



Patient Positioning Guide

Maquet Corin Operating Table



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.



Many accessories come in various versions or have alternative options available.

Please refer to our accessory catalogue for more details.

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Notes

The main model used measures 1.72 meters / 5.2 ft tall to provide an idea of the dimensions required for X-ray access. The bariatric model measures 1.78 meters / 5.8 ft tall and weighs 108 kilograms / 238 lbs.

Pictures do not always perfectly simulate a real patient's position. They are also created to showcase the products and accessories being used. Therefore, for photography purposes, some compromises may have been made (for example, not using pins for neurosurgery).

For many accessories, different versions or alternatives might be available. Please consult our accessory and product catalogues accordingly or contact your local product sales representative.

SFC paddings have been used in most of the pictures, but some modules are also available in IPC version.

Some accessories are manufactured by other companies, annotations are indicated on each page.

This guide does not include notes on any additional padding which might be required for decubitus prevention.

Some accessories shown in the General Information chapter might not be sold anymore, some accessories might have been replaced.

This guide in no way replaces the user manual, which must always be followed.

The general Information chapter does not always illustrate surgical positions using the Maquet Corin OR Table; instead, it sometimes uses other Maquet Operating Tables.

General information

on patient positioning

Note: The general Information chapter does not always illustrate surgical positions using the Maquet Corin OR Table; instead, it sometimes uses other Maquet Operating Tables.

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.

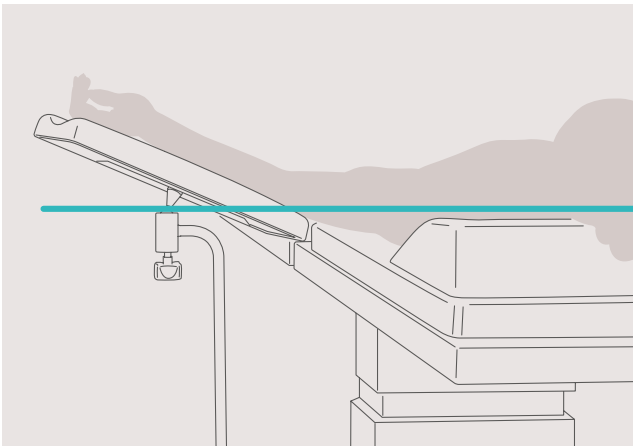


Positioning of the head using a plexus cushion for an additional shoulder stability.

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).

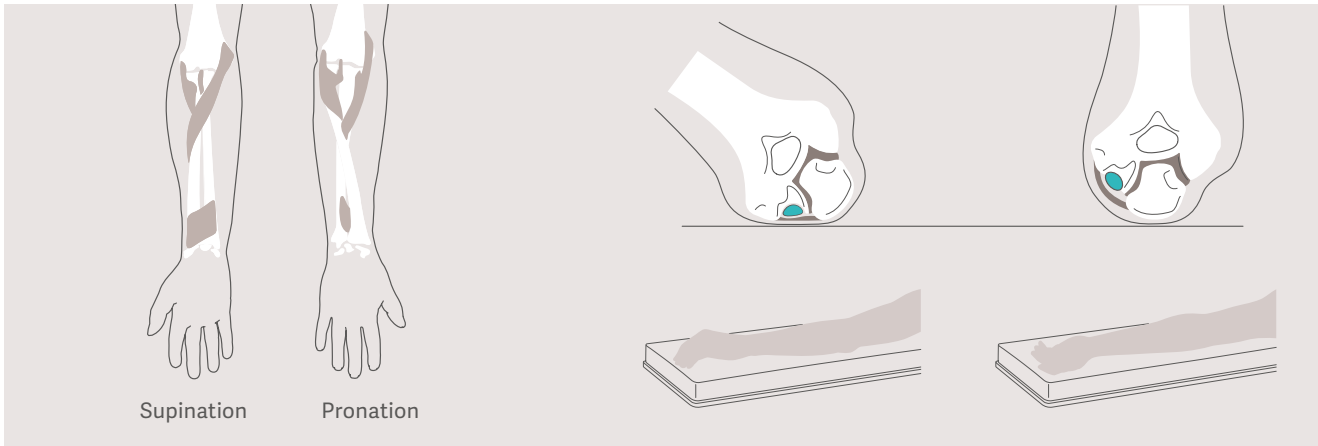


Arm positioning in abduction up to 45°: arm is pronated.

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 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).

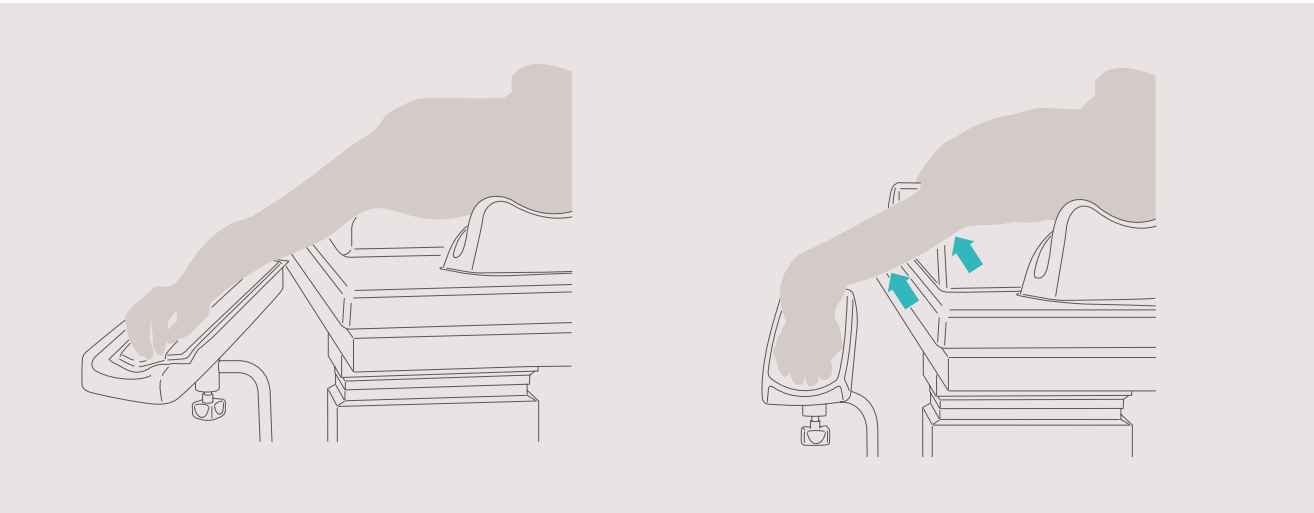


Pillow for prone position with optimum support points.

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

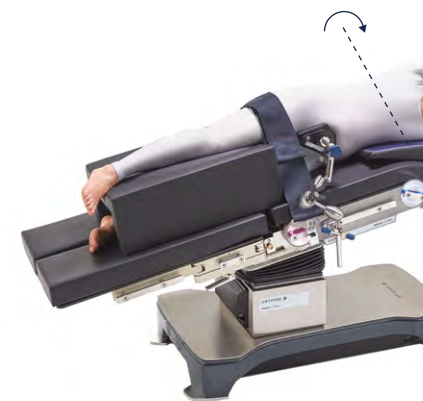
Back and pelvis positioning

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.



Beach chair position for shoulder operation.



Sitting position e.g. for bariatric surgery.

