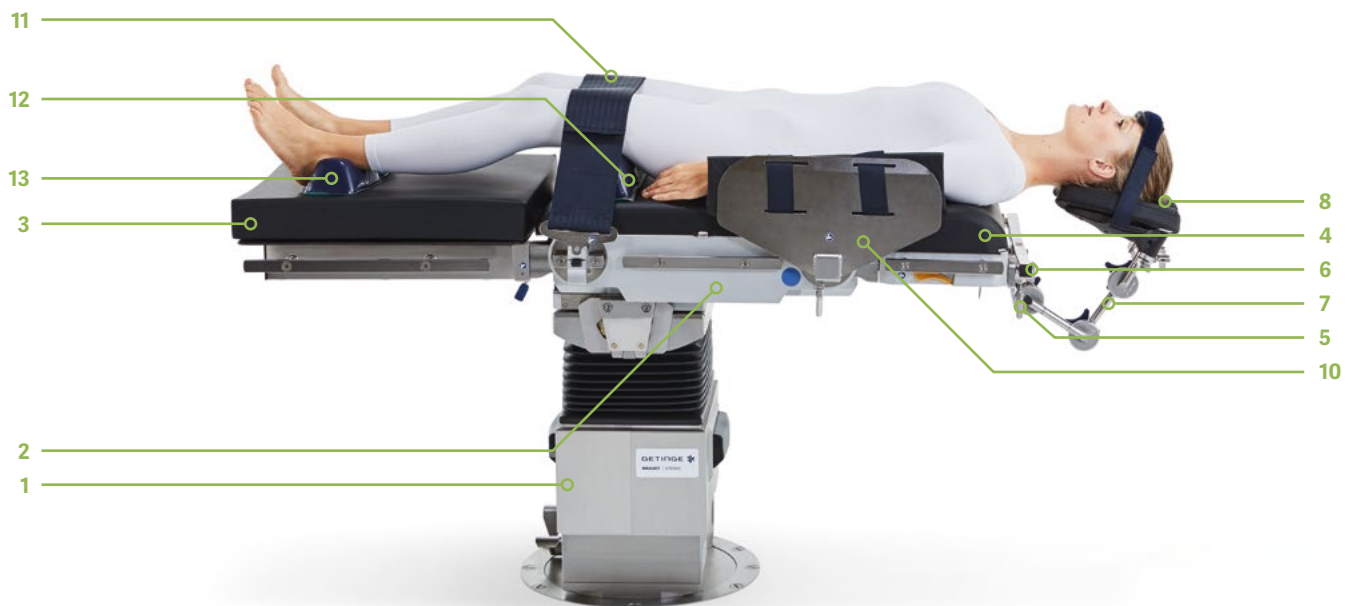
## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient onto the column (1) and, if necessary, longitudinal shift of the table top in the head direction.
- ① Finely adjust the fixture (6) with horseshoe head rest (7) and move the head into the desired position. Check all screw connections on the fixture and the horseshoe head rest. Secure the patient's head with a strap.
- Position the arms: Both arms can be positioned with an arm protector (8). Alternatively, the arm on the side where the surgeon is standing, is positioned next to the body using an arm protector. The other arm is abducted using an arm posturing device 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 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 rest adapter, fixture and 2-piece horseshoe head rest



### Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Leg plate, 1-piece	1133.58BC
4	Back plate	1160.32X0

### Positioning-specific accessories

5	Head rest adapter	1130.81A0
6	Connection bracket	1130.54B0
7	Fixture	1002.65A0
8	Horseshoe head rest	1002.72A0

### General side rail accessories

9	Arm posturing device (not illustrated)	1001.44X0
10	Arm protector (2 x)	1002.25A0
11	Body strap	1001.59B0

### Positioning aids

12	Gel body roll	4006.2500
13	Heel pad	4006.1600

# 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.

After the anesthetic induction the patient lies on the table top in supine position. The head is placed on a horseshoe head rest (8) that is mounted with a fixture (7) and fastened to a head rest adapter (5).

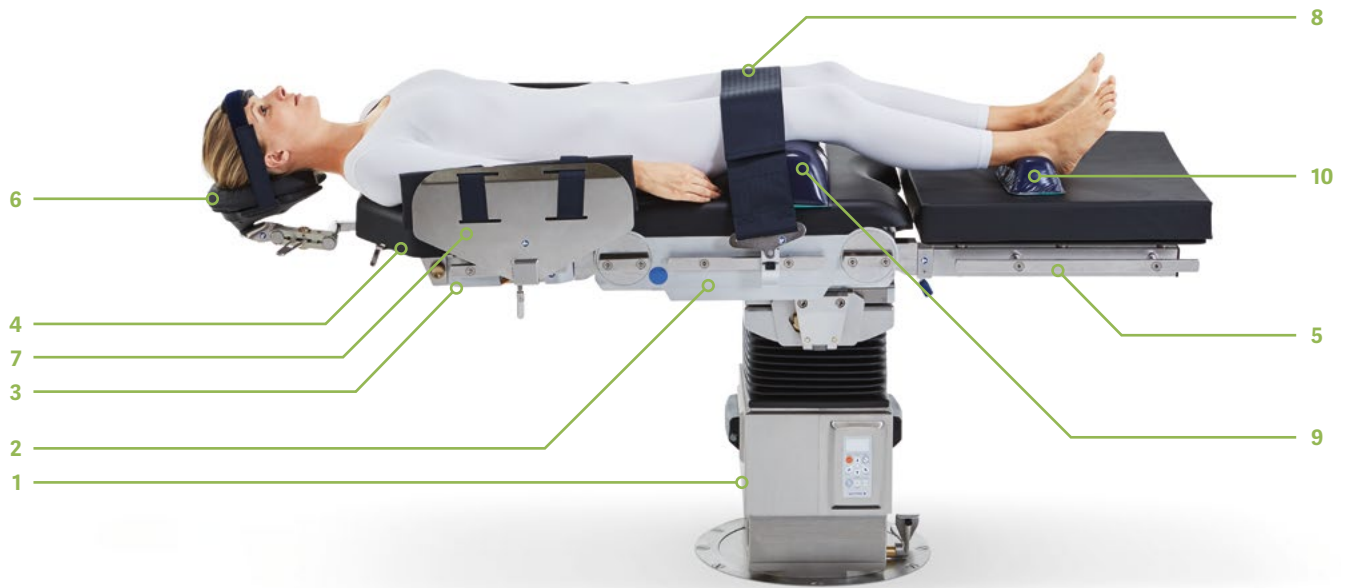
## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient onto the column (1) and, if necessary, longitudinal shift of the table top in head direction.
- ① Finely adjust the fixture (7) with horseshoe head rest (8) and move the head into the desired position. Check all screw connections on the fixture and the horseshoe head rest. Secure the patient's head with a strap.
- Position the arms: On the side where the surgeon is standing, the arm is positioned next to the body using an arm protector (10). The other arm is abducted using an arm posturing device (9) for anesthesia. Alternatively both arms can be positioned with an arm protector (10).
- 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 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.

# 3.3 Supine position

with horseshoe head rest  
for one-handed adjustment



### Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Back plate	1160.32X0
4	Trapezoidal back plate	1160.35X0
5	Leg plate, 1-piece	1133.58BC

### Positioning-specific accessories

6	Horseshoe head rest (Alternative: 1002.73A0)	1002.66A0
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### General side rail accessories

7	Arm protector (2x)	1002.25A0
8	Body strap	1001.59B0

### Positioning aids

9	Gel body roll	4006.2500
10	Heel pad	4006.1600

# 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.

After the anesthetic induction the patient lies on the table top in supine position. The head is placed on a horseshoe head rest (6) which is attached to the trapezoidal back plate (3) for one-handed adjustment.

## Then proceed as follows:

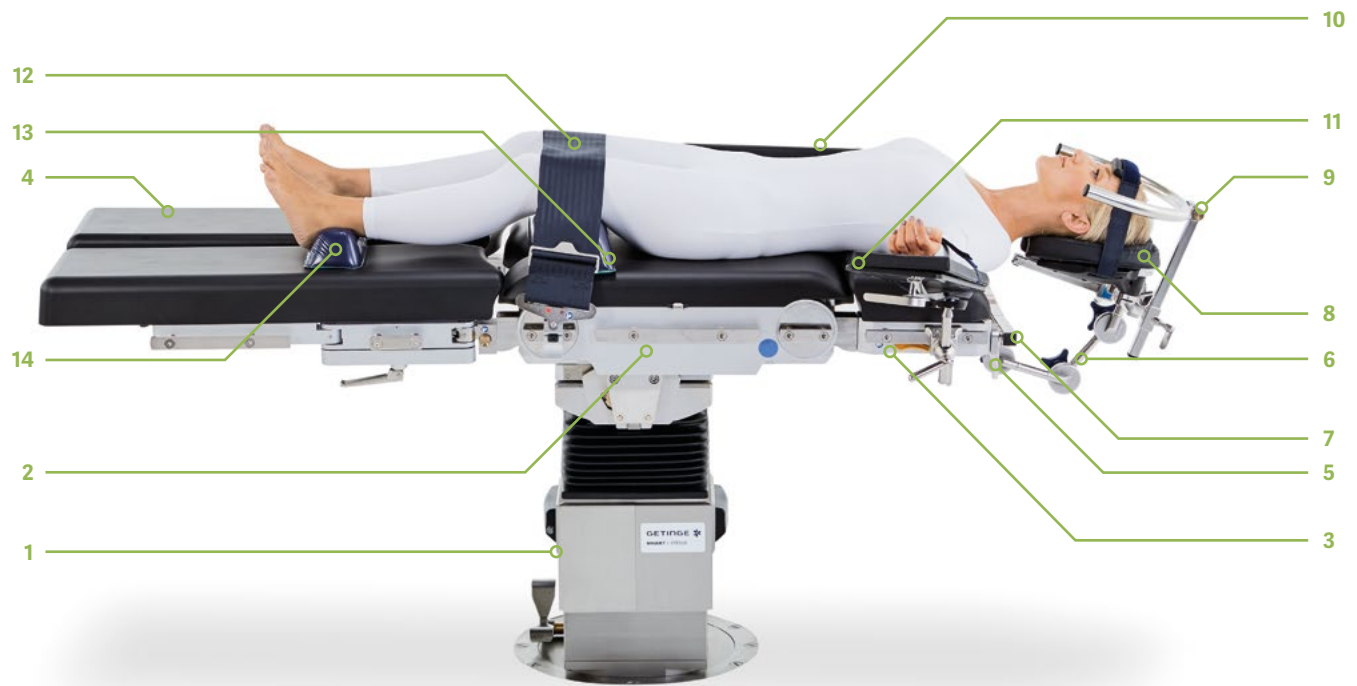
- Transfer of table top (2) with anesthetized patient onto the column (1) and, if necessary, longitudinal shift of the table top in head direction.
- ① Finely adjust the horseshoe head rest (6) and move the head into the desired position. Check all screw connections on the horseshoe head rest. Secure the patient's head with a strap.
- Position the arms: Both arms can be positioned with an arm protector (7). Alternatively, the arm on the side where the surgeon is standing, is positioned next to the body using an arm protector. The other arm is abducted using an arm posturing device 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 patient's legs should be slightly bent to prevent overextension of the knees.
- Secure the legs with a body strap (8).  
**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.



# 3.4 Supine position

with horseshoe head rest, fixture and wrist support



Basic configuration		
1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Back plate	1160.32X0
4	Leg plates, 2-pieces	1160.50AC

General side rail accessories		
10	Arm protector	1002.25A0
11	Arm posturing device	1001.6000
12	Body strap	1001.59B0

Positioning-specific accessories		
5	Head rest adapter	1130.81A0
6	Fixture	1002.65A0
7	Connection bracket	1130.54B0
8	Horseshoe head rest	1002.72A0
9	Wrist support	1004.75A0

Positioning aids		
13	Gel body roll	4006.2500
14	Heel pad	4006.1600

# Positioning the patient

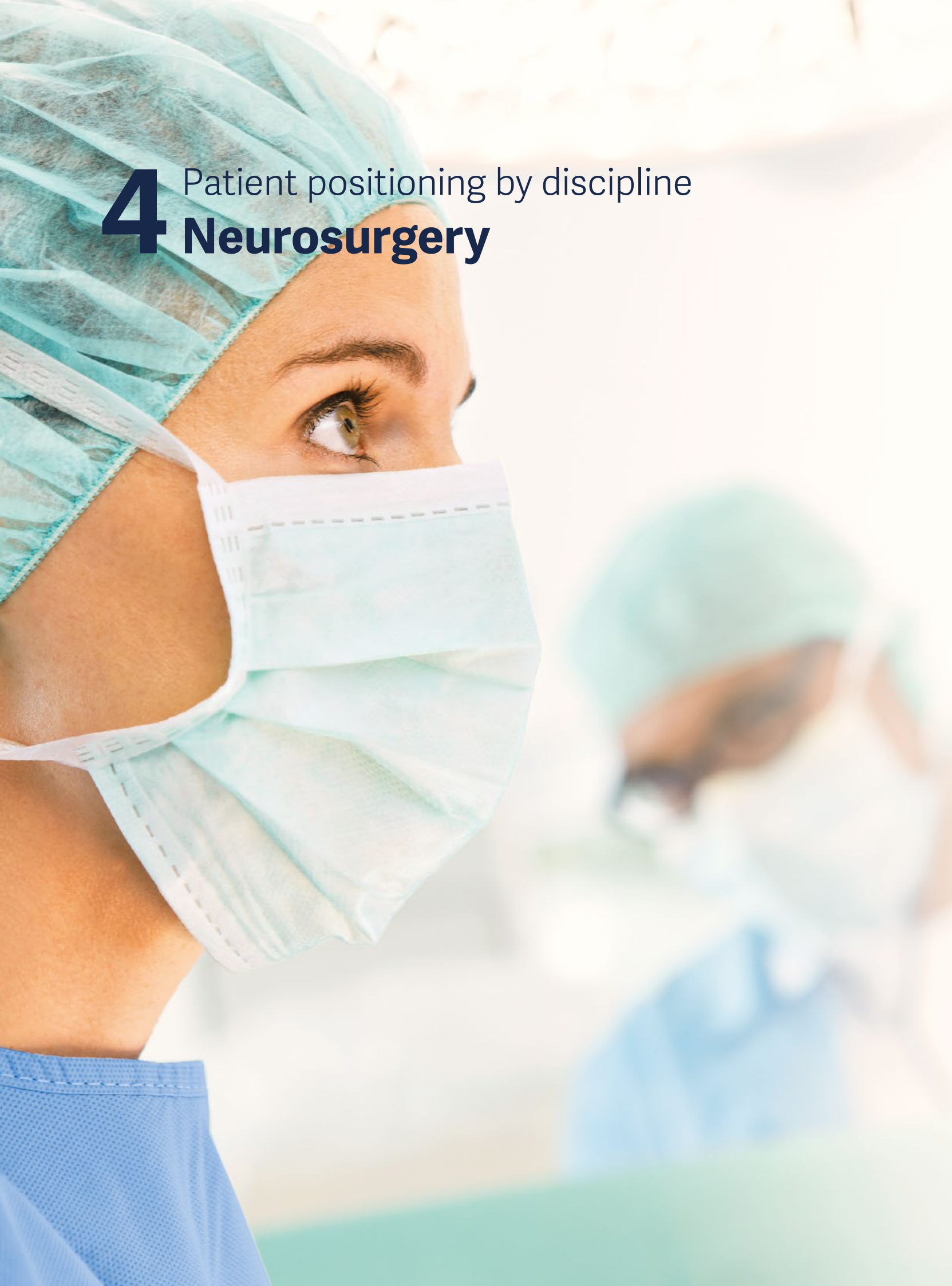
When using operating table systems, final patient positioning must only commence once the table top has been locked securely to the table column.

