# Medicus Health Lateral Peg Board Positioner <br> Background 

Originally designed by orthopedic surgeons and staff, the Lateral Peg Board Hip Positioner was specifically designed to provide safe, yet rigid, patient positioning by offering superior body support.
> Patient support is obtained over more of the surgical area.
$>$ All aspects of the product are easily cleaned with antiseptic and water.
> The pegboard design will accommodate a wide range of patient sizes.
> Pair of Safety Clamps helps to hold the board firmly against the surgery table.
> Gel Pad aids in protecting patients from excessive pressure points.

## General Usage Guidelines

A. Placed the pegboard on the surgical table and secure with the two provided safety clamps- one at the head and one at the foot of the table on opposite sides. The clamps must be secured using standard table attachments (i.e. BD-RC blade clamp). (Diagram 1)
B. The Gel Pad should be placed on top of the pegboard in a manner that the patient is sufficiently padded. A draw sheet can be placed over the Gel Pad to prevent migration while transferring the patient from the stretcher to the OR table. (Diagram 2)
C. When feasible-Prior to anesthesia, patients should be in a supine position. (Diagram 3)
D. After the patient is anesthetized, positioning should be performed by several personnel lifting and manipulating the patient into a lateral position. (Diagram 4)


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Fixation pegs should be positioned as follows:
E. A 6" peg(shorter) should be placed in the sacral area.
i. The shorter pegs are used instead of the longer pegs in order to maximize the operative area.
ii. A $6^{\prime \prime}$ peg should also be placed in front of the pubis region. Care must be taken to avoid compression of the neurovascular structures in both femoral triangles.
iii. An $8^{\prime \prime}$ long peg should be placed in the posterior thoracic region below the scapula.
iv. An 8 " long peg should be placed directly below the pectoral muscle. Please be careful when placing this peg to allow adequate ventilation.


## Note: The number of pegs may increase with larger patients.

## Cleaning

The board and pegs can be cleaned with antiseptic and water. All prepping agents and body fluids should be removed before reusing.


The board is not a transport or transfer device.