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 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 bariatric surgery:

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





1 Patient positioning by discipline

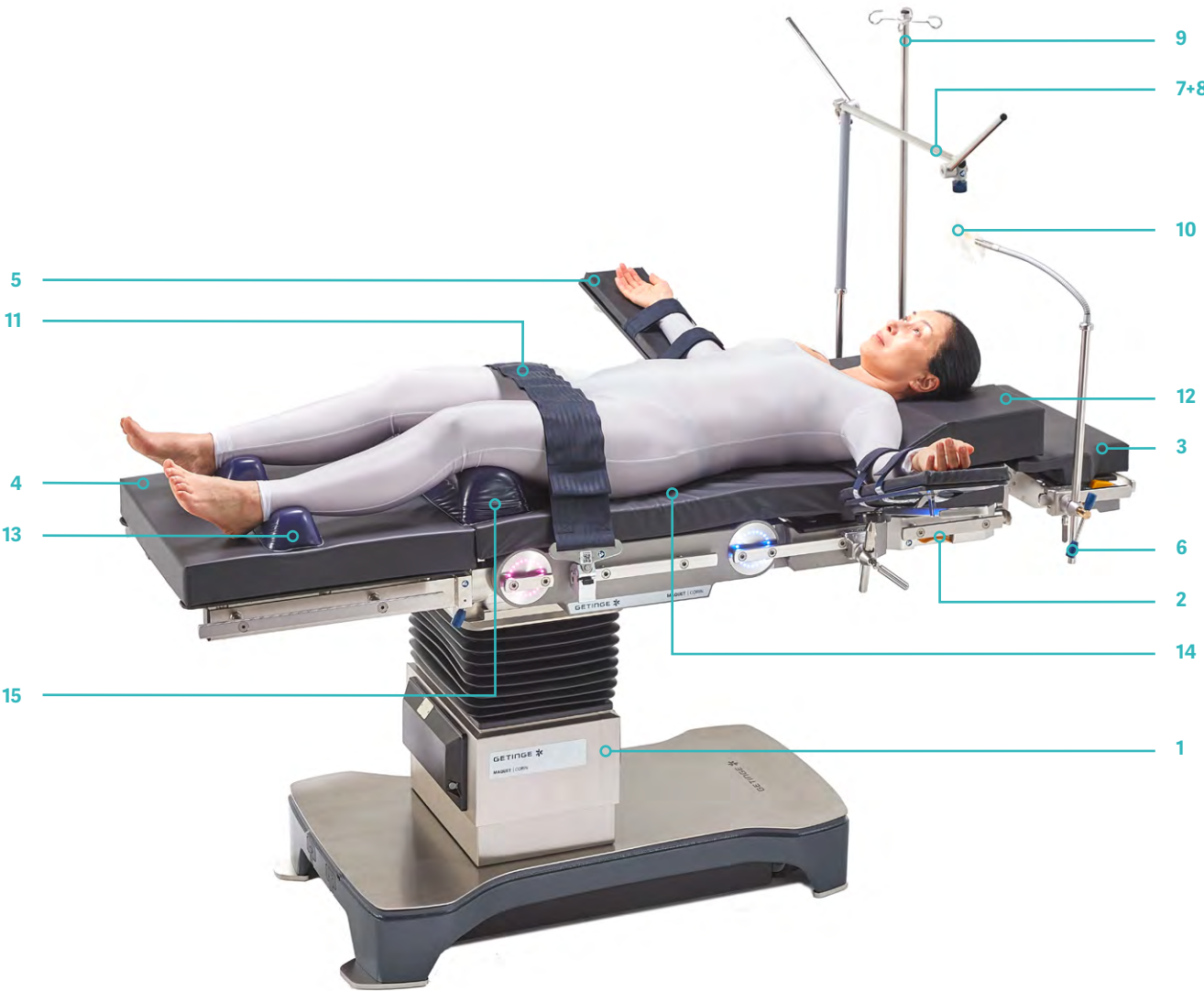
General surgery

- 1.1 Supine position with 1 piece leg plate (NO)
- 1.2 Supine position using extention plates (RO)
- 1.3 Supine position with pair of leg plates 2 pieces (NO)
- 1.4 Supine position with pair of leg plates 2 pieces (RO)
- 1.5 Supine position with abducted pair of leg plates 2 pieces (NO)
- 1.6 Supine position with pair of leg plates 4 pieces (NO)
- 1.7 Supine position with pair of leg plates 4 pieces (RO)
- 1.8 Supine position with abducted pair of leg plates 4 pieces (NO)
- 1.9 Struma position (NO)
- 1.10 Struma position (RO)
- 1.11 Lateral position for thorax operations (NO)
- 1.12 Lateral position for thorax operations (RO)
- 1.13 Lateral position for operations in the kidney area (NO)
- 1.14 Lateral position for operations in the kidney area (RO)
- 1.15 Genucubital position with 4 pieces leg plates for rectum surgery (NO)
- 1.16 Standing position for bariatric surgery using the bariatric set (NO)
- 1.17 Sitting position for bariatric surgery using the bariatric set and leg holders with adjustable pneumatic support (NO)
- 1.18 Sitting position for bariatric surgery using the bariatric set and 4 pieces leg plates (NO)

NO: Normal orientation
RO: Reverse orientation

1.1 Supine position with 1-piece leg plate

Normal orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

The initiation of anesthesia can be performed on the OR table. After anesthetic induction the patient lies on the OR table in supine position. The head is positioned with a positioning aid.

Then, proceed as follows:

- Place the arm supports into the desired position and position the arms and secure with straps.
- 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.
- Tip:** Position two fingers width approximately above the knee joint, a flat hand should still fit between the strap and the patient.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Extension plate	1160.32BC
3	Head rest	1160.64BC
4	Leg plate, 1-piece	1133.58BC

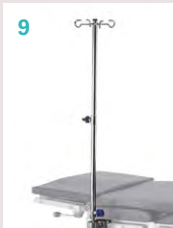
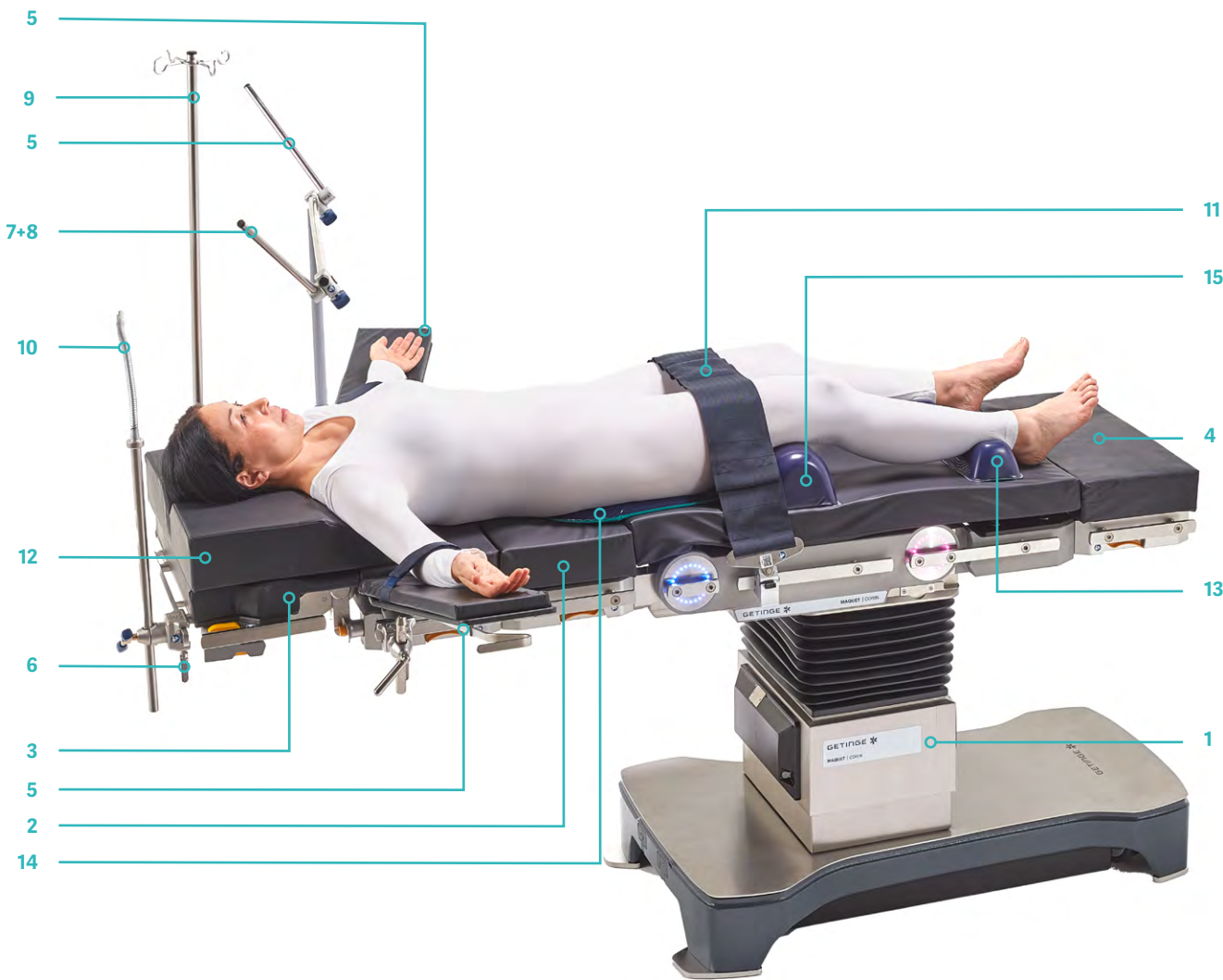
General side rail accessories		
5	Arm support (2 x), strap included	1001.6000
6	Radial setting clamp (2x)	1003.23C0
7	Anesthesia screen	1002.57A0
8	Anesthesia screen extension	1002.59A0
9	Infusion stand, clamp included	1009.01C0
10	Tube holder	1002.55A0
11	Body strap	1001.59X0

Positioning aids		
12	Plexus cushion	1000.6900
13	Oasis Elite Heel pad Alternative	4006.16A0* 4006.29A0*
14	Azure sacral protector small	4006.24A0*
15	Oasis Elite flat bottom chest roll	4006.25A0*

*Manufactured by Trulife

1.2 Supine position using extension plates

Reverse orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

The initiation of anesthesia can be performed on the OR table. After anesthetic induction the patient lies on the OR table in supine position. The head is positioned with a positioning aid.