After the anesthetic induction the patient lies on the table top in supine position. The head is placed on a horseshoe head rest (8) with a fixture (6) to the back plate (3).

## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient onto the column (1) and, if necessary, longitudinal shift of the table top in head direction.
- ① Finely adjust the fixture (6) with horseshoe head rest (8) and move the head into the desired position. Check all screw connections on the fixture and the horseshoe head rest. Secure the patient's head with a strap.
- Attach the wrist support and check the screw connection.
- Position the arms: On the side where the surgeon is standing, the arm is positioned next to the body using an arm protector (10). The other arm is abducted using an arm posturing device (11) for anesthesia. Alternatively, both arms can be positioned with an arm protector (10).
- 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 knees.
- Secure the legs with a body strap (12).  
**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.

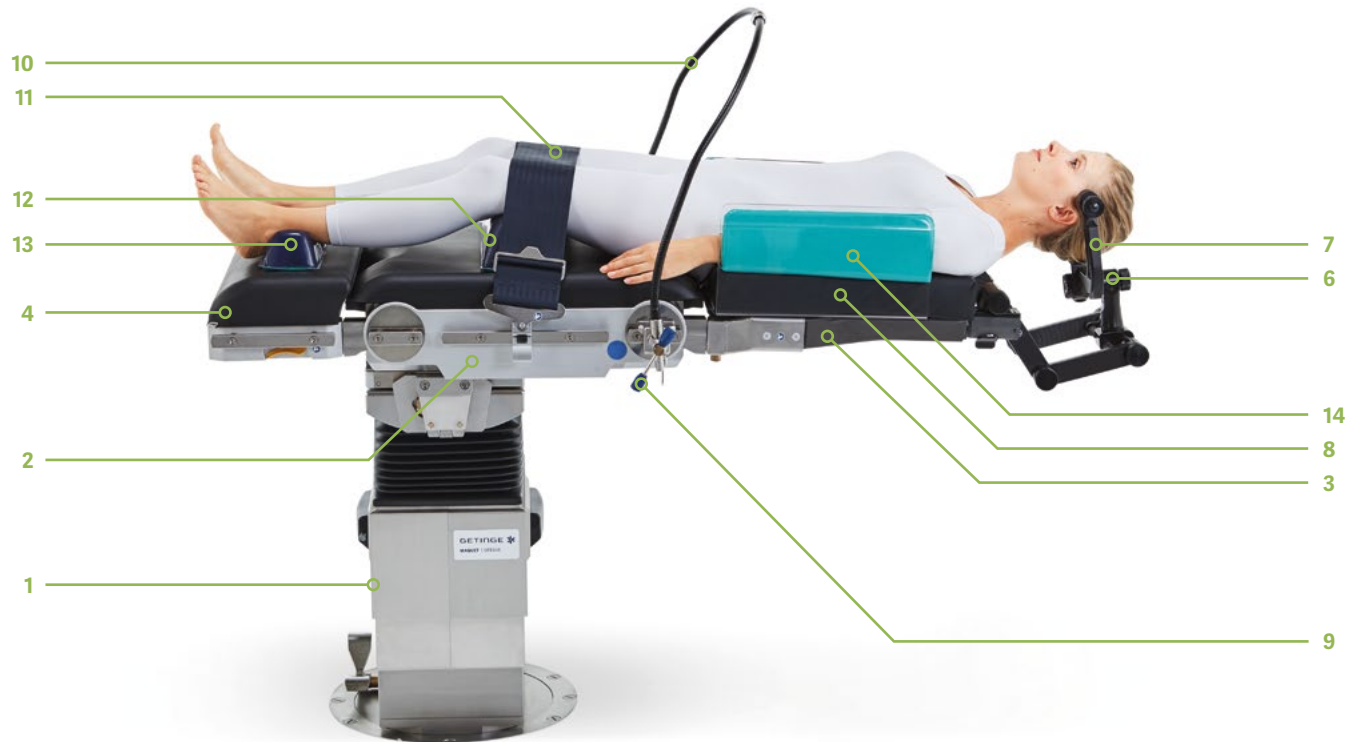


4 Patient positioning by discipline  
**Neurosurgery**

- 4.1 Supine position with carbon fiber back plate and head fixture with carbon fiber skull clamp
- 4.2 Supine position with back plate, connection bracket and head fixture in steel skull clamp
- 4.3 Sitting position with cross-bar attachment and head fixture in steel skull clamp
- 4.4 Park bench position
- 4.5 Prone position with carbon fiber back plate, skull clamp and 1-piece prone positioning pad
- 4.6 Prone position with carbon fiber back plate, skull clamp and 2-piece prone positioning pad

# 4.1 Supine position

with carbon fiber back plate and head fixture with carbon fiber skull clamp



### Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Carbon fiber back plate	1433.33AC
4	Back plate	1160.32X0
5	Head rest (not illustrated)	1002.82A0

### General side rail accessories

8	Arm protector (2x)	1001.40A0
9	Radial setting clamp (2x)	1003.23C0
10	Anesthesia frame	1002.54A0
11	Body strap	1001.56X0

### Positioning-specific accessories

6	Skull clamp holder	1005.48B0
7	Skull clamp	1005.49B0

### Positioning aids

12	Gel body roll	4006.2500
13	Heel pad	4006.1600
14	Leg holder pad	4600.1500



# 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 Maquet Otesus Operating Table System has a neuro-lock function to lock the motorized adjustment ranges of the table top and /or the entire OR table.

After the anesthetic induction the patient lies on the table top in supine position. The head is placed on a head rest (5).

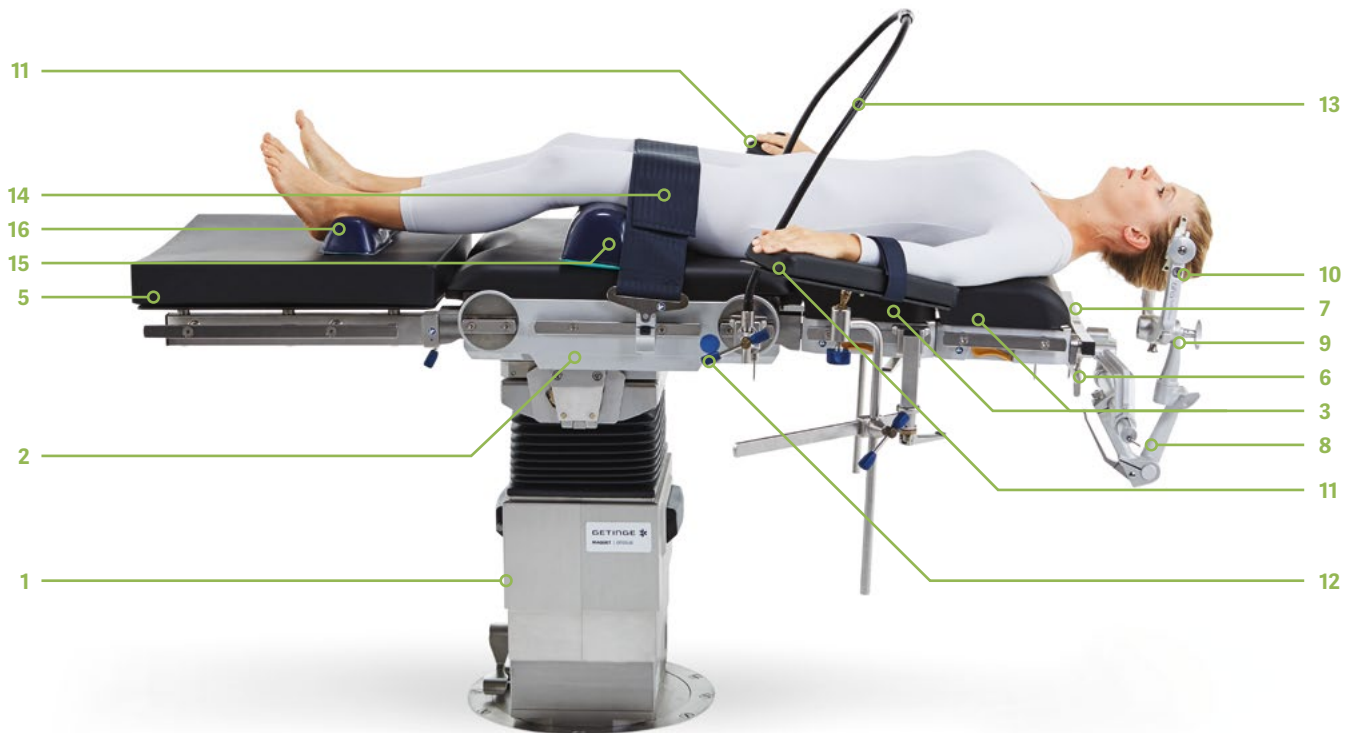
## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient onto the column (1) and, if necessary, longitudinal shift of the table top in head direction.
- Move the patient to the head end until the shoulders are placed at the upper edge of the back plate.
- The surgeon places the radiolucent skull clamp (7) onto the patient's head.
- Remove the head rest (5).
- ❗ The patient's head must be held.
- Mount the pre-mounted combination of skull clamp holder and skull clamp to the pin-mounting point of the carbon fiber back plate (3).
- Connect the skull clamp (7) to the skull clamp holder (6). Move the head into the desired position.
- ❗ Check all screw and clamp connections of the skull clamp and the holder.
- Place the arm protectors (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 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.

## 4.2 Supine position

with back plate, connection bracket and head fixture in steel skull clamp



### Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Back plate (2x)	1160.32X0
4	Head rest (not illustrated)	1160.64X0
5	Leg plate, 1-piece	1133.58BC

### Positioning-specific accessories

6	Head rest adapter	1130.81A0
7	Connection bracket	1130.54B0
8	Standard holder	1005.50A0
9	Connection clamp	1005.51A0
10	Skull clamp	1005.52C0

### General side rail accessories

11	Arm posturing device (2x)	1001.44X0
12	Radial setting clamp (2x)	1003.23C0
13	Anesthesia frame	1002.54A0
14	Body strap	1001.56B0

### Positioning aids

15	Gel body roll	4006.2500
16	Heel pad	1006.1600

# 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 Maquet Otesus Operating Table System has a neuro-lock function to lock the motorized adjustment ranges of the table top and /or the entire OR table.

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

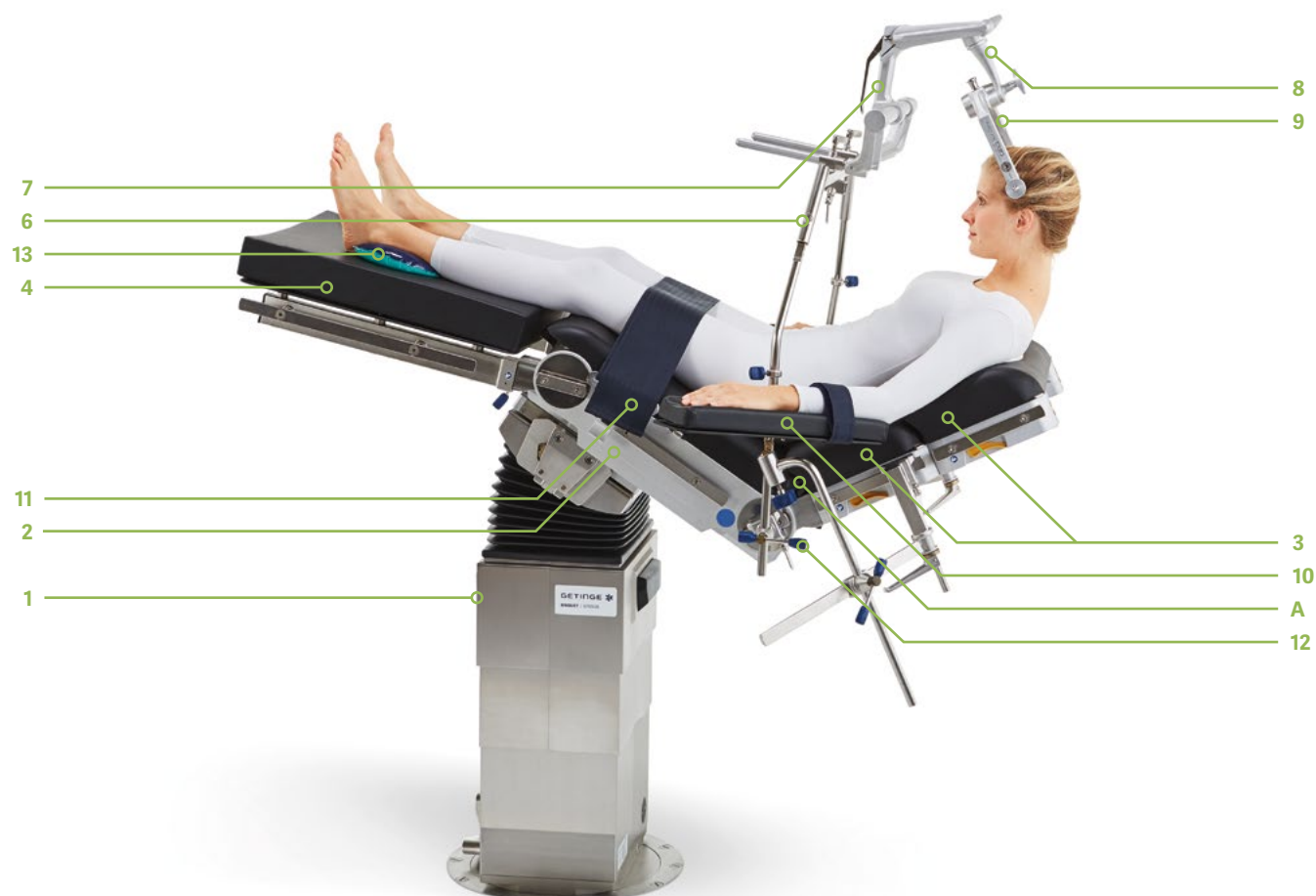
## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient onto the column (1), and if necessary, longitudinal shift of the table top in the head direction.
- Move the patient to the head end until the shoulders are situated at the upper edge of the back plate (3).
- The surgeon places the skull clamp (10) onto the patient's head.
- Remove the head rest (4), mount the connection bracket (7), mount the standard holder (8) and the connection clamp (9).
- ① The patient's head must be held.
- Connect the skull clamp (10) to the connection clamp (9). Move the head into the desired position.
- ① Check all screw and clamp connections on the skull clamp and the holder.
- Example for positioning the arms: Both arms are positioned on an arm posturing device (11). One arm is positioned next to the body, the other is abducted for anesthesia. Alternatively, both arms can be abducted.
- 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.  
**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 is 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 cross-bar attachment and head fixture in steel skull clamp



### Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Back plate (2x)	1160.32X0
4	Leg plate, 1-piece	1133.58BC
5	Head rest (not illustrated)	1160.64X0

### Positioning-specific accessories

6	Cross-bar attachment	1005.2300
7	Standard holder	1005.50A0
8	Connection clamp	1005.51A0
9	Skull clamp	1005.52C0

### General side rail accessories

10	Arm posturing device (2x)	1001.44F0
11	Body strap	1001.59X0
12	Radial setting clamp (2x)	1003.23C0

### Positioning aids

13	Heel pad	4006.2900
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# 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 Maquet Otesus Operating Table System has a neuro-lock function to lock the motorized adjustment ranges of the table top and /or the entire OR table.