Then, proceed as follows:

- Place the arm supports into the desired position and position the arms and secure with straps.
- 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.
- **Tip:** Position two fingers width approximately above the knee joint, a flat hand should still fit between the strap and the patient.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Extension plate (2x)	1160.32BC
3	Head rest	1160.64BC
4	Extension plate- leg side	1160.32BC

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

Positioning aids		
12	Plexus cushion	1000.6900
13	Oasis Elite Heel pad Alternative	4006.16A0* 4006.29A0
14	Azure sacral protector small	4006.24A0*
15	Oasis Elite flat bottom chest roll	4006.25A0*

*Manufactured by Trulife

1.3 Supine position

with pair of leg plates (2 pieces)

Normal orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

The initiation of anesthesia can be performed on the OR table. After anesthetic induction the patient lies on the OR table in supine position. The head is positioned with a positioning aid.

Then, proceed as follows:

- Place the arm supports into the desired position and position the arms and secure with straps.
- 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.
- 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 shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2-A 2-B	Extension plate Alternative: head rest	1160.32BC 1160.64AC/ BC
3	Leg plate, pair, two pieces	1160.50BC

General side rail accessories		
4	Arm support (2x), strap included	1001.6000
5	Anesthesia screen Radial setting clamp	1002.57A0 + 1003.23C0
6	Anesthesia screen extension	1002.59A0
7	Infusion stand, clamp included	1009.01C0
8	Body strap	1001.59X0

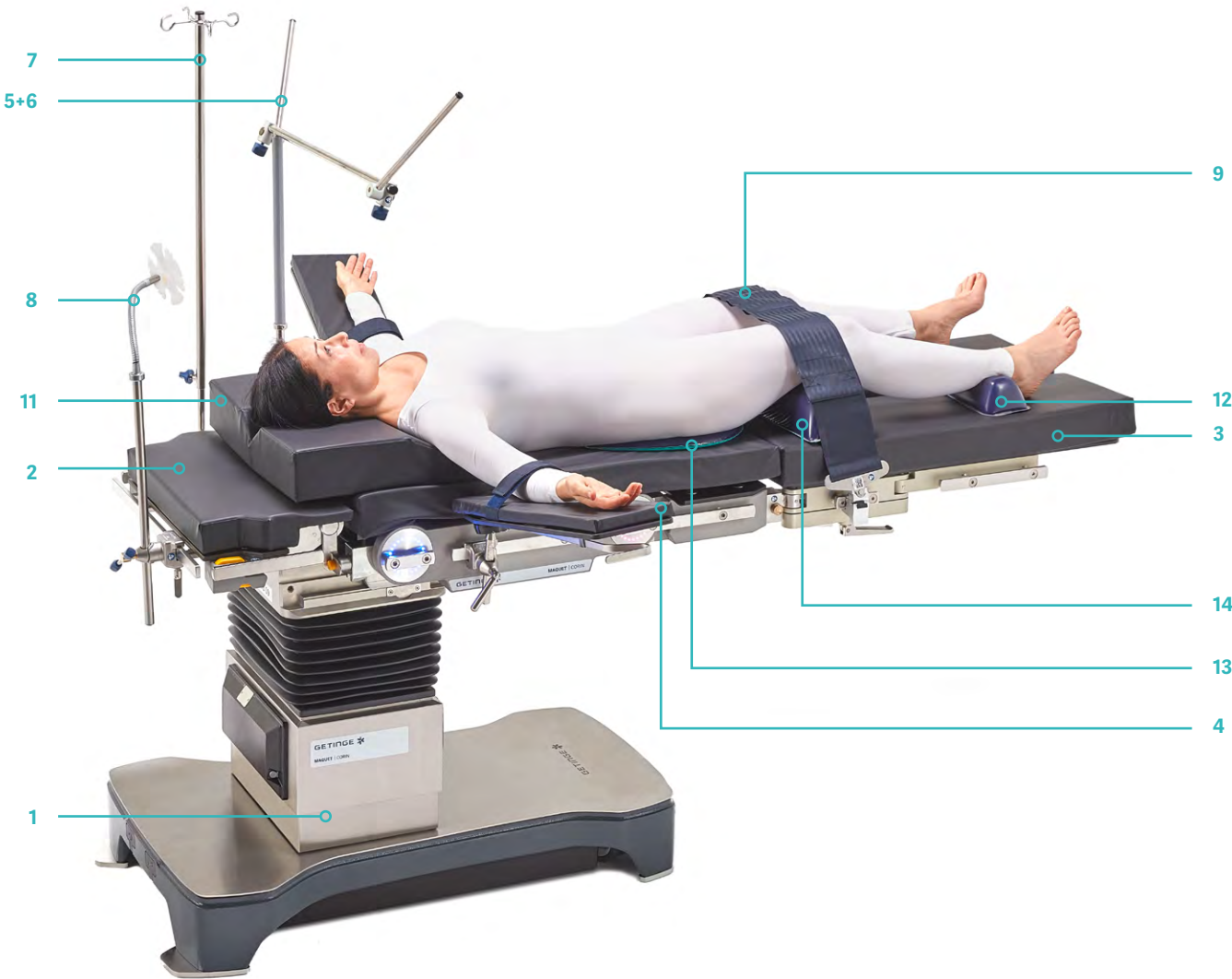
Positioning aids		
9	Oasis Elite Supine Head Rest Adult	4006.21A0*
10	Oasis Elite Heel pad Alternative	4006.16A0* 4006.29A0
11	Azure sacral protector small	4006.24A0*
12	Oasis Elite flat bottom chest roll	4006.25A0*

*Manufactured by Trulife

1.4 Supine position

with pair of leg plates (2 pieces)

Reverse orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

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- Secure the legs with a body strap.
- 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 shall be removed in reverse order after the operation.

Basic configuration

1	Maquet Corin OR Table	7700.01XX
2	Head rest	1160.64BC
3	Leg plate, pair, two pieces	1160.50BC

General side rail accessories

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

Positioning aids

11	Plexus cushion	1000.6900
12	Oasis Elite Heel pad <i>Alternative</i>	4006.16A0* 4006.29A0
13	Azure sacral protector small	4006.24A0*
14	Oasis Elite flat bottom chest roll	4006.25A0*

*Manufactured by Trulife

1.5 Supine position

with abducted pair of leg plates (2 pieces)

Normal orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

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

Position the acetabulum at the height of the leg plate mounting point which enables correct anatomical movement when adjusting the leg plates.

Then, proceed as follows:

- If needed, use longitudinal shift of the table in the direction of the leg end.
 - Place the arm supports into the desired position , position the arms and secure with straps.
 - The distal joint is higher than the proximal joint.
 - Abduction of the legs with the pair of leg plates, secure the legs with a leg strap and leg restraint cuff.
 - 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.
 - **Tip:** Position two fingers breadth above the knee joint, a flat hand should fit between the strap and the patient.
 - Move table into surgical position.
 - Check all screw and clamp connections.
 - The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Extension plate	1160.32BC
3	Leg plate, pair, 2-pieces	1160.50BC

General side rail accessories		
4	Arm support (2 x), strap included	1001.44F0
5	Radial setting clamp	1003.23C0
6	Anesthesia screen	1002.57A0
7	Anesthesia screen extension	1002.59A0
8	Infusion stand	1009.01C0
9	Leg strap	1001.57A0
10	Leg restraint cuff	1001.4700

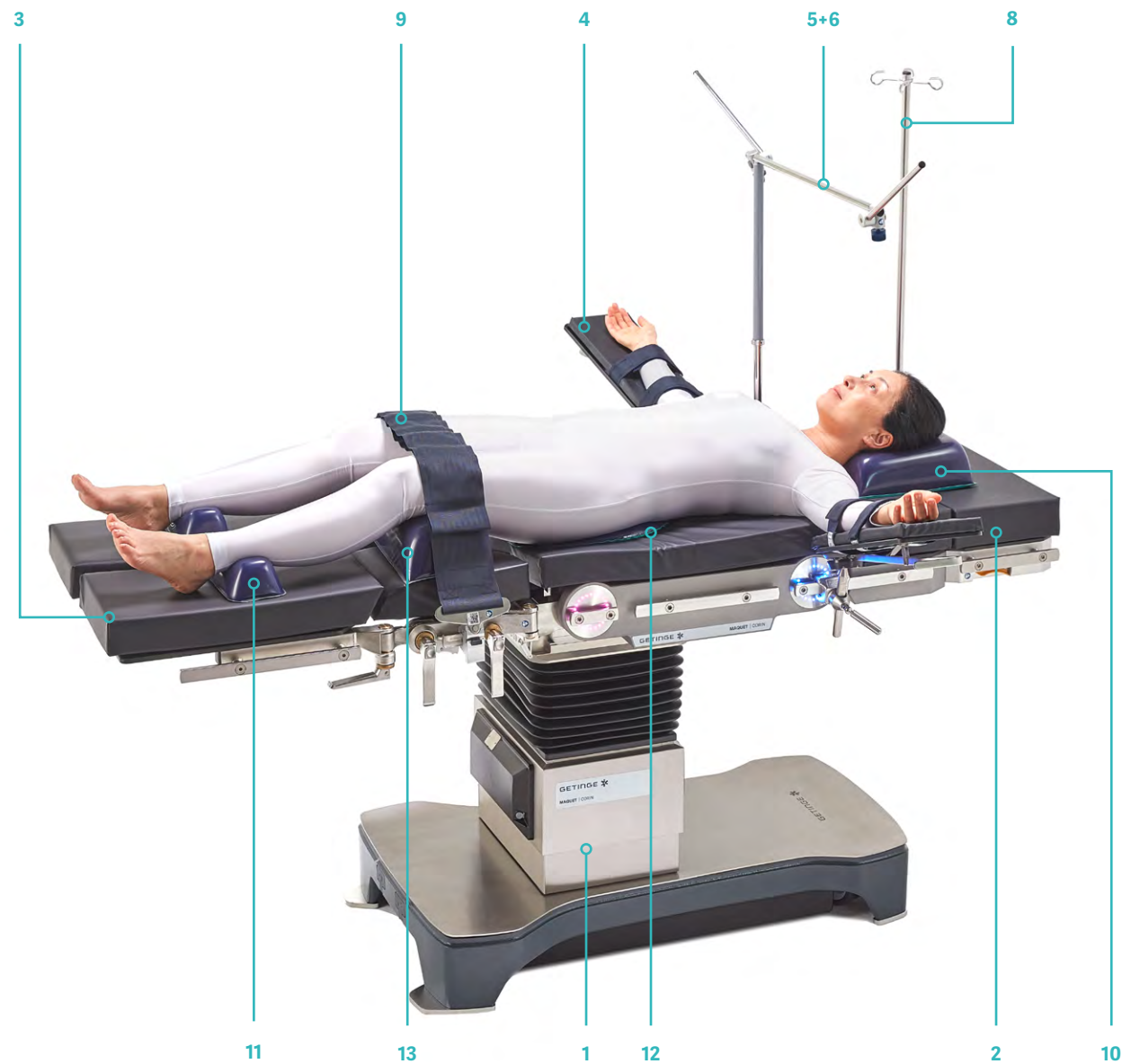
Positioning aids		
11	Oasis Elite Supine Head Rest Adult	4006.21A0*
12	Oasis Elite Heel pad Alternative	4006.16A0* 4006.29A0
13	Azure sacral protector small	4006.24A0*

*Manufactured by Trulife

1.6 Supine position

with pair of leg plates (4 pieces)

Normal orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

The initiation of anesthesia can be performed on the OR table. After anesthetic induction the patient lies on the OR table in supine position. The head is positioned with a positioning aid.

Then, proceed as follows:

- Place the arm supports into the desired position, position the arms and secure with straps.
- 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.
- **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 shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Extension plate Alternative	1160.32BC 1160.64AC/ BC
3	Leg plate, pair, 4-pieces	1133.73BC

General side rail accessories		
4	Arm support (2 x), strap included	1001.6000
5	Anesthesia screen	1002.57A0
6	Anesthesia screen extension	1002.59A0
7	Radial setting clamp for anesthesia screen	1003.23C0
8	Infusion stand	1009.01C0
9	Body strap	1001.59X0

Positioning aids		
10	Oasis Elite Supine Head Rest Adult	4006.21A0*
11	Oasis Elite Heel pad Alternative	4006.16A0* 4006.29A0
12	Azure sacral protector small	4006.24A0*
13	Oasis Elite flat bottom chest roll	4006.25A0*

*Manufactured by Trulife

1.7 Supine position

with pair of leg plates (4 pieces)

Reverse orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

The initiation of anesthesia can be performed on the OR table. After anesthetic induction the patient lies on the OR table in supine position. The head is positioned with a positioning aid.

Then, proceed as follows:

- Place the arm supports into the desired position, position the arms and secure with straps.
- 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.
- 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 shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Head rest	1160.64AC
3	Leg plate, pair, 4-pieces	1133.73BC
General side rail accessories		
4	Arm support (2x), strap included	1001.6000
5	Anesthesia frame	1002.54A0
6	Radial setting clamp (2x)	1003.23C0
7	Infusion stand, clamp included	1009.01C0
8	Body strap	1001.59X0

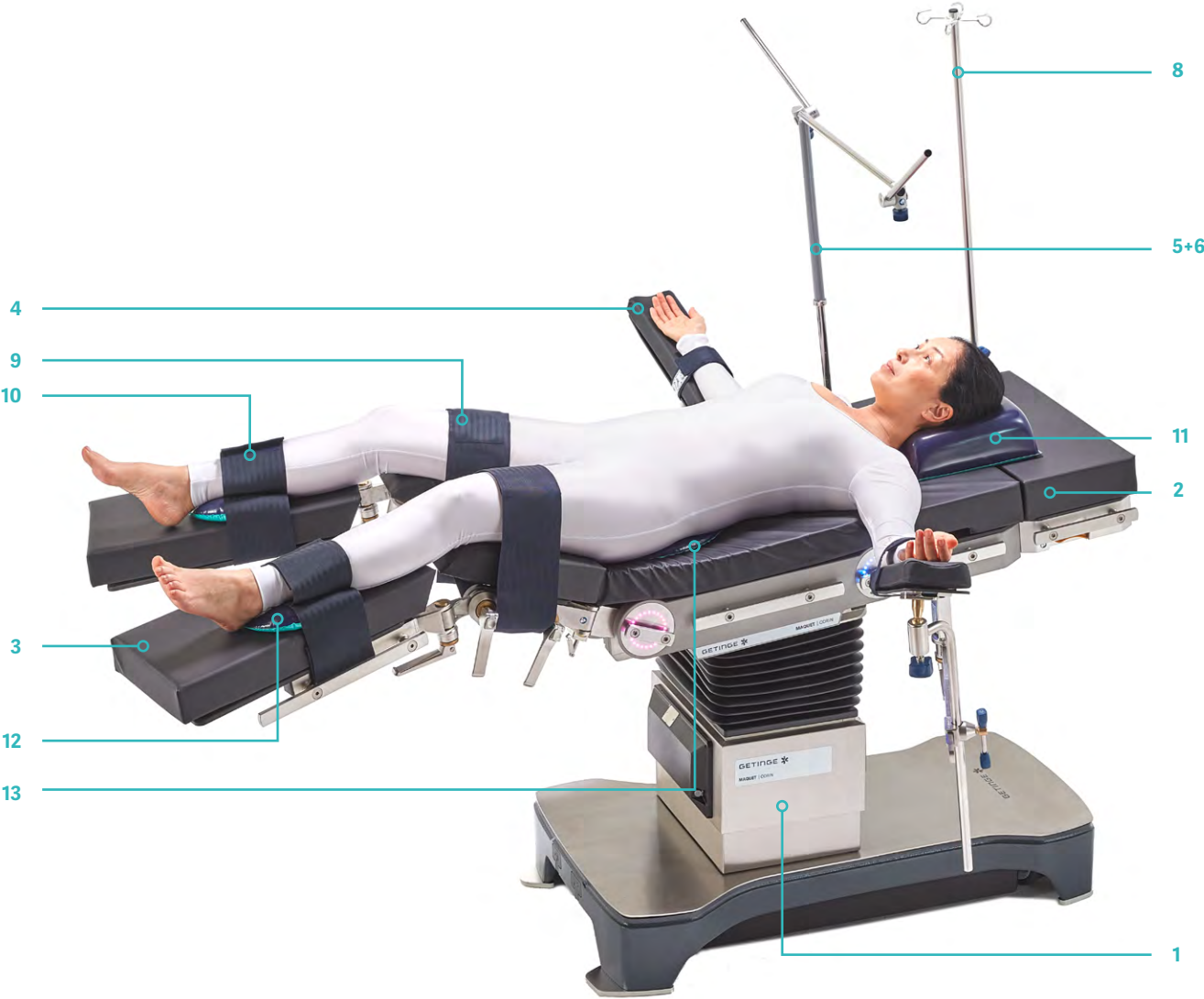
Positioning aids		
9	Oasis Elite Supine Head Rest Adult	4006.21A0*
10	Oasis Elite Heel pad Alternative	4006.16A0* 4006.29A0
11	Azure sacral protector small	4006.24A0*
12	Oasis Elite flat bottom chest roll	4006.25A0*