After the anesthetic induction the patient lies on the table top in supine position. The head is placed on a head rest (5).

## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient onto the column (1).
- Position the patient with the acetabulum at the lower edge of the motorized back plate (A).
- Place the patient stepwise into a sitting position.  
**Tip:** Alternate between the Trendelenburg and the raise torso setting. Lower legs in between. Pay attention to the positioning of the legs: The patient's calves 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 the skull clamp:  
Mount the radial setting clamps (12) to the back plate (3), both sides at the same height. Mount the cross-bar attachment (6). Attach the standard holder (7) and connection clamp (8) and pre-position.
- Fix and position the head to the skull clamp (9) and connect it to the connection clamp (8). Place the head into the desired position and fix the entire construction.
- ① Check all screw and clamp connections of the skull clamp and the holder.
- Lower or remove the head rest (5).
- Place the arm posturing devices (10) into the desired position and position the arms.
- 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 knees. If necessary, the calf part of the leg plate (4) can be unfolded slightly.
- 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.



## 4.4 Park bench position



### Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Back plate (2x)	1160.32X0
4	Head rest (not illustrated)	1160.64X0
5	Leg plate, 1-piece	1133.58BC

### Positioning-specific accessories

6	Head rest adapter	1130.81A0
7	Standard holder	1005.50A0
8	Connection clamp	1005.51A0
9	Skull clamp	1005.52C0
10	Trimano Fortis	1002.30A0
11	Arm board Trimano Fortis	1002.32A0
12	Arm rest with pin-joint arm	1002.49A0

### General side rail accessories

13	Fixture for body supports (1x)	1002.19C0
14	Pin-joint arm for body supports (2x)	1002.40A0
15	Back/buttocks support	1002.11A0
16	Lateral support	1002.11C0
17	Pubis-sacrum-sternum support	1002.11B0
18	Radial setting clamp (3x)	1003.23C0
19	Body strap	1001.59X0

### Positioning aids

20	Pillow for supine position (not illustrated)	4006.2100
21	Tunnel cushion	1000.77A0
22	Heel pad (not illustrated)	4006.2900
23	Leg holder pad (3x)	4006.1500
24	Pad for park bench position	4006.3200

# Positioning the patient

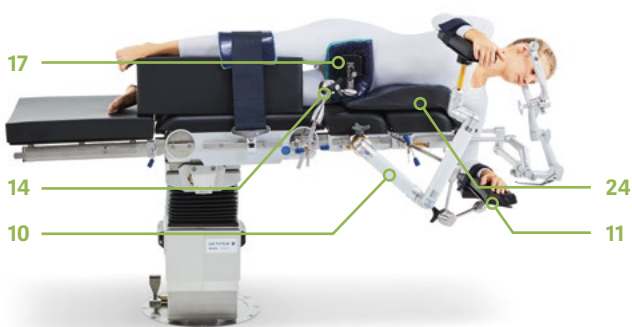
When using operating table systems, final patient positioning must only commence once the table top has been locked securely to the table column.

The Maquet Otesus Operating Table System has a neuro-lock function to lock the motorized adjustment ranges of the table top and /or the entire OR table.

After the anesthetic induction the patient lies on the table top in supine position. The head is placed on the head rest (4) with the help of a positioning aid (20).

## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient on the column (1).
- If needed, use longitudinal shift of the table top (2) in the direction of the head end.
- Mount and pre-position lateral supports (13–17), arm rest (12) and Trimano Fortis (10–11).
- Remove the head rest (4).
- 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 table top (make sure axilla is positioned freely), attach the upper arm to the pre-mounted Trimano Fortis, place the lower arm on the arm rest and lock it.
- ❗ 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 (7) and the connection clamp (8) and pre-position.
- Fix and position the head in the skull clamp (9) and connect it to the connection clamp (8). Place the head into the desired position and fix the entire construction.
- ❗ Check all screw and clamp connections on the skull clamp and the holder.
- Final positioning of the lateral supports.
- ❗ 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: Position the lower arm on the arm rest (12) and the upper arm with Trimano Fortis (10–11).
- ❗ Positioning of the tunnel cushion (21) and fixation of the legs with a body strap (19). Freely position the ankles with heel pads (22) and relieve pressure.
- ❗ Check all screw and clamp connections.
- The positioning has to be removed in reverse order after the operation.

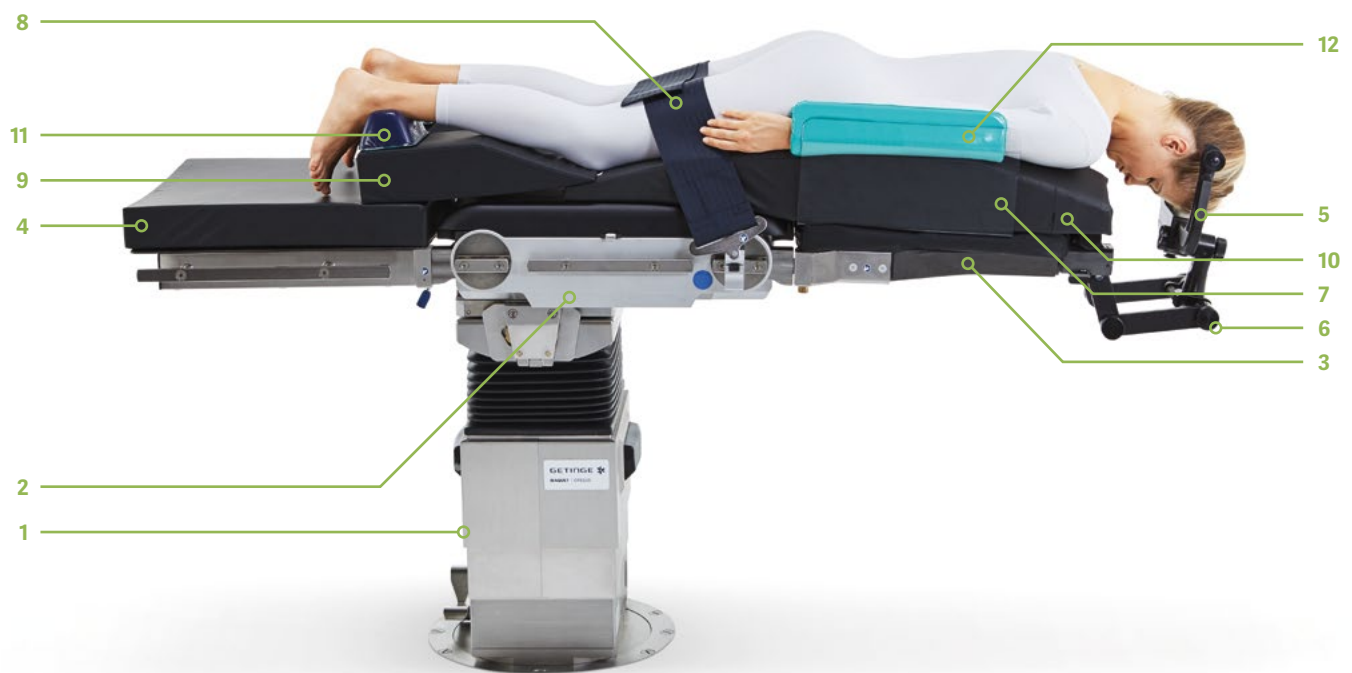


Park bench position in front view.

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

# 4.5 Prone position

with carbon fiber back plate, skull clamp and 1-piece prone positioning pad



Basic configuration		
1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Carbon fiber back plate	1433.33AC
4	Leg plate, 1-piece	1133.58BC

General side rail accessories		
7	Arm protector (2x)	1001.40A0
8	Body strap	1001.56B0

Positioning-specific accessories		
5	Skull clamp	1005.49B0
6	Skull clamp holder	1005.48B0

Positioning aids		
9	Plexus cushion	1000.6900
10	Pad for prone position, 1-piece	4006.3100
11	Heel pad (2x)	4006.1600
12	Leg holder pad (2x)	4006.1500

# 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 anesthetization of the patient is done on a separate table top.

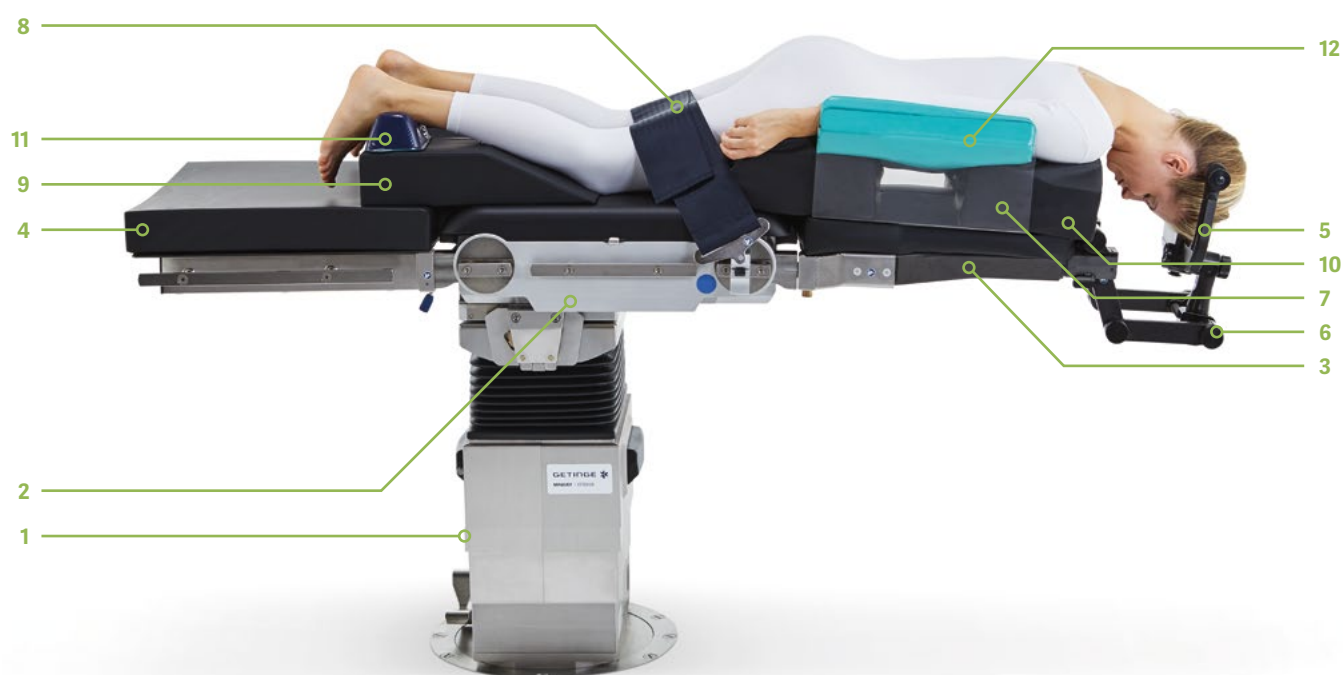
## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient to the column (1). Longitudinal shift as far as possible in the direction of the head end.
- Adjust the positioning aids in line with the patient's anatomy.
- Axially turn the patient from the second table top to the pre-configured table top (2), and adjust positioning aids if necessary.
- Ensure that the toes are freely positioned and that the pressure on the patella is minimized.
- Finely adjust the skull clamp holder (6) with the skull clamp (5) and move the head into the desired position.
- Check all screw connections on the skull clamp holder and the skull clamp. Secure the patient's head in the skull clamp.
- Position the arms: Both arms can be positioned next to the body using an arm protector (7). Alternatively, the arm on the side where the surgeon is standing, is positioned with an arm protector (7). The other arm is abducted using an arm posturing device for anesthesia.
- Mount further side rail accessories.
- Secure the legs with a body strap (8).  
**Tip:** A flat hand should 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.

## 4.6 Prone position

with carbon fiber back plate, skull clamp and 2-piece prone positioning pad



### Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Carbon fiber back plate	1433.33AC
4	Leg plate, 1-piece	1133.58BC

### Positioning-specific accessories

5	Skull clamp	1005.49B0
6	Skull clamp holder	1005.48B0

### General side rail accessories

7	Arm protector (2x)	1001.40A0
8	Body strap	1001.56B0

### Positioning aids

9	Plexus cushion	1000.6900
10	Pad for prone position	1000.68C0
11	Heel pad (2x)	4006.1600
12	Leg holder pad (2x)	4006.1500

# 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 anesthetization of the patient is done on a separate table top.

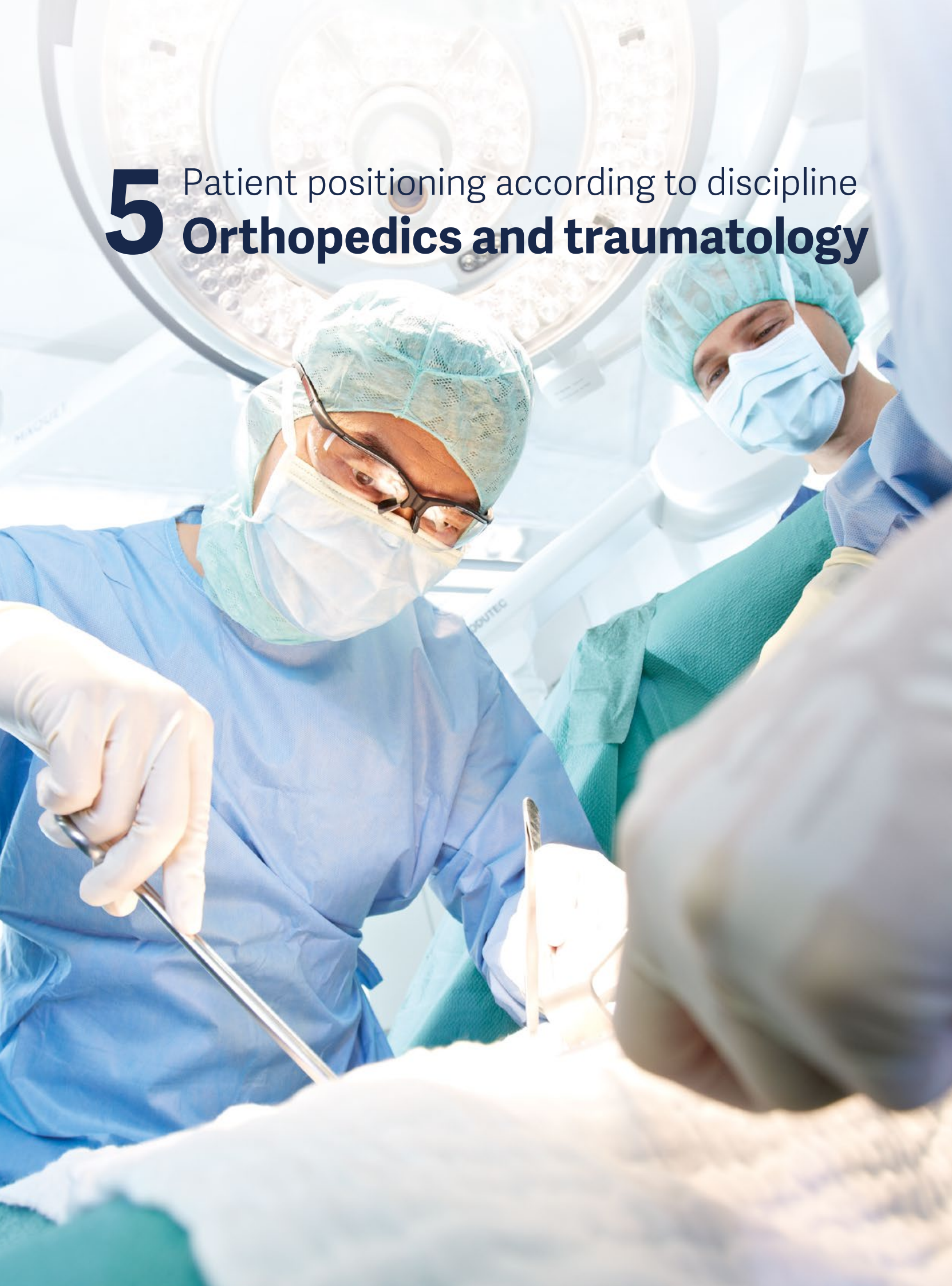
## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient to the column (1). Longitudinal shift as far as possible in the direction of the head end.
- Adjust the positioning aids in line with the patient's anatomy.
- Axially turn the patient from the second table top to the pre-configured table top (2), and adjust positioning aids if necessary.
- Ensure that the toes are freely positioned and that the pressure on the patella is minimized.
- Finely adjust the skull clamp holder (6) with the skull clamp (5) and move the head into the desired position.
- ⓘ Check all screw connections on the skull clamp holder and the skull clamp. Secure the patient's head in the skull clamp.
- Position the arms: Both arms can be positioned next to the body using an arm protector (7). Alternatively, the arm on the side where the surgeon is standing, is positioned with an arm protector (7). The other arm is abducted using an arm posturing device for anesthesia.
- Mount further side rail accessories.
- Secure the legs with a body strap (8).  
**Tip:** A flat hand should 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 Patient positioning according to discipline **Orthopedics and traumatology**



- 5.1 Prone position with standard configuration and prone positioning pad
- 5.2 Prone position with long carbon fiber back plate, reverse positioning
- 5.3 Prone position on carbon fiber table top for spinal surgery
- 5.4 Vascular surgery upper extremities and the axilla area with hand operating table and carbon fiber components
- 5.5 Forearm treatment with hand operating table in supine position
- 5.6 Supine position with short carbon fiber back plate and horseshoe head rest
- 5.7 Supine position with long carbon fiber back plate, reverse positioning
- 5.8 Prone position for elbow operations
- 5.9 Beach chair position with carbon fiber back plate and Trimano Fortis
- 5.10 Beach chair position with short back plate for shoulder operations
- 5.11 Supine position on carbon fiber table top for pelvic surgery, reverse positioning
- 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 perineal support
- 5.17 Femur treatment in lateral position with femur countertraction post
- 5.18 Tibia treatment with countertraction post, joint adapter and traction stirrup
- 5.19 Tibia treatment with countertraction post and traction stirrup
- 5.20 Tibia treatment with countertraction post, healthy leg on universal support
- 5.21 Supine position with short carbon fiber back plate and skull clamp
- 5.22 Prone position with carbon fiber back plate, skull clamp and 2-piece pad for prone position

# 5.1 Prone position

with standard configuration  
and prone positioning pad



Basic configuration		
1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Back plate (2x)	1160.32X0
4	Head rest (alternative: 1160.53X0)	1160.64X0
5	Seat plate elongation	1160.55X0

General side rail accessories		
6	Radial setting clamp	1003.23C0
7	Anesthesia screen	1002.57A0
8	Anesthesia screen extension	1002.59A0
9	Body strap	1001.56B0
10	Arm posturing device (2x)	1001.44X0

Positioning aids		
11	Pillow for prone position	4006.1900
12	Pad for prone position, 1-piece	4006.3100
13	Gel body roll	4006.2500

# 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 anesthetization of the patient is done on a separate table top.

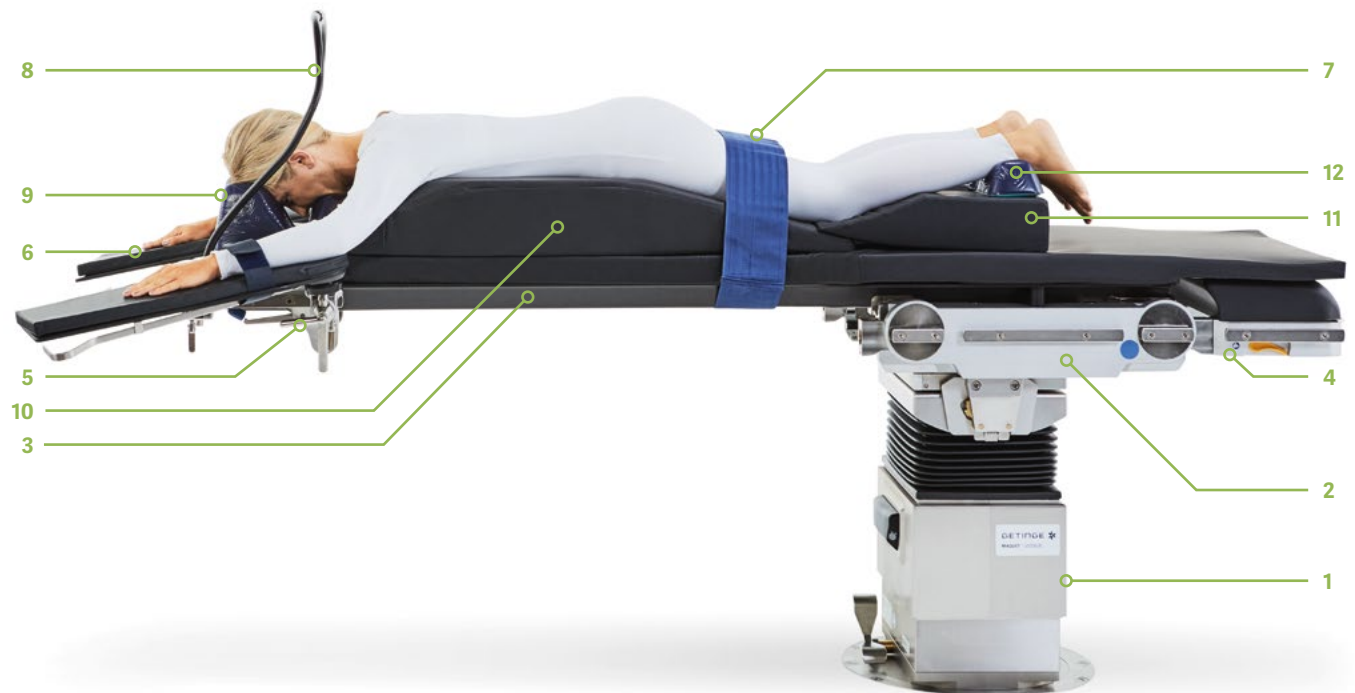
## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient to the column (1). Longitudinal shift as far as possible in the direction of the head end.
- Adjust the positioning aids in line with the patient's anatomy.
- Axially turn the patient from the second table top to the pre-configured table top (2–5) and adjust positioning aids if necessary.
- ① Ensure that the toes are freely positioned and that the pressure on the patella is minimized.
- Position the head and the arms: Adapt the arm posturing devices (10) to the side rails at shoulder height and position the arms (see introduction under general information).
- Mount further side rail accessories.
- Secure the legs with a body strap (9).  
**Tip:** A flat hand should 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.

## 5.2 Prone position

with long carbon fiber back plate,  
reverse positioning



### Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Carbon fiber back plate	1160.45AC
4	Back plate	1160.32X0
5	Accessory adapter	1180.72A0

### General side rail accessories

6	Arm support (2x)	1001.6000
7	Body strap	1001.58A0
8	Anesthesia frame	1002.54A0

### Positioning aids

9	Pillow for prone position	4006.1900
10	Pad for prone position, 1-piece	4006.3100
11	Plexus cushion	1000.6900
12	Heel pad	4006.1600



# 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 anesthetization of the patient is done on a separate table top.

## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient to the column (1). Longitudinal shift as far as possible in the direction of the head end, if needed.
- Adjust the positioning aids in line with the patient's anatomy.
- Axially turn the patient from the second table top to the pre-configured table top (2–4), and adjust positioning aids if necessary.
- ① Ensure that the toes are freely positioned and that the pressure on the patella is minimized.
- Position the head and the arms: Adapt the arm supports (6) to the side rails of accessory adapter at shoulder height and position the arms (see introduction under general information).
- Mount further side rail accessories.
- Secure the legs with a body strap (7).  
**Tip:** A flat hand should 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.



## 5.3 Prone position

on carbon fiber table top  
for spinal surgery



### Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Carbon fiber table top	1150.16B0
3	Head rest*	1150.71B0
4	Accessory adapter	1150.72A0

### General side rail accessories

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

6	Pillow for prone position	4006.1900
7	Pad	1000.5600
8	Pad	1003.7400

\* Supplied with the table top.

# 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 anesthetization of the patient is done on a separate table top.

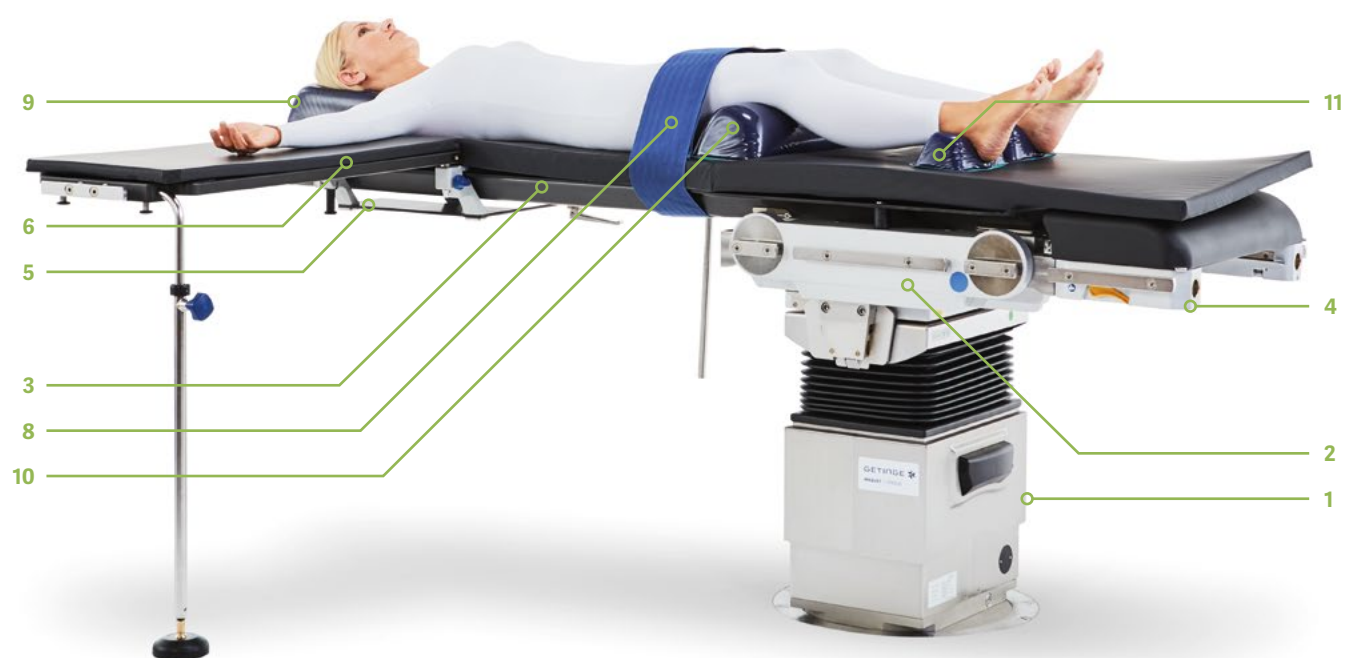
## Then proceed as follows:

- Transfer the pre-configured table top (2–4) and longitudinal shift as far as possible in the direction of the head end.
- Adjust the positioning aids in line with the patient's anatomy.
- Axially turn the patient from the second table top to the pre-configured table top (2), and adjust positioning aids if necessary.
- ① Ensure that the toes are freely positioned and that the pressure on the patella is minimized.
- Position the head and the arms: Adapt the arm posturing devices (5) to the side rails of accessory adapter at shoulder height and position arms (see introduction under general information).
- 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.

## 5.4 Vascular surgery

Upper extremities and the axilla area with hand operating table and carbon fiber components



### Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Carbon fiber back plate	1160.45AC
4	Back plate	1160.32X0

### Positioning-specific accessories

5	Adapter for carbon fiber table top	1001.64X0
6	Hand operating table	1001.63A0

### General side rail accessories

7	Arm posturing device (not illustrated)	1001.44F0
8	Body strap	1001.58A0

### Positioning aids

9	Pillow for supine position	4006.2100
10	Gel body roll	4006.2500
11	Heel pad	4006.1600

# 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 anesthetization is done on the pre-configured table top (2–4). The head is placed on the carbon fiber back plate (3) with a positioning aid (9). The patient lies on the table top in supine position.

For smaller patients the back plate (4) is not necessary.

The table top is constructed in reverse order.