*Manufactured by Trulife

1.8 Supine position

with abducted pair of leg plates (4 pieces)

Normal orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

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

Position the acetabulum at the height of the leg plate mounting point which enables correct anatomical movement when adjusting the leg plates.

Then, proceed as follows:

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

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Extension plate	1160.32BC
3	Pair of leg plates	1133.73BC

General side rail accessories		
4	Arm support (2 x), strap included	1001.44F0
5	Anesthesia screen	1002.57A0
6	Anesthesia screen extension	1002.59A0
7	Radial setting clamp	1003.23C0
8	Infusion stand, clamp included	1009.01C0
9	Leg strap	1001.57A0
10	Leg restraint cuff	1001.4700

Positioning aids		
11	Oasis Elite Supine Head Rest Adult	4006.21A0*
12	Azure heel protectors Alternative	4006.29A0* 4006.16A0
13	Azure sacral protector small	4006.24A0*

*Manufactured by Trulife

1.9 Struma position

Normal orientation



Alternative configuration with horseshoe head rest



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

After anesthetic induction the patient lies on the table in the supine position. The head is positioned on a head rest.

Position the patient with the acetabulum at the height of the electrically adjustable back rest joint, which enables correct anatomical movement when adjusting the table.

Then, proceed as follows:

- Possibly, shift any longitudinal shift of the table in the direction of the head end.
- Place the patient on the table top with the shoulders situated slightly over the edge of the extension plate.
- Example for positioning the arms: on the side of the surgeon the arm is positioned next to the body using an arm protector. The other arm can be abducted on an arm support for anesthesia. Secure the arm with a strap.
- Move the table top into the surgical position: slightly Trendelenburg, in the next step, move up torso and then lower the leg plates by motor power.
- Once the patient has been positioned, any shear and friction forces that have arisen during the process must be eliminated, e.g. by briefly lifting the patient.
- Lower head rest manually and move the head into the desired surgical position.
- **Tip:** lock the head rest by pressing down the yellow button to prevent unintended movement.
- Anatomically correct positioning of the remaining positioning aids and mounting of further side rail accessories.
- Make sure that the heels and popliteal fossa are positioned freely. The legs of the patient should be slightly bent to prevent overextension of the knee.
- Secure the legs with a body strap.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Extension plate	1160.32BC
3	Head rest	1160.64BC
4	Leg plate, one piece	1133.58BC

General side rail accessories		
5	Arm support, strap included	1001.6000
6	Arm protector, pad and strap included	1002.25A0
7	Body strap	1001.59B0

Positioning aids		
8	Oasis Elite Closed Head Ring Adult	4006.02A0*
9	Oasis Elite Heel Pads	4006.16A0*
10	Oasis flat bottom chest roll	4006.25A0*

*Manufactured by Trulife

Alternative with horseshoe head rest		
A	Extension plate Alternative	1160.32BC 1004.05A0
B	Head rest adapter	1130.81A0
C	Connection bracket	1130.54B0
D	Fixture	1002.65A0
E	Horseshoe head rest – two-section	1002.72A0

1.10 Struma position

Reverse orientation



Alternative configuration with horseshoe head rest



B (AC version)



C



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

After anesthetic induction the patient lies on the table in the supine position. The head is positioned on a head rest.

Position the patient with the acetabulum at the height of the electrically adjustable back rest joint, which enables correct anatomical movement when adjusting the table.

Then, proceed as follows:

- Possibly, shift any longitudinal shift of the table in the direction of the head end.
- Place the patient on the table top with the shoulders situated slightly over the edge of the extension plate.
- Example for positioning the arms: on the side of the surgeon the arm is positioned next to the body using an arm protector. The other arm can be abducted on an arm support for anesthesia. Secure the arm with a strap.
- Move the table top into the surgical position: slightly Trendelenburg, in the next step, move up torso and then lower the leg plates by motor power.
- Once the patient has been positioned, any shear and friction forces that have arisen during the process must be eliminated, e.g. by briefly lifting the patient.
- Lower head rest manually and move the head into the desired surgical position.
- **Tip:** lock the head rest by pressing down the yellow button to prevent unintended movement
- Anatomically correct positioning of the remaining positioning aids and mounting of further side rail accessories.
- Make sure that the heels and popliteal fossa are positioned freely. The legs of the patient should be slightly bent to prevent overextension of the knee.
- Secure the legs with a body strap.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Extension plate (2 x head side)	1160.32BC
3	Head rest	1160.64BC
4	Seat plate extension (1 x leg side)	1160.55BC

Positioning aids		
8	Oasis Elite Closed Head Ring Adult	4006.02A0*
9	Oasis Elite Heel Pads	4006.16A0*
10	Oasis flat bottom chest roll	4006.25A0*

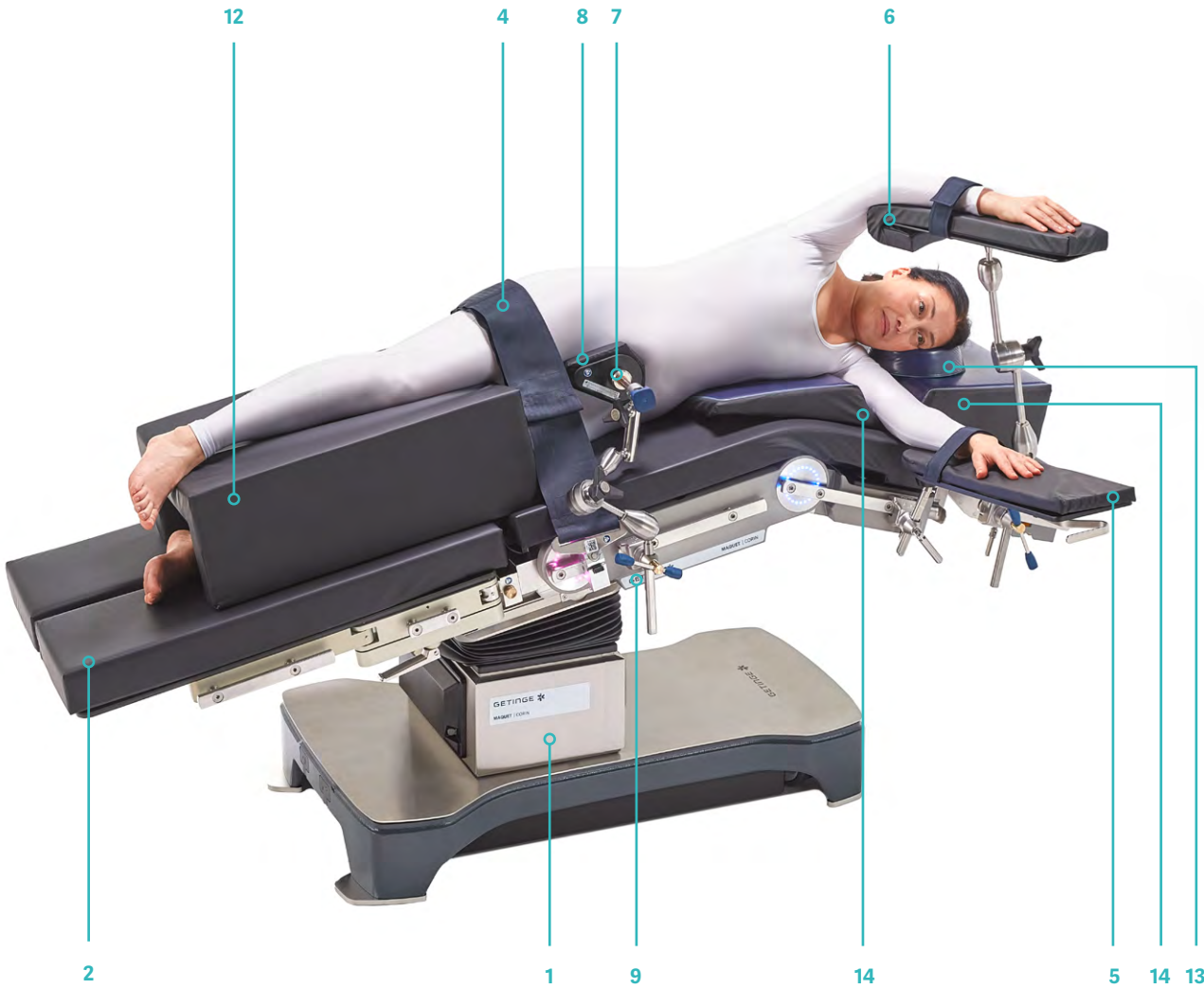
*Manufactured by Trulife

General side rail accessories		
5	Arm support, strap included	1001.6000
6	Arm protector, pad and 2 straps included	1002.25A0
7	Body strap	1001.59B0

Alternative with horseshoe head rest		
A	Extension plate	1160.32BC
B	Back plate, trapez-shaped	1160.35BC
C	Horseshoe head rest – with one-handed adjustment	1002.66A0
D	Arm protector	1002.25A0
E	Arm support	1001.6000

1.11 Lateral position for thorax operations

Normal orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

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

Then, proceed as follows:

- Position the patient: Thorax (3/4 intercostal area) at the height of the motorized back plate adjustment.
- Mount and pre-position lateral supports.
- Mount the arm support for the lower arm at shoulder height 90° to the table.
- Mount the arm rest for the upper arm to the side rail above the arm rest for the second arm.
- Turn the patient onto the side.
- Positioning of the head with a gel head ring to ensure free positioning of the ear.
- Positioning the arms: Place the upper arm onto the arm rest. The lower arm is lying in the opening of the lateral positioner. Position the lower arm on the arm support and secure with a strap.
- Make sure that the lower shoulder of the patient is pulled forward.
- Longitudinal shift of the table top towards head direction.
- Move the table into the surgical position (e.g by selecting the "FLEX" position in the menu of the hand control).
- Check once again the correct positioning of the arms.
- **Tip:** Until the lateral supports have been put into their final position, the patient must be secured to prevent potential rolling back.
- Make sure that the body supports are placed at the bony structures of the body and not at the soft tissue.
- **Tip:** Use gel pads between the patient and the lateral supports to reduce shear and friction forces.
- Adjust and fix the lateral supports.
- Bring cervical spine and thoracic spine into an anatomically neutral position.
- Mount further side rail accessories.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Leg plates, pair	1160.50BC
3	Head rest (not visible)	1160.53BC

General side rail accessories		
10	Fixture for body support for the back side	1002.19C0
11	Back/buttocks support	1002.11A0

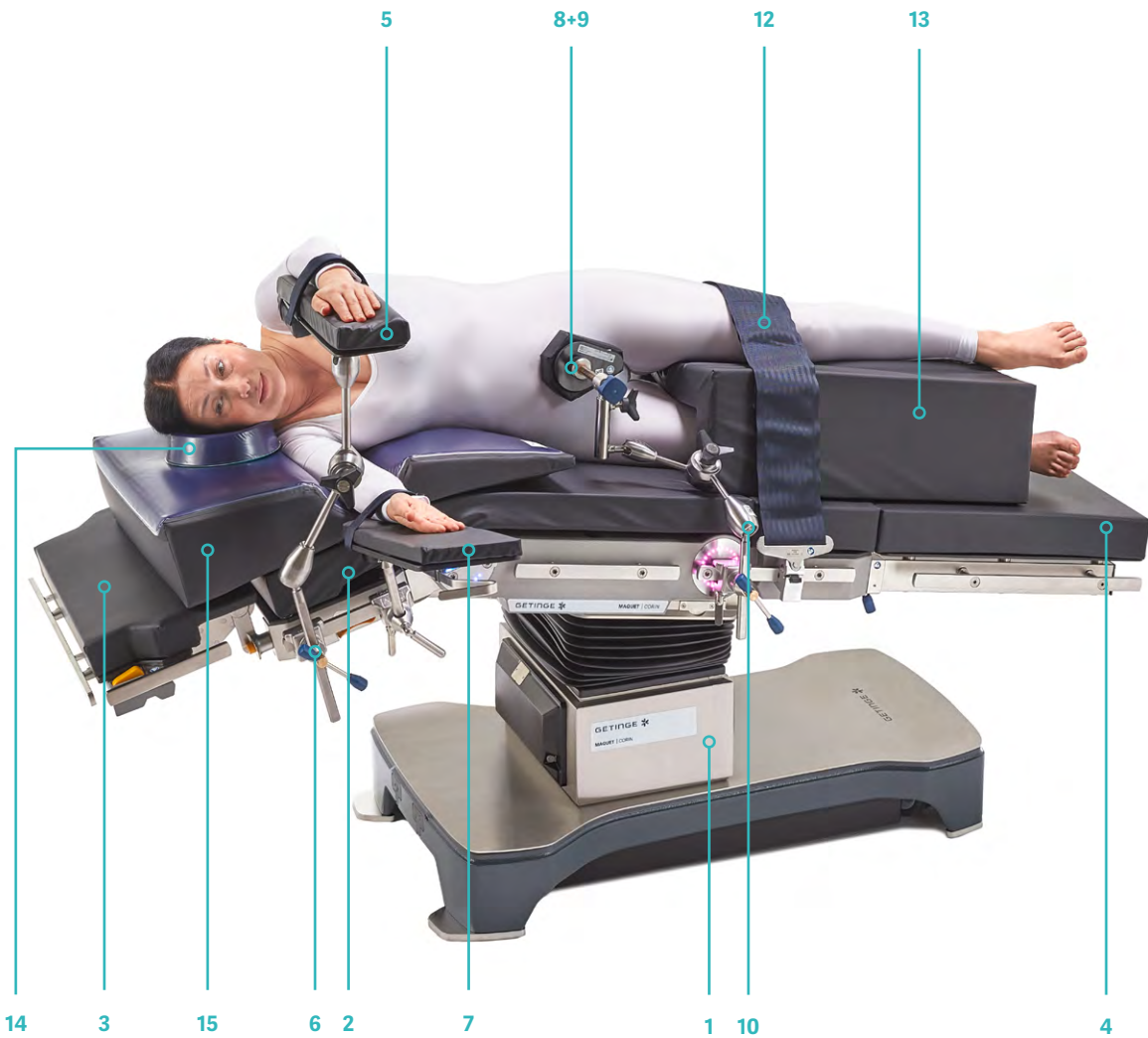
General side rail accessories		
4	Body strap	1001.59B0
5	Arm support	1001.6000
6	Arm rest and radial setting clamp	1002.49A0 1003.23C0
7	Pin joint arm for body supports	1002.40A0
8	Body support	1002.97A0
9	Radial setting clamp	1003.23C0

Positioning aids		
12	Tunnel cushion	1000.77A0
13	Oasis Elite Closed Head Ring Adult	4006.02A0*
14	Oasis Elite Lateral Positioner	4006.18A0*
15	Oasis Elite Heel pad (not visible)	4006.29A0*

*Manufactured by Trulife

1.12 Lateral position for thorax operations

Reverse orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

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

Then, proceed as follows:

- Position the patient: Thorax (3/4 intercostal area) at the height of the motorized back plate adjustment.
- Mount and pre-position lateral supports.
- Mount the arm support for the lower arm at shoulder height 90° to the table.
- Mount the arm rest for the upper arm to the side rail above the arm rest for the second arm.
- Turn the patient onto the side.
- Positioning of the head with a gel head ring to ensure free positioning of the ear.
- Positioning the arms: Place the upper arm onto the arm rest. The lower arm is lying in the opening of the lateral positioner. Position the lower arm on the arm support and secure with a strap.
- Make sure that the lower shoulder of the patient is pulled forward.
- Longitudinal shift of the table top towards head direction.
- Move the table into the surgical position (e.g by selecting the "FLEX" position in the menu of the hand control).
- Check once again the correct positioning of the arms.
- **Tip:** Until the lateral supports have been put into their final position, the patient must be secured to prevent potential rolling back
- Make sure that the body supports are placed at the bony structures of the body and not at the soft tissue.
- **Tip:** Use gel pads between the patient and the lateral supports to reduce shear and friction forces.
- Adjust and fix the lateral supports.
- Bring cervical spine and thoracic spine into an anatomically neutral position.
- Mount further side rail accessories.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Extension plate	1160.32BC
3	Head rest	1160.64BC
4	Leg plate, one piece	1133.58BC