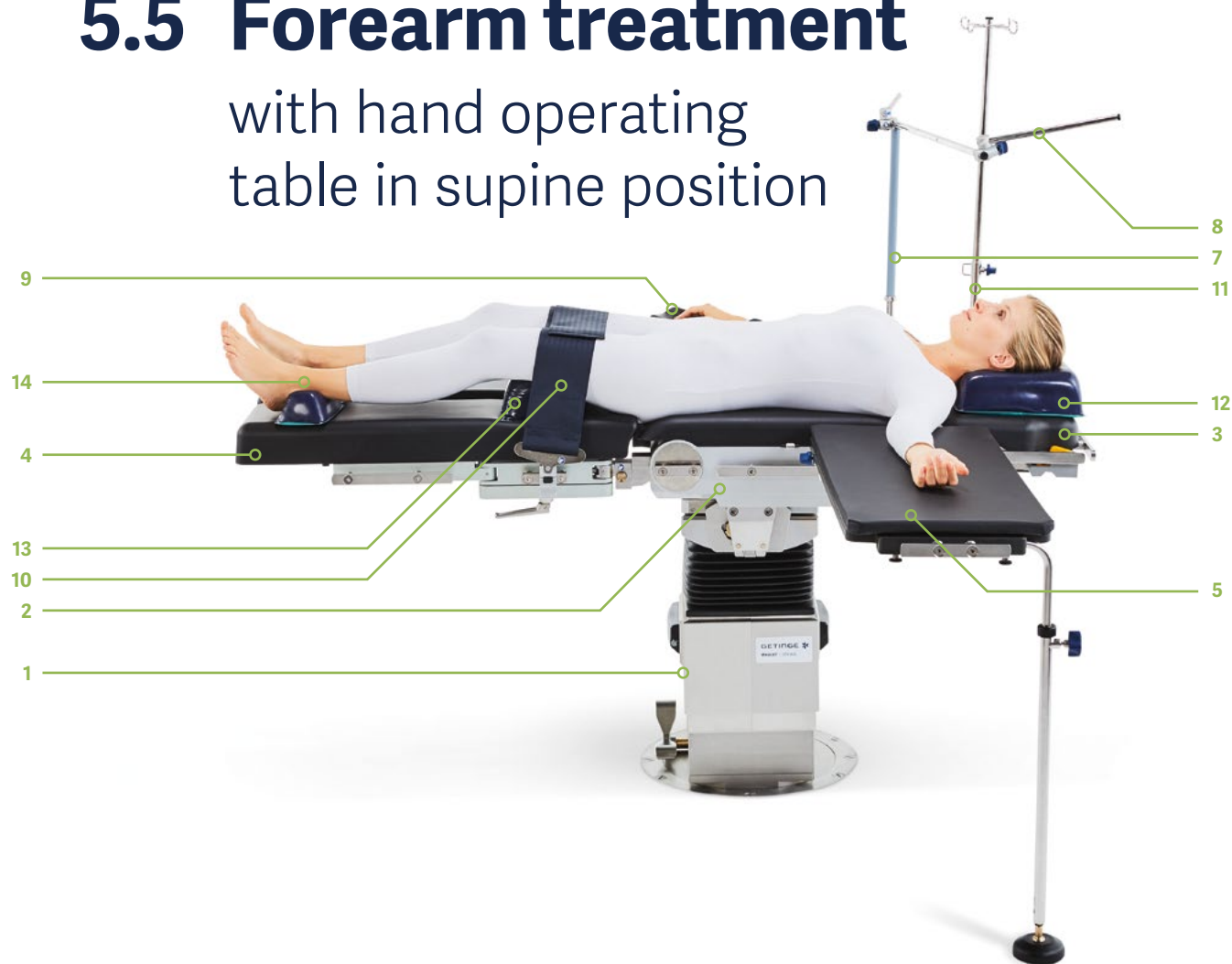
## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient onto the column (1).
- Mount the hand operating table (6) to the adapter (5), adjust the height at the level of the pad and mount the support bar.
- Position the arms: Position the arm to be operated on the hand operating table (6). The other arm is abducted on an arm posturing device (7) for anesthesia.
- 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:** Position two fingers breadth above the knee joint, a flat hand should 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.

# 5.5 Forearm treatment

with hand operating table in supine position



### Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Head rest	1160.64X0
4	Leg plates, 2-pieces	1160.50AC

### Positioning-specific accessories

5	Hand operating table	1001.63A0
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### General side rail accessories

6	Radial setting clamp (2x) (not illustrated)	1003.23C0
7	Anesthesia screen	1002.57A0
8	Anesthesia screen extension	1002.59A0
9	Arm posturing device	1001.44F0
10	Body strap	1001.56B0
11	Infusion stand	1009.01C0

### Positioning aids

12	Pillow for supine position	4006.2100
13	Gel body roll	4006.2500
14	Heel pad	4006.1600

# 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 anesthetization is done on the pre-configured table top (2–4). The patient lies on the table top in supine position. The head is placed on a positioning aid (12) on the head rest (3).

## Then proceed as follows:

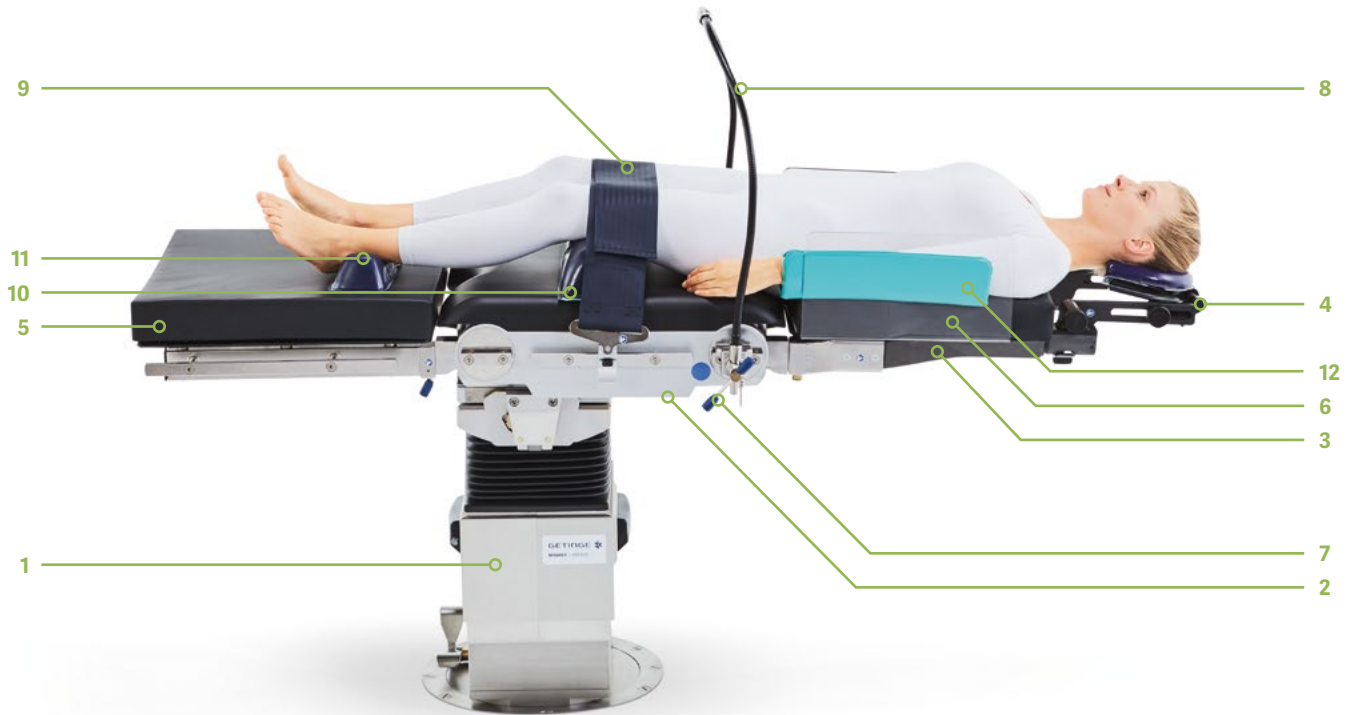
- Transfer of table top (2) with anesthetized patient onto the column (1).
  - Mount the hand operating table (5) to the table top with a radial setting clamp (6), adjust the height at the level of the pad and mount the support bar.  
**Tip:** If the patient is conscious, slightly raise the torso, align the hand operating table with the radial setting clamp.
  - Position the arms: Position the arm to be operated on the hand operating table (5). The other arm is abducted on an arm posturing device (9) 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 patient's legs should be slightly bent to prevent overextension of the knees.
  - Secure the legs with a body strap (10).  
**Tip:** A flat hand should 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.



# 5.6 Supine position

with short carbon fiber back plate and horseshoe head rest



Basic configuration		
1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Carbon fiber back plate	1433.33AC
4	Horseshoe head rest	1002.03A0
5	Leg plate, 1-piece	1133.58BC

General side rail accessories		
6	Arm protector (2x)	1001.40A0
7	Radial setting clamp (2x)	1003.23C0
8	Anesthesia frame	1002.54A0
9	Body strap	1001.56B0

Positioning aids		
10	Gel body roll	4006.2500
11	Heel pad	4006.1600
12	Leg holder pad (2x)	4006.1500

# 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 anesthetization is done on the pre-configured table top (2–4). The patient lies on the table top in supine position. The head is pre-positioned on the horseshoe head rest (4).

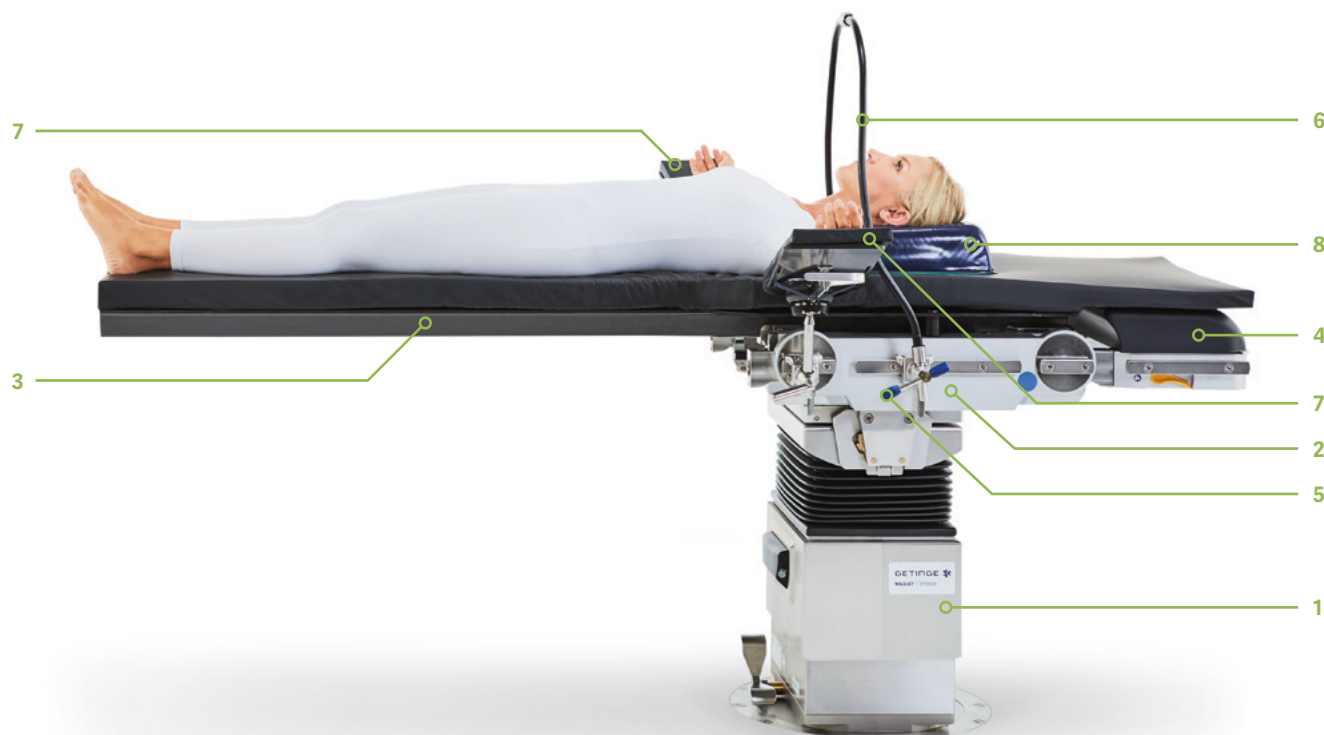
## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient onto the column (1).
  - If needed, use longitudinal shift of the table top (2) 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 with the arm protectors (6).
  - 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 knees.
  - Secure the legs with a body strap (9).  
**Tip:** A flat hand should 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.

# 5.7 Supine position

## with long carbon fiber back plate



Basic configuration		
1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Carbon fiber back plate	1160.45AC
4	Back plate	1160.32X0

General side rail accessories		
5	Radial setting clamp (2x)	1003.23C0
6	Anesthesia frame	1002.54A0
7	Arm posturing device (2x)	1001.6000

Positioning aids		
8	Pillow for supine position	4006.2100

# 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 anesthetization is done on the pre-configured table top (2–4). The patient lies on the table top in supine position. The head is positioned on the pillow for supine position (8).

The table top is constructed in reverse order.

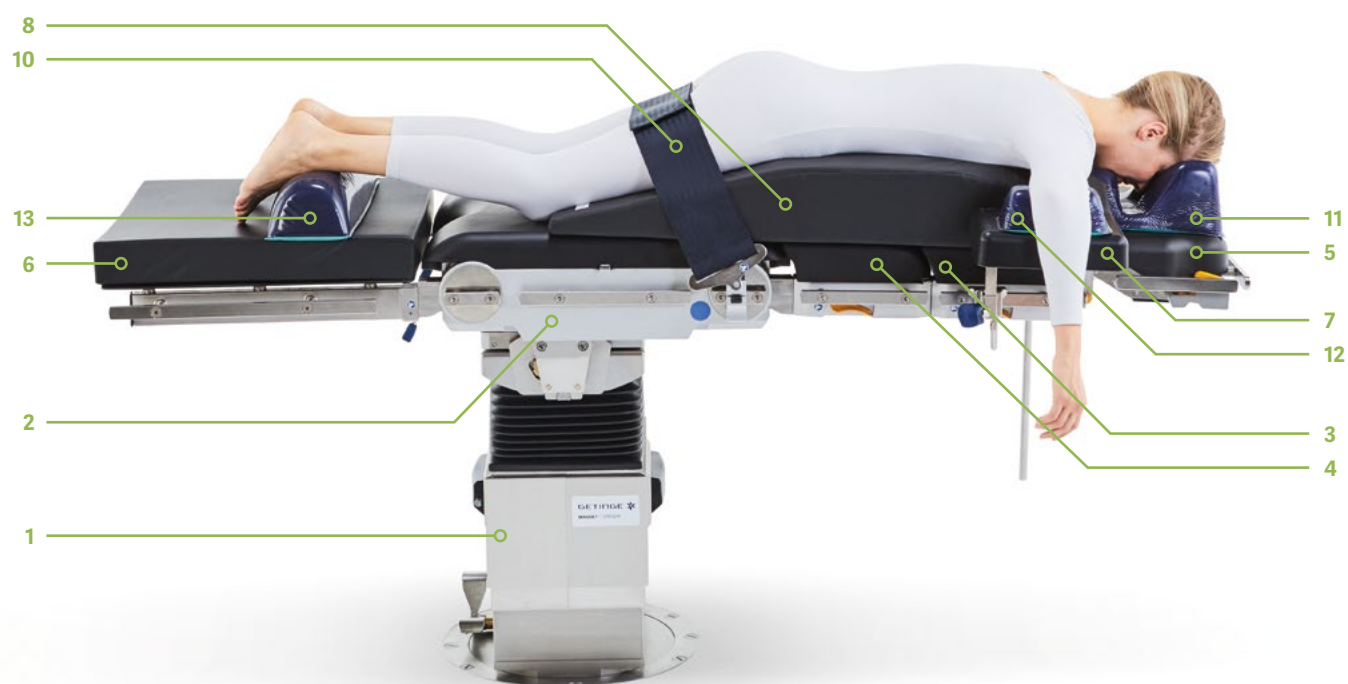
## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient onto the column (1).
- If needed, use longitudinal shift of the table top (2) in the direction of the foot end.
- Fasten the arm posturing devices (7) onto the side rail of the universal table top (2) and position the arms.
- Mount 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, secure the legs with a body strap (8).  
**Tip:** Position two fingers breadth above the knee joint, a flat hand should 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.