General side rail accessories		
5+6	Arm rest (strap included) and radial setting clamp	1002.49A0 1003.23C0
7	Arm support (strap included)	1001.6000
8+9	Pin joint arm for Body supports- Body support mounted	1002.40A0 1002.97A0
10	Fixture for body support for the back side	1002.19C0
11	Back/buttocks support	1002.11A0
12	Body strap	1001.59B0

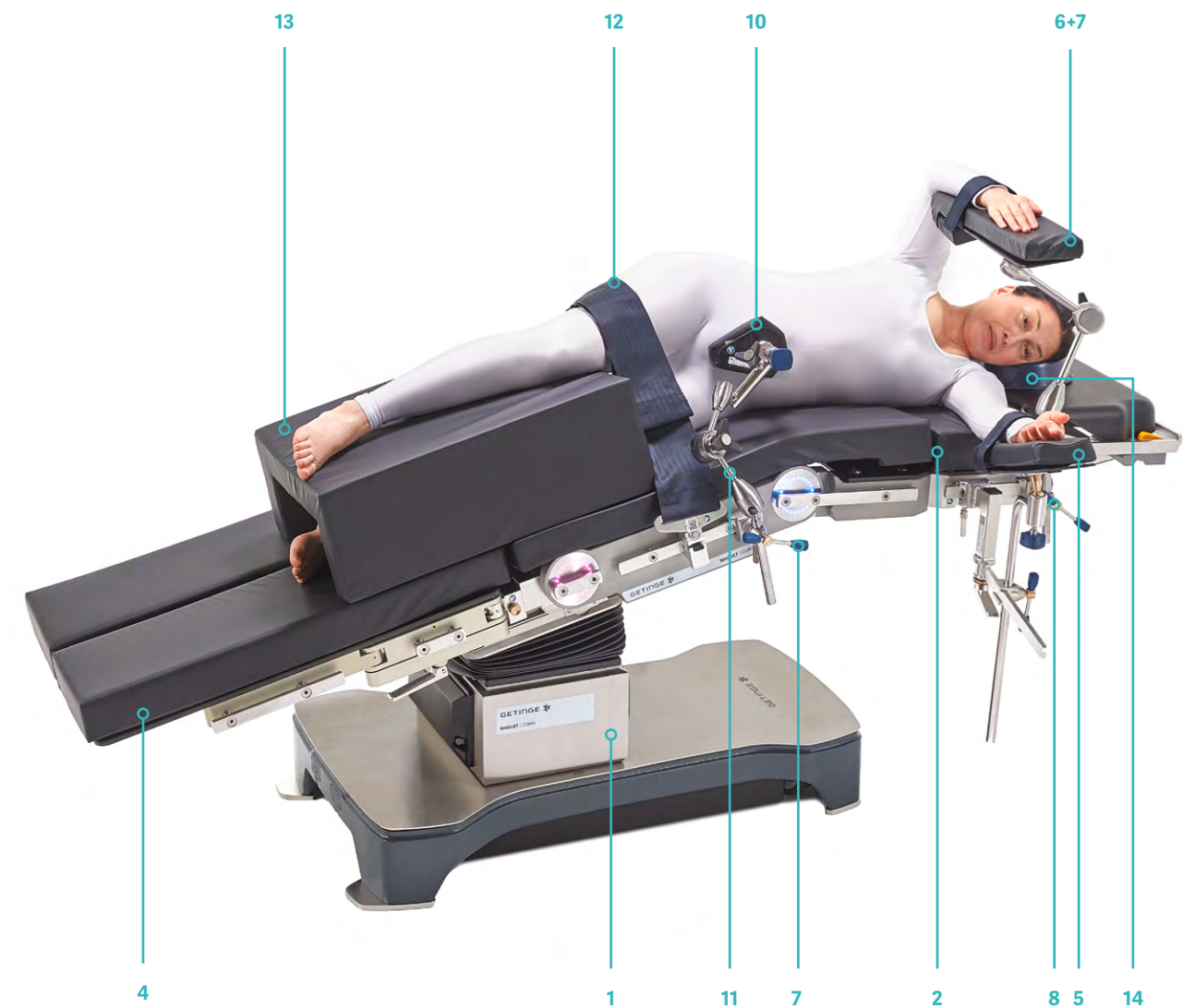
Positioning aids		
13	Tunnel cushion	1000.77A0
14	Oasis Elite Closed Head Ring Adult	4006.02A0*
15	Oasis Elite Lateral Positioner	4006.18A0*
16	Oasis Elite heel pad (not visible)	4006.29A0*

*Manufactured by Trulife

1.13 Lateral position

for operations in the kidney area

Normal orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

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

Then, proceed as follows:

- Move the table top with longitudinal shift as far as possible in the direction of the head end.
- Adjust all positioning aids to the anatomy of the patient.
- Position the patient: The flank is at the height of the motorized back plate adjustment, the iliac crest is slightly in front of the adjustable joint to enable unfolding into the flank area.
- Mount and pre-position lateral supports.
- Mount the arm support for the lower arm at shoulder height 90° to the table.
- Mount the arm rest for the upper arm to the side rail above the arm rest for the second arm.
- Turn the patient onto their side.
- Position the head in a gel head ring and make sure, that the ear is positioned freely.
- Positioning the arms: Place the upper arm onto the arm rest. Position the lower arm on the arm support.
- **Tip:** In the lateral position, make sure that the lower shoulder of the patient is pulled forward.
- Move the table into the surgical position (e.g by selecting the "FLEX" position in the menu of the hand control).
- Final positioning of the arms and lateral supports.
- Until the lateral supports have been put into their final position, the patient must be secured to prevent potential rolling back.
- Make sure that the body supports are placed at the bony structures of the body and not at the soft tissue.
- **Tip:** Use gel pads between the patient and the lateral supports to reduce shear and friction forces.
- Positioning of the legs with tunnel cushion and secure with a body strap. Freely position the ankles with the aid of heel pads to relief pressure. Avoid pressure between the knees and use gel pads or cushions for pressure relief.
- Bring cervical and thoracic spine into an anatomically neutral position by using a dual-joint head rest.
- Mount further side rail accessories.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.
- The configuration can also be done in reverse orientation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Extension plate	1160.32BC
3	Head rest	1160.64BC
4	Leg plate, pair	1160.50BC

General side rail accessories		
5	Arm support	1001.44F0
6	Arm rest	1002.49A0
7	Radial setting clamp	1003.23C0
8	Fixture for body support for the back side	1002.19C0
9	Back/buttocks support	1002.11A0
10	Body support	1002.97A0
11	Pin-joint arm for body supports	1002.97A0
12	Body strap	1001.59B0

Positioning aids		
13	Tunnel cushion	1000.77A0
14	Oasis Elite Closed Head Ring Adult	4006.02A0*
15	Oasis Elite heel pad	4006.29A0*

*Manufactured by Trulife

1.14 Lateral position

for operations in the kidney area

Reverse orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

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

Then, proceed as follows:

- Move the table top with longitudinal shift as far as possible in the direction of the head end.
- Adjust all positioning aids to the anatomy of the patient.
- Position the patient: The flank is at the height of the motorized back plate adjustment, the iliac crest is slightly in front of the adjustable joint to enable unfolding into the flank area.
- Mount and pre-position lateral supports.
- Mount the arm support for the lower arm at shoulder height 90° to the table.
- Mount the arm rest for the upper arm to the side rail above the arm rest for the second arm.
- Turn the patient onto their side.
- Position the head in a gel head ring and make sure, that the ear is positioned freely.
- Positioning the arms: Place the upper arm onto the arm rest. Position the lower arm on the arm support.
- **Tip:** In the lateral position, make sure that the lower shoulder of the patient is pulled forward.
- Move the table into the surgical position (e.g by selecting the "FLEX" position in the menu of the hand control).
- Final positioning of the arms and lateral supports.
- Until the lateral supports have been put into their final position, the patient must be secured to prevent potential rolling back.
- Make sure that the body supports are placed at the bony structures of the body and not at the soft tissue.
- **Tip:** Use gel pads between the patient and the lateral supports to reduce shear and friction forces.
- Positioning of the legs with tunnel cushion and secure with a body strap. Freely position the ankles with the aid of heel pads to relief pressure. Avoid pressure between the knees and use gel pads or cushions for pressure relief.
- Bring cervical and thoracic spine into an anatomically neutral position by using a dual-joint head rest.
- Mount further side rail accessories.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Extension plate (leg side)	1160.32BC
3	Head rest	1160.64BC
4	Extension plate (x2 head side)	1160.32BC