# 5.8 Prone position

## for elbow operations



### Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Back plate	1160.32X0
4	Seat plate elongation	1160.55X0
5	Head rest	1160.64X0
6	Leg plate, 1-piece	1133.58BC

### Positioning-specific accessories

7	Upper arm posturing plate	1001.45C0
8	Pad for prone position, 1-piece	4006.3100

### General side rail accessories

9	Arm posturing device (not illustrated)	1001.44X0
10	Body strap	1001.56B0

### Positioning aids

11	Pillow for prone position	4006.1900
12	Heel pad	4006.1600
13	Gel body roll	4006.2500

# 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 anesthetization of the patient is done on a separate table top.

## Then proceed as follows:

- Transfer the pre-configured table top (2–7) and longitudinal shift as far as possible in the direction of the head end.
- Adjust the positioning aids in line with the patient's anatomy.
- Axially turn the patient via the healthy side from the second table top to the pre-configured table top and adjust positioning aids if necessary.
- ① Ensure that the toes are freely positioned and that the pressure on the patella is minimized.
- Positioning of the head and the arms: Position the arm to be operated on the upper arm posturing plate (7). Adapt the arm posturing devices (9) for the healthy arm at the side rails at shoulder height and position the arm (see introduction under general information).
- Mount further side rail accessories.
- Secure the legs with a body strap (10).  
**Tip:** A flat hand should 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.



Alternative positioning with Trimano Fortis.

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



# 5.9 Beach chair position

with carbon fiber back plate and Trimano Fortis



### Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Leg plates, 2-pieces	1160.50AC

### Positioning-specific accessories

4	Carbon fiber back plate	1433.34AC
5	Head support for shoulder operations	1002.15A0
6	Head rest adapter	1002.10A0
7	Trimano Fortis	1002.30A0
8	Trimano Fortis adapter	1002.31A0
9	Trimano arm rest	1002.43B0

Front view of beach chair position

### General side rail accessories

10	Arm posturing device	1001.44X0
11	Radial setting clamp (not illustrated)	1003.23C0
12	Anesthesia screen	1002.57A0
13	Anesthesia screen extension	1002.59A0
14	Body strap	1001.59B0

### Positioning aids

15	Heel pad	4006.1600
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# Positioning the patient

When using operating table systems, the final patient positioning can only start when the table top has been locked securely to the table column

During entry, the patient may already be positioned in the opened head support (5).

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

The table top is set up in reverse order.

## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient onto the column (1).
- Position the patients with the acetabulum above the motorized leg plate mounting point, if necessary pull the patient to the edge of the table top.
- Place the patient stepwise into a sitting position.  
**Tip:** Alternate between the Trendelenburg and the raise torso setting. Lower legs in between. The head is secured during the entire procedure.
- ❗ 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 in the head support (5), check the 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 (10) into the final position.
- Anatomically correct positioning of the positioning aids and mount 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 (14).  
**Tip:** Position two fingers breadth above the knee joint, a flat hand should fit between the strap and the patient.
- Mount the Trimano Fortis to the side rail.
- Preparatory measurements for the implementation of Trimano Fortis: Attach the sterile sheath (1002.44A0) to the sterile adapter (8) and attach the white sterile disposable pad to the resterilizable arm rest . (Alternative: Mount the sterile disposable arm rest to Trimano Fortis.)
- ❗ Sterile covering of Trimano Fortis:
  - If the surgeon is sterile, the Trimano Fortis must be covered with the sterile sheath prior to disinfection.
  - If the surgeon is not sterile, Trimano Fortis must be covered with the sterile sheath after disinfection of the operating area but before covering the patient.
- Once the arm to be operated has been disinfected and covered with sterile drapes, fasten it to the prepared arm rest (9).  
**Tip:** First fix the arm rest to the adapter, then fix the arm to be operated to the arm rest with an elastic bandage.
- ❗ 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 short back plate for shoulder operations



## Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Back plate (2x)	1160.32X0
4	Seat plate elongation	1160.55X0

## General side rail accessories

8	Arm posturing device (2x)	1001.44X0
9	Radial setting clamp	1003.23C0
10	Anesthesia screen	1002.57A0
11	Anesthesia screen extension	1002.59A0
12	Body strap	1001.56B0

## Positioning-specific accessories

5	Back plate for shoulder operations (positioned on trolley 1007.20XX)	1132.34A0
6	Head support for shoulder operations	1002.15A0
7	Lateral support	1002.36A0

## Positioning aids

13	Heel pad	4006.2900
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# 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.

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

During entry the patient may already be positioned in the opened head support (6).

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

## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient onto the column (1).
- Position the patient with the acetabulum above the motorized back plate.
- Place the patient stepwise into a sitting position.  
**Tip:** Alternate between the Trendelenburg and the raise torso setting. Lower legs in between. The head is secured during the entire procedure.
- ❗ 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 in the head support (6), 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 to the side.
- Mount a lateral support (7) if necessary.
- Place the arms on the arm posturing device (8) into their final position.
- Anatomically correct positioning of the positioning aids and mount 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 (12).  
**Tip:** Position two fingers breadth above the knee joint, a flat hand should 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.



Side view of beach chair position.

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

## 5.11 Supine position

on carbon fiber table top for pelvic surgery, reverse positioning



### Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Carbon fiber table top	1150.16B0
3	Head rest*	1150.71B0

\* Supplied with the table top.

# 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.

After anesthetic induction the patient is positioned on the carbon fiber table top.

## **Then proceed as follows:**

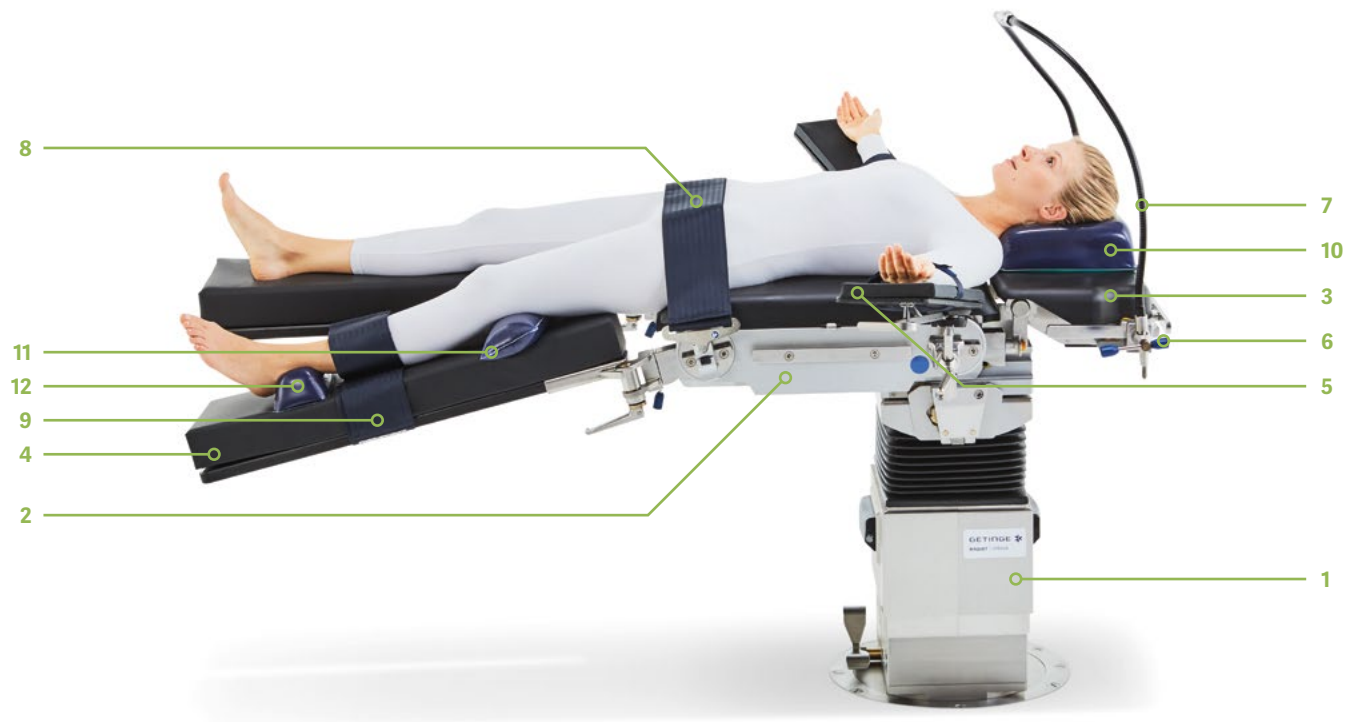
- Transfer of table top (2) with anesthetized patient onto the column (1).
- Longitudinal shift of the table top (2) in the direction of the foot end.

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 Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Head rest	1160.64X0
4	Pair of carbon fiber leg plates	1133.67BC

General side rail accessories		
5	Arm posturing device (2x)	1001.6000
6	Radial setting clamp (2x)	1003.23C0
7	Anesthesia frame	1002.54A0
8	Body strap	1001.56B0
9	Leg restrain cuff	1001.4700

Positioning aids		
10	Pillow for supine position	4006.2100
11	Universal positioner	4006.1000
12	Heel pad	4006.1600

# 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.

Ensure that the patient is properly positioned: 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 to enable correct anatomical movement when adjusting the table top or the leg plates.

## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient onto the column (1).
- Place the arm posturing devices (5) into the desired position and position the arms.
- If necessary, lower the leg not to be operated with a single leg plate adjustment of the table top.
- 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 healthy leg of the patient should be slightly bent to prevent overextension of the knees.
- Secure the legs with a body strap (8).  
**Tip:** A flat hand should 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.

# 5.13 Femur treatment

in supine position,  
traction on the extended leg



Basic configuration		
1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Back plate	1160.32X0
4	Plate for traction incl. accessory set (not illustrated)	1160.59BC
5	Leg plates, 2-pieces (not illustrated)	1150.64E0

Positioning-specific accessories		
6	Foot plate	1001.97A0
7	Extension shoe	1003.67A0
8	Foot plate mount*	1003.49B0
9	Screw tension device*	1003.3700
10	Rotating and tilting clamp*	1003.34A0
11	Traction bar set with countertraction post*	1003.59C0
12	Bar extension	1003.54A0

General side rail accessories		
13	Arm support	1001.6000
14	Arm rest with pin-joint arm	1002.49A0
15	Pin-joint arm for body supports	1002.40A0
16	Lateral support	1002.11C0
17	Radial setting clamp (3x)	1003.23C0
18	Anesthesia screen	1002.57A0
19	Anesthesia screen extension	1002.59A0

Positioning aids		
20	Pillow for supine position (not illustrated)	4006.2100
21	Leg holder pad	4006.1500

\* Supplied with the plate for traction incl. accessory set.

# Positioning the patient and repositioning of the fracture

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 done on the extension table top. Afterwards the patient is in supine position and a positioning aid (20) is used to position the head on the back plate (3). The legs are positioned on the leg plates (5).

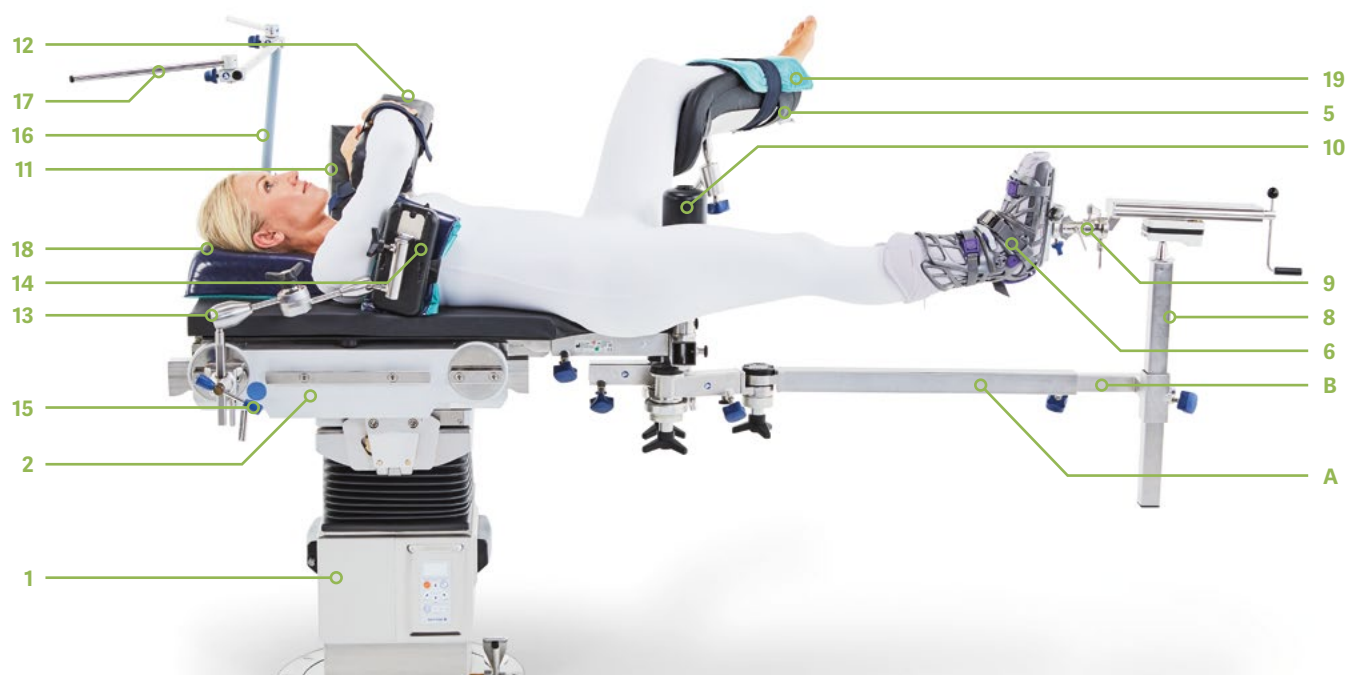
## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient onto the column (1).
  - Mount the traction bars (A) and telescopic bars (B) to the central mounting point.  
**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 (9) to the telescopic bar (B) on the side to be operated.
  - Mount the rotating and tilting clamp (10) to the screw tension device (9).
  - Attach the extension shoe (7) to the rotating and tilting clamp (10).
  - Mount the foot plate mount (8) on the telescopic bar (B) to the side not to be operated.
  - Mount the foot plate (6) to the foot plate mount (8). If necessary, add bar extension (12).
  - Remove the seat plate segment on the side to be operated and mount the padded countertraction post (11).
  - 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 (6), 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 (5).
  - Position the arms: Abduct the not to be operated arm onto an arm support (13). Place the arm on the operating side on the arm rest (14) (see introduction under general information).
  - Attach and pad the lateral support (15–17) to the side to be operated.
  - Mount the anesthesia screen (17–18) 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 Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Plate for traction incl. accessory set (not illustrated)	1160.59BC
4	Leg plates, 2-pieces (not illustrated)	1150.64E0

### Positioning-specific accessories

5	Leg holder	1001.65A0
6	Extension shoe	1003.67XX
7	Side rail extension* (not illustrated)	1004.91A0
8	Screw tension device*	1003.37XX
9	Rotating and tilting clamp*	1003.34XX
10	Traction bar set with countertraction post*	1003.59C0

### General side rail accessories

11	Arm support	1001.6000
12	Arm rest with pin-joint arm	1002.49A0
13	Pin-joint arm for body supports	1002.40A0
14	Lateral support	1002.11C0
15	Radial setting clamp (3 x)	1003.23C0
16	Anesthesia screen	1002.57A0
17	Anesthesia screen extension	1002.59A0

### Positioning aids

18	Pillow for supine position	4006.2100
19	Leg holder pad	4006.1500


\* Supplied with the plate for traction incl. accessory set.

# Positioning the patient and repositioning of the fracture

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 done on the extension table top. Afterwards the patient lies on the 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:

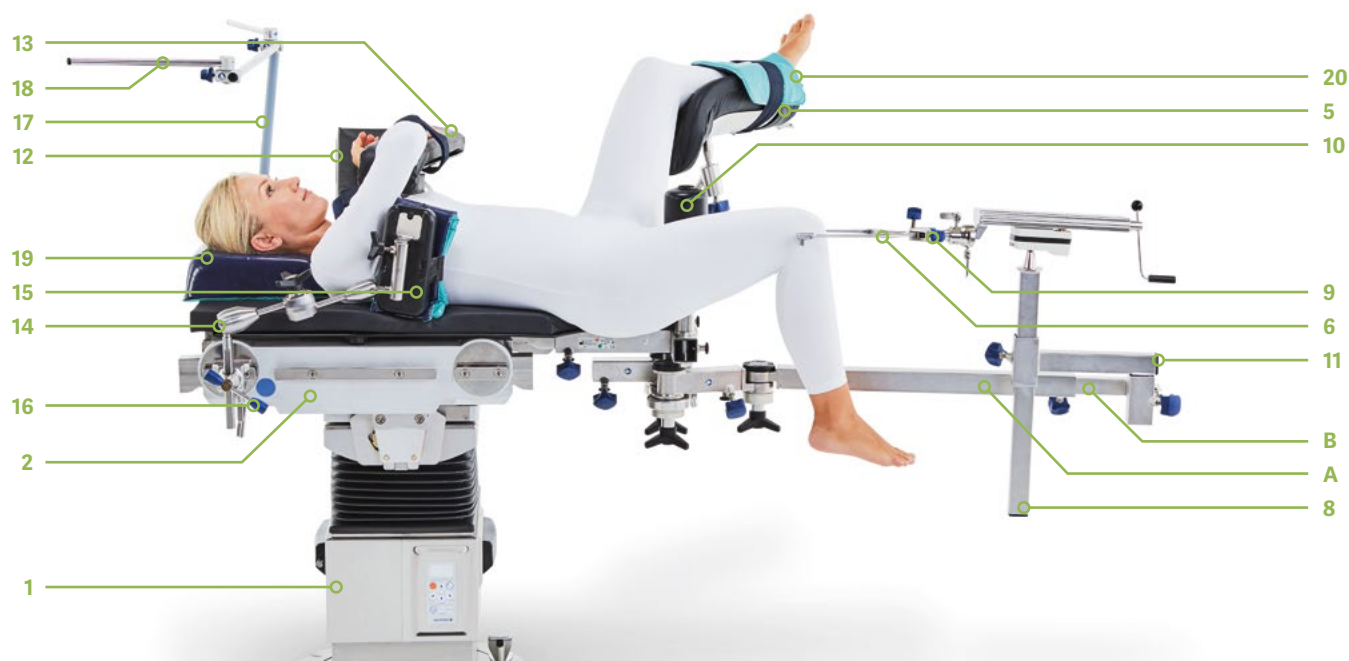
- Transfer of table top (2) with anesthetized patient onto the column (1).
- Mount the traction bar (A) and the telescopic bar (B) to the side to be operated to the central mounting point.  
**Tip:** Square mount for screw tension device points outward. Make sure that the bar does not impair the X-ray beams.
- Swivel the traction bar (A) to the side not to be operated towards the head end or remove.
- Mount the screw tension device (8) to the telescopic bar (B) to the side to be operated.
- Mount the rotating and tilting clamp (9) to the screw tension device (8).
- Attach the extension shoe (6) to the rotating and tilting clamp (9).
- Remove the seat plate segment on the side to be operated and mount the padded countertraction post (10).
- 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, 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 (5) to the side rail extension (7) on the side not to be operated. Position the leg not to be operated on the leg holder (5) and remove the leg plate.
- Position the arms: Abduct the not to be operated arm onto an arm support (11). Place the arm on the operating side onto the arm rest (12) (see introduction under general information).
- Attach and pad the lateral support (13–15) to the side to be operated.
- Mount the anesthesia screen (16–17) and any further side rail accessories.
- 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 Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Plate for traction incl. accessory set (not illustrated)	1160.59BC
4	Leg plates, 2-pieces (not illustrated)	1150.64E0
Positioning-specific accessories		
5	Leg holder	1001.65A0
6	Traction stirrup (not supplied by Getinge)	
7	Side rail extension* (not illustrated)	1001.54A0
8	Screw tension device*	1003.3700
9	Traction stirrup clamp with rotation*	1003.35A0
10	Traction bar set with countertraction post*	1003.59C0
11	Bar extension	1003.54A0

General side rail accessories		
12	Arm support	1001.6000
13	Arm rest with pin-joint arm	1002.49A0
14	Pin-joint arm for body support	1002.40A0
15	Lateral support	1002.11C0
16	Radial setting clamp (3x)	1003.23C0
17	Anesthesia screen	1002.57A0
18	Anesthesia screen extension	1002.59A0
Positioning aids		
19	Pillow for supine position	4006.2100
20	Leg holder pad	4006.1500


\* Supplied with the plate for traction incl. accessory set.

# Positioning the patient and repositioning of the fracture

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 done on the extension table top. Afterwards the patient lies on the 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:

- Transfer of table top (2) with anesthetized patient onto the column (1).
- Mount the traction bar (A) and the telescopic bar (B) to the side to be operated to the central mounting point.  
**Tip:** Square mount for screw tension device points outward. Make sure that the bar does not impair the X-ray beams.
- If necessary, attach a bar extension (11).
- Swivel the traction bar (A) to the side not to be operated towards the head end or remove.
- Mount the screw tension device (8) to the telescopic bar (B) on the side to be operated.
- Mount the traction stirrup clamp with rotation (9) to the screw tension device (8).
- Remove the seat plate segment on the side to be operated and mount the padded countertraction post (10).
- 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 (6).
- Remove the leg plate of the leg to be operated and fix the leg to the traction stirrup clamp with rotation (9) by using traction stirrups (6), adjust the bars to patient's anatomy if necessary.
- Attach the leg holder (5) to the side rail extension (7) on the side not to be operated. Position the leg not to be operated on the leg holder (5) and remove the leg plate.
- Position the arms: Abduct the not to be operated arm onto an arm support (12). Place the arm on the operating side onto the arm rest (13) (see introduction under general information).
- Attach and pad the lateral support (14–16) to the side that is to be operated.
- Mount the anesthesia screen (17–18) and any further side rail accessories.
- 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 perineal support



### Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Plate for traction incl. accessory set (not illustrated)	1160.59BC
4	Leg plates, 2-pieces	1150.64E0

### Positioning-specific accessories

5	Perineal support	1004.89B0
6	Leg plate clamp	1004.8700
7	Screw tension device*	1003.3700
8	Rotating and tilting clamp*	1003.34A0
9	Extension shoe	1003.67XX
10	Traction bar set*	1003.59C0

### General side rail accessories

11	Arm support	1001.6000
12	Arm rest with pin-joint arm	1002.49A0
13	Pin-joint arm for body supports (not illustrated)	1002.40A0
14	Back / buttocks support (not illustrated)	1002.11A0
15	Radial setting clamp (3 x)	1003.23C0
16	Anesthesia screen	1002.57A0
17	Anesthesia screen extension	1002.59A0

### Positioning aids

18	Head ring	4006.0200
19	Heel pad	4006.1600

\* Supplied with the plate for traction incl. accessory set.

# Positioning the patient and repositioning of the fracture

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 done on the extension table top. Afterwards the patient lies on the 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).

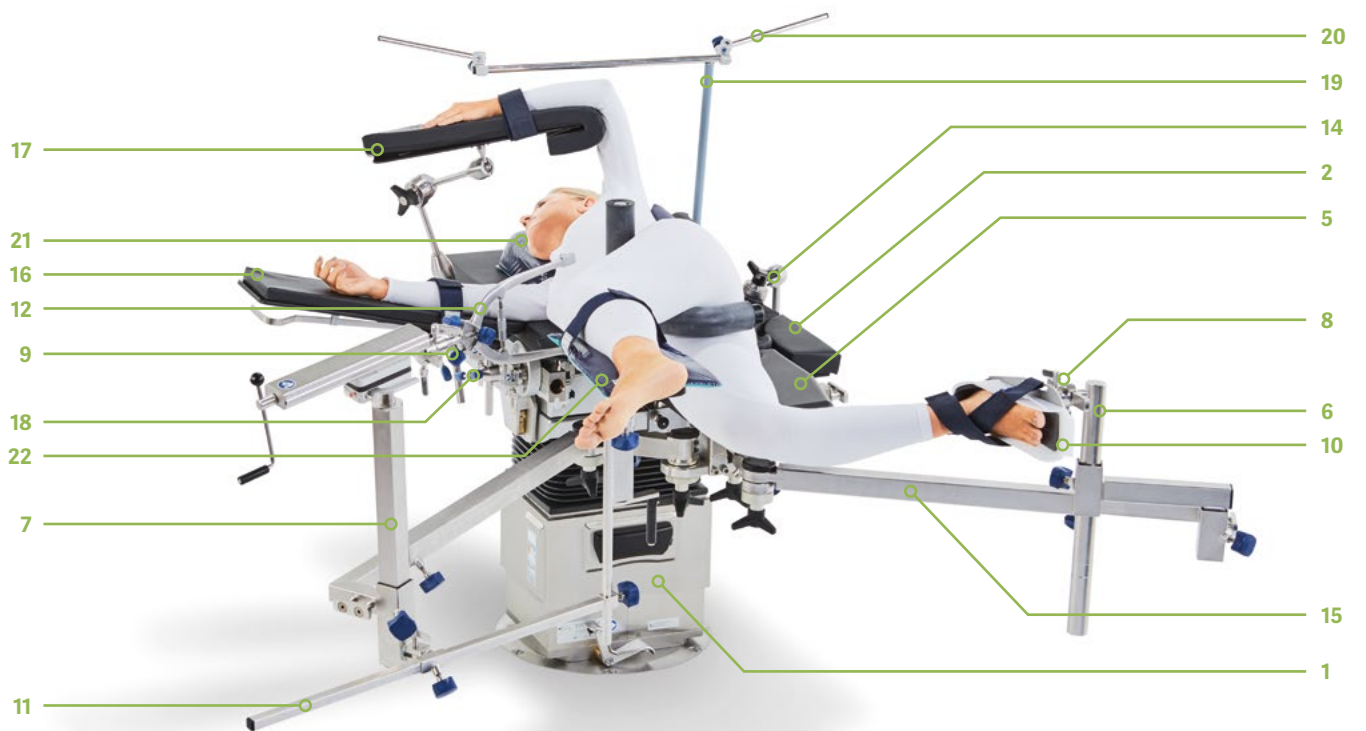
## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient onto the column (1).
- Use the joint module (C) to swivel the traction bar (A) outward.
- Mount the telescopic bar (B) to the side to be operated.  
**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 (7) to the telescopic bar (B) on the side to be operated.
- Mount the rotating and tilting clamp (8) to the screw tension device (7).
- Mount the leg plate clamp (6) on the traction bar on the side that is not to be operated.
- Remove the seat plate segment and leg plate on the side to be operated and mount perineal support (5).
- The leg to be operated must be held/secured.
- Fasten the extension shoe (9) to the leg to be operated.
- Turn the patient on his/her healthy side towards the foot end until the pelvis is positioned at the perineal support (5).
- ❗ When in lateral position, make sure that the patient's lower shoulder is pulled forward.
- ❗ Until the lateral supports have been put into their final position, the patient must be secured to prevent potential rolling back.
- Connect the extension shoe with the secured leg to the rotating and tilting clamp (8), adjust bars to patient's anatomy if necessary.
- Remove the second leg plate from the table top and mount it to the leg plate clamp (6). The healthy leg must be held/secured during this time.
- Abduct the leg not to be operated on the leg plate on the traction bar.
- Position the arms: Position the lower arm on the arm support (11). Place the upper arm on the arm rest (12) (see introduction under general information).
- Attach and pad the lateral support (13–14) with the rear to the patient.
- 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 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.

# 5.17 Femur treatment

in lateral position with femur countertraction post



Basic configuration		
1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Plate for traction incl. accessory set (not illustrated)	1160.59BC
4	Leg plates, 2-pieces (not illustrated)	1150.64E0

Positioning-specific accessories		
5	Countertraction post for femur including extension plate (E)	1004.85B0
6	Foot plate mount*	1003.49B0
7	Screw tension device*	1003.3700
8	Rotating and tilting clamp*	1003.34A0
9	Traction stirrup clamp with rotation*	1003.35A0
10	Foot plate	1001.97A0
11	Universal support	1004.86B0
12	Traction stirrup (not supplied by Getinge)	
13	Back support (not illustrated)	1002.11A0
14	Pin-joint arm for body support	1002.40A0
15	Traction bar set*	1003.59C0

General side rail accessories		
16	Arm support	1001.6000
17	Arm rest with pin-joint arm	1002.49A0
18	Radial setting clamp (2x)	1003.23C0
19	Anesthesia screen	1002.57A0
20	Anesthesia screen extension	1002.59A0

Positioning aids		
21	Head ring	4006.0200
22	Heel pad	4006.1900

\* Supplied with the plate for traction incl. accessory set.



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

# Positioning the patient and repositioning of the fracture

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 done on the extension table top. Afterwards the patient lies on the table in supine position and a positioning aid (19) is used to position the head on the table top. The legs are positioned on the leg plates (4).

### Then proceed as follows:

- Transfer of table top (2) with anesthetized patient onto the column (1).
- Mount traction bars (A, C) and telescopic bars (B, D).  
**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 (7) to the telescopic bar (B) on the side to be operated.
- Mount universal support (11) from below to the screw tension device (7) so that it can swivel inward.
- Mount rotating and tilting clamp (8) and foot plate (10) to the telescopic bar (D) on the side not to be operated.
- If it has not already been done, apply Kirschner wire into the femoral condyle and mount the traction stirrup (12).
- Remove the seat plate segment on the side to be operated and mount the femur countertraction post (5). Make sure that the traction bar (A) has previously been swiveled inward towards the head. The traction bar must be set further towards the head end than the countertraction post. Mount the countertraction post without the perineal bow and the upper pad.
- Remove the leg plates and insert the pelvis plate (E).
- ! 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.
- ! When in lateral position make sure that the patient's lower shoulder is pulled forward.

- ① 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 (12) to the traction stirrup clamp with rotation (9).
  - Fix the leg to be operated to the screw tension device with the aid of the traction stirrup clamp with rotation and position the calf on the universal support.
  - Position the arms: Position the lower arm on the arm support (16). Raise the upper arm with the arm rest (17) (see introduction under general information).
  - Mount the anesthesia screen and any further side rail accessories (19–20).
- ① 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.