General side rail accessories		
5	Arm support	1001.44F0
6	Arm rest	1002.49A0
7	Radial setting clamp	1003.23C0
8	Fixture for body supports	1002.19C0
9	Back/buttocks support	1002.11A0
10	Pin-joint arm for body supports	1002.97A0
11	Radial setting clamp	1003.23C0
12	Pubis/ sternum support	1002.11B0
13	Body strap	10056A0
11	Pin-joint arm for body supports	1002.97A0

Positioning aids		
14	Tunnel cushion	1000.77A0
15	Oasis Elite Closed Head Ring Adult	4006.02A0*
16	Oasis Elite heel pad	4006.29A0*

*Manufactured by Trulife

1.15 Genucubital position

with 4 pieces leg plates for rectum surgery

Normal orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

The initiation of anesthesia is performed on a separate stretcher.
After anesthetic induction the patient lies on the stretcher in supine position.
The OR table is preconfigured. The head is positioned with a positioning aid.

Then, proceed as follows:

- Use longitudinal shift of the table in the direction of the foot end.
- Raise the lower parts of the leg plates manually by 90° until they audibly snap into position and close the eccentric lever.
- Move the leg plates downward (90°) with the aid of the motorized joint until the desired position has been reached.
- Place the positioning aids in line with patient anatomy.
- Axially turn patient from the stretcher onto the preconfigured OR table.
- Position the head in a prone head rest.
- Make sure that no pressure on the eyes is applied.
- Adapt the arm supports at the side rails at shoulder height.
- Position the arms and secure with a strap.
- Support the pelvis and thigh area by placing further gel pads or pad for rectal positioning (1180.41A0).
- Secure the patient's legs (calves) with leg restraint cuffs.
- Support the wrist of the feet by using heel pads.
- The leg plates can be abducted by using the manual eccentric lever close to the motorized joint of the table top.
- If necessary, mount the lateral supports for the pelvis/ hip.
- Adjusting the table into the desired position:
 - Move table until it is slightly head down (Trendelenburg).
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Leg plates, pair of 4 pieces leg plate	1133.73BC
General side rail accessories		
3	Leg restraint cuff (2x)	1001.4700
4	Arm support (2x) including straps and clamps	1001.6000

Positioning aids		
5	Oasis Universal Patient Positioner	4006.11A0*
6	Oasis Elite Heel Pads	4006.16A0*
7	Oasis Elite Prone Head Rest, large	4006.21A0*

*Manufactured by Trulife

1.16 Standing position

for bariatric surgery using the bariatric set

Normal orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

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

Then, proceed as follows:

• Preparing the OR table

- mount the width extenders of the bariatric set on the side rails of the OR table. Mount two or three pairs of width extenders depending on the length of the patient's body.
- Mount the width extenders of the bariatric set on the side rails of the OR table. Mount two or three pairs of width extenders depending on the length of the patient's body.
- Remove the SFC pad from the seat plate segment and the upper back plate and place the SFC pads of the bariatric set instead.

• Positioning the patient

- Place the patient with the hips at the level of the motorized joint of the leg plates.
- Make sure the pelvis is correctly placed.
- Place the arms on the arm support, abduct and position the arms correctly. Secure the arms with straps.
- Abduct the leg plates manually by using the eccentric lever on the leg plate.
- Attach the leg straps: fix them with one clamp on the side rails, wrap them around the thighs and fix the second clamp to the side rail.

- Make sure that the leg straps are positioned as tight as possible to the pelvis to prevent the patient's body from slipping during table movement.
- Secure the lower legs on the leg plates with leg restraint cuffs.
- Mount the foot plates on the side rails of the leg plates. The feet should be positioned in a 90° angle.
- Secure all screw and clamp connections before raising the patient into a (half) standing position.
- Move the table into the desired position by using:
 - longitudinal slide
 - height adjustment
 - reverse Trendelenburg
- 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. (lifting the back from either side)
- **Tip:** Accessories might be mounted to the side rails of the width extenders of the bariatric set.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Extension plate	1160.32BC
3	Leg plates, pair	1160.50BC

Positioning related accessories		
4	Bariatric set: comprises 3x2 width extenders and 2 extra wide & thick pads	1001.74B0
5	Foot plate, pair	1001.86C0

General side rail accessories		
6	Leg restraint cuff (2x)	1001.4700
7	Nissen strap bariatric, pair, including clamps	1008.06D0**
8	Arm support (2x)	1001.44F0

Positioning aids		
9	Oasis Elite Supine Head Rest Adult	4006.21A0*

*Manufactured by Trulife
** Manufactured by Kyra

1.17 Sitting position for bariatric surgery

using the bariatric set and leg holders with adjustable pneumatic support

Normal orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

After anesthetic induction the patient lies on the OR table in supine position with the buttocks on the lower edge of the seat plate extension. The legs are positioned on a leg plate or transfer board (not in the picture). The head is positioned with a positioning aid.

Then, proceed as follows:

- Preparing the OR table**
 - Mount the width extenders of the bariatric set on the side rails of the OR table. Mount two or three pairs of width extenders depending on the length of the patient's body.
 - Remove the SFC pad from the seat plate segment and place the SFC pads of the bariatric set instead.
 - Attach the seat plate to the leg side joint.
 - Attach the transfer board or leg plate for prepositioning the patient.
- Positioning the patient**
 - Mount the arm supports, place the arms and position them accordingly. Secure the arms with straps.
 - Mount the leg holders with their blade clamps on the side rails of the seat plate extension.
 - Place the feet of the patient into the boot and abduct he legs with the leg holders.
 - Make sure to provide the largest possible contact surface for the calf in the leg holders.
 - Mount further side rail accessories and positioning aids.
 - Remove transfer board or leg plates.
 - Move table into the surgical position and raise patient into sitting position.
 - Once the patient has been positioned, any shear and friction forces that have arisen during the process must be eliminated, e. g. by briefly lifting the patient (e.g. by lifting the back from either side one after the other).
 - Check all screw and clamp connections.
 - The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Extension plate	1160.32BC
3	Seat plate extension	1160.55BC
Positioning related accessories		
4	Bariatric set: comprises 3x2 width extenders and 2 extra wide & thick pads	1001.74B0
5	Transfer board or leg plate	1132.65A0 1133.58A0

General side rail accessories		
6	Arm support (2x)	1001.44F0
7	Stirrups bariatric, pair	1003.80A0
8	Leg holder and knee crutches (Blade clamps included)	1003.82A0
Positioning aids		
9	Oasis Elite Supine Head Rest Adult	4006.21A0*

*Manufactured by Trulife

1.18 Sitting position for bariatric surgery

using the bariatric set and 4 pieces leg plates

Normal orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

The initiation of anesthesia is performed on the OR table. After anesthetic induction the patient lies on the OR table in supine position with the buttocks on the lower edge of the table. The head is positioned with a positioning aid.

Then, proceed as follows:

- **Preparing the OR table**
 - Mount the width extenders of the bariatric set on the side rails of the OR table. Mount two or three pairs of width extenders depending on the length of the patient's body.
 - Remove the SFC pad from the seat plate segment and position the SFC pads of the bariatric set instead.
 - Mount the leg plates to the leg side joint.
- **Positioning the patient**
 - Position the head on a head ring or gel head rest.
 - Attach the arm supports to the side rails and position the arms and secure with the straps.
 - Abduction of the leg plates, fixation of the legs with a leg strap and leg restraint cuff.
 - Make sure that the heels and popliteal fossa are positioned freely. The legs should be slightly bent.
 - Support the heels with gel pads.
 - If necessary, the calf part of the 4-piece leg plate can be slightly unfolded in order to better adapt to the anatomy of the patient.
 - Move the table top into the surgical position and raise the patient into sitting position.
 - **Tip:** Longitudinal shift downwards could be used to lower the tabletop to the floor.
 - 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 (e.g. by lifting either side of the patient's back one after the other).
 - Check and, if necessary, adjust the positioning of the arm and the leg holder.
 - Check