# 5.18 Tibia treatment

with countertraction post,  
joint adapter and traction stirrup



Basic configuration		
1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Plate for traction incl. accessory set (not illustrated)	1160.59BC
4	Leg plates, 2-pieces (not illustrated)	1150.64E0

General side rail accessories		
13	Arm support	1001.6000
14	Arm rest with pin-joint arm	1002.49A0
15	Radial setting clamp (3x) (not illustrated)	1003.23C0
16	Anesthesia screen	1002.57A0
17	Anesthesia screen extension	1002.59A0

Positioning-specific accessories		
5	Countertraction post for tibia and fibula	1003.50C0
6	Joint supporting arm	1004.42B0
7	Condyle fixation (not illustrated)	1004.93B0
8	Screw tension device*	1003.3700
9	Traction stirrup clamp with rotation*	1003.35A0
10	Traction stirrup (not supplied by Getinge)	
11	Side rail extension* (not illustrated)	1004.91A0
12	Leg holder	1001.65A0

Positioning aids		
18	Pillow for supine position	4006.2100
19	Leg holder pad	4006.1500

\* Supplied with the plate for traction incl. accessory set.

## 5.18 Tibia treatment with countertraction post, joint adapter and traction stirrup

# Positioning the patient and repositioning of the fracture

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 done on the extension table top. Afterwards the patient lies on the 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:

- Transfer of table top (2) with anesthetized patient onto the column (1).
- If it has not already been done, apply Kirschner wire into the calcaneus and mount the traction stirrup (10).
- Remove the seat plate segment on the side to be operated.
- Mount the countertraction post for tibia and fibula.
- Mount joint supporting arm (6) on countertraction post for tibia and fibula (5).
- Mount the telescopic bar (B) on the joint supporting arm (6).  
**Tip:** Square mount for screw tension device points inward.
- Mount the screw tension device (8) to the telescopic bar (B) on the side to be operated.
- Mount the traction stirrup clamp with rotation (9) to the screw tension device (8).
- Position the patient towards the foot end until the thigh is positioned at the countertraction post (5).
- Guide the leg to be operated over the countertraction post for tibia and fibula (5), remove the leg plate 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 the condyle fixation.

- The thigh of the leg to be treated must be nearly upright. If necessary, adjust the position of the patient.
- ① Finely adjust the joint adapter (6) and set the desired position of the leg for the lock angle. The popliteal fossa must be positioned freely.
- Attach the leg holder (12) to the side rail extension (11) on the side not to be operated. Abduct the leg on the leg holder (12) and remove the leg plate.
- Position the arms: Abduct the not to be operated arm onto an arm support (13). Place the arm on the operating side onto the arm rest (14) (see introduction under general information).
- Mount the anesthesia screen (18–19) and any further side rail accessories.
- 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

with countertraction post  
and traction stirrup



Basic configuration		
1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Plate for traction incl. accessory set (not illustrated)	1160.59BC
4	Leg plates, 2-pieces (not illustrated)	1150.64E0

General side rail accessories		
12	Arm support	1001.6000
13	Arm rest with pin-joint arm	1002.49A0
14	Radial setting clamp (3x) (not illustrated)	1003.23C0
15	Anesthesia screen	1002.57A0
16	Anesthesia screen extension	1002.59A0

Positioning-specific accessories		
5	Countertraction post for tibia and fibula	1003.50C0
6	Condyle fixation (not illustrated)	1004.93B0
7	Screw tension device*	1003.3700
8	Traction stirrup clamp with rotation*	1003.35A0
9	Traction stirrup (not supplied by Getinge)	
10	Side rail extension* (not illustrated)	1004.91A0
11	Leg holder	1001.65A0

Positioning aids		
17	Pillow for supine position	4006.2100
18	Leg holder pad	4006.1500

\* Supplied with the plate for traction incl. accessory set.

## 5.19 Tibia treatment with countertraction post and traction stirrup

# Positioning the patient and repositioning of the fracture

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 done on the extension table top. Afterwards the patient lies on the table in supine position and a positioning aid (17) is used to position the head on the extension device (3). The legs are positioned on the leg plate (4).

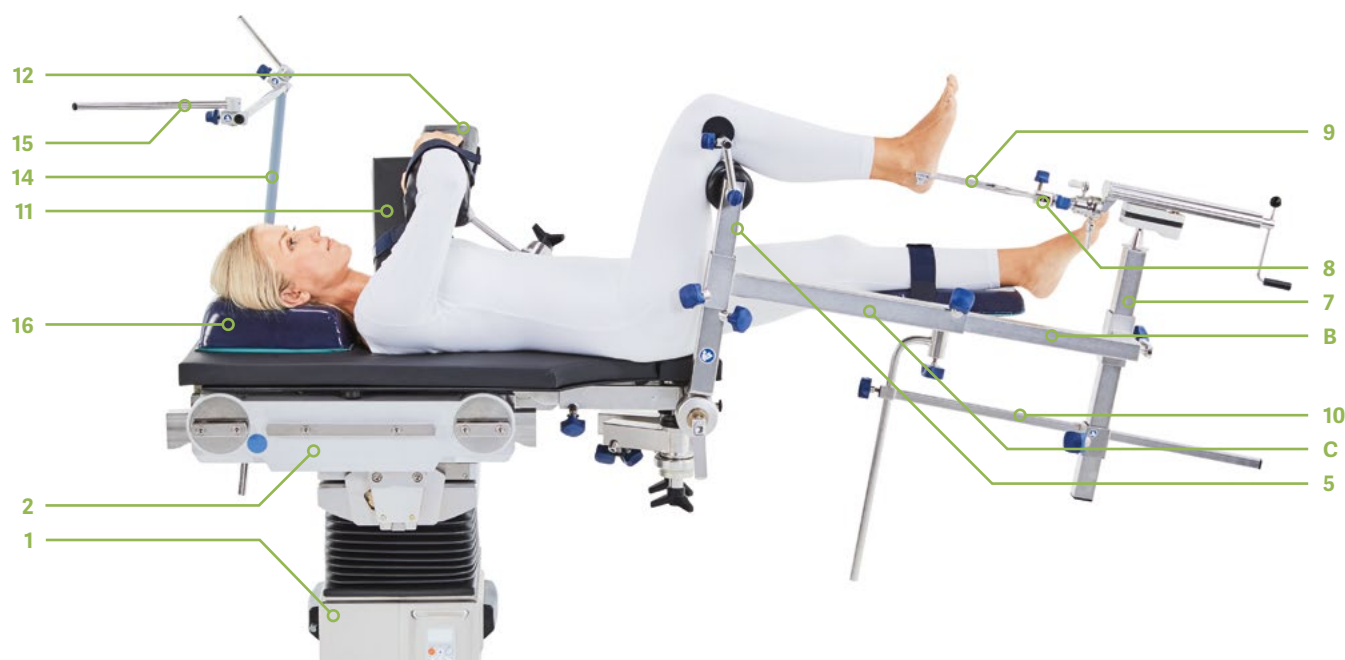
### Then proceed as follows:

- Transfer of table top (2) with anesthetized patient onto the column (1).
- 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 (5) including the horizontal bar (C).
- Mount the telescopic bar (B) on the horizontal bar (C).  
**Tip:** Square mount for screw tension device points inward.
- Mount the screw tension device (7) to the telescopic bar (B).
- Mount the traction stirrup clamp with rotation (8) to the screw tension device (7).
- Position the patient to the foot end until the thigh is positioned at the countertraction post (5).
- Guide the leg to be operated over the countertraction post for tibia and fibula (5), remove the leg plate 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 the condyle fixation.
- The thigh of the leg to be treated 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 positioned freely.
- Mount the leg holder (11) to the side rail extension (10) on the side not to be operated. Position the leg on the leg holder (11) and remove the leg plate.
- Position the arms: Abduct the not to be operated arm onto an arm support (12). Place the arm on the operating side onto the arm rest (13) (see introduction under general information).
- Mount the anesthesia screen (15–16) and any further side rail accessories.
- 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.

# 5.20 Tibia treatment

with countertraction post,  
healthy leg on universal support



### Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Plate for traction incl. accessory set (not illustrated)	1160.59BC
4	Leg plates, 2-pieces (not illustrated)	1150.64E0

### Positioning-specific accessories

5	Countertraction post for tibia and fibula	1003.50C0
6	Condyle fixation (not illustrated)	1004.93B0
7	Screw tension device*	1003.3700
8	Traction stirrup clamp with rotation*	1003.35A0
9	Traction stirrup (not supplied by Getinge)	
10	Universal support	1004.86B0

### General side rail accessories

11	Arm support	1001.6000
12	Arm rest with pin-joint arm	1002.49A0
13	Radial setting clamp (2x) (not illustrated)	1003.23C0
14	Anesthesia screen	1002.57A0
15	Anesthesia screen extension	1002.59A0

### Positioning aids

16	Pillow for supine position	4006.2100
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\* Supplied with the plate for traction incl. accessory set.

# Positioning the patient and repositioning of the fracture

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 done on the extension table top. Afterwards the patient lies on the table in supine position and a positioning aid (16) is used to position the head on the extension device (3). The legs are positioned on leg plates (4).

## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient onto the column (1).
- 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 (5) including the horizontal bar (C).
- Mount the telescopic bar (B) on the horizontal bar (C).  
**Tip:** Square mount for screw tension device points inward.
- Mount the screw tension device (7) on the telescopic bar (B) to the side to be operated.
- Mount the traction stirrup clamp with rotation (8) to the screw tension device (7).
- Position the patient to the foot end until the thigh is positioned at the countertraction post (5).
- Guide the leg to be operated over the countertraction post for tibia and fibula (5), remove the leg plate 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 the condyle fixation.
- The thigh of the leg to be treated must be nearly upright. If necessary, adjust the position of the patient.
- **i** 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 (10) from below to the screw tension device (7) so that it can swivel inward.
- Remove the leg plate of the leg not to be operated and position the leg on the universal support (10).
- Position the arms: Abduct the arm on an arm support (11) from the side not to be operated. Place the arm on the operating side on the arm rest (12) (see introduction under general information).
- Mount the anesthesia screen (14-15) and any further side rail accessories.
- **i** 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.

# 5.21 Supine position

with short carbon fiber back plate and skull clamp



Basic configuration		
1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Back plate	1160.32X0
4	Carbon fiber back plate	1160.45BC

General side rail accessories		
6	Arm protector (2x)	1001.40A0
7	Body strap	1001.58B0

Positioning-specific accessories		
5	Horseshoe head rest	1002.03A0

Positioning aids		
8	Heel pad	4006.2900
9	Leg holder pad (2x)	4006.1500



# 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.

After anesthetic induction the patient is positioned on the carbon fiber table top. The head is positioned on a horseshoe head rest (5).

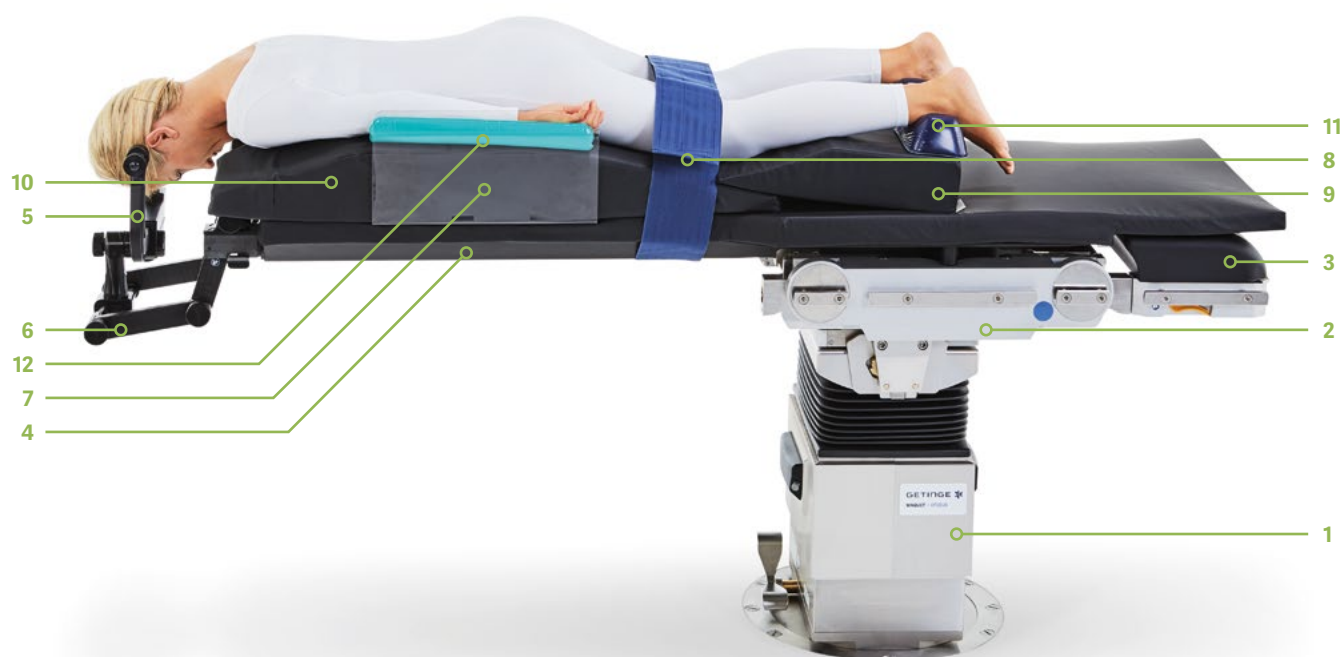
## Then proceed as follows:

- Transfer of table top (2) with anesthetized patient onto the column (1).
- Fasten the arm protector (6) and position the arms.
- Anatomically correct positioning of the remaining positioning aids and mount any 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.
- 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.

## 5.22 Prone position

with carbon fiber back plate, skull clamp and 2-piece pad for prone position



### Basic configuration

1	Maquet Otesus Table Column	1160.01A0
2	Universal table top	1160.10X0
3	Back plate	1160.32X0
4	Carbon fiber back plate	1160.45BC

### Positioning-specific accessories

5	Skull clamp	1005.49B0
6	Skull clamp holder	1005.48B0

### General side rail accessories

7	Arm protector (2x)	1001.40A0
8	Body strap	1001.58B0

### Positioning aids

9	Plexus cushion	1000.6900
10	Pad for prone position	4006.3100
11	Heel pad	4006.1600
12	Leg holder pad (2x)	4006.1500

# 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 anesthetization of the patient is done on a separate table top.

## Then proceed as follows:

- Transfer the pre-configured table top (2–4) and longitudinal shift as far as possible in the direction of the head end.
- Adjust the positioning aids in line with patient's anatomy.
- Axially turn the patient from the second table top to the pre-configured table top (2), and adjust the positioning aids if necessary.
- Ensure that the toes are positioned freely and that pressure on the patella is minimized.
- ① Finely adjust skull clamp holder (6) with skull clamp (5) and move the head into the desired position. Check all screw connections of the skull clamp holder and the skull clamp. Secure the patient's head in the skull clamp.
- Position the arms: Both arms can be positioned next to the body using an arm protector (7).
- Secure the legs with a body strap (8).  
**Tip:** A flat hand should 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.



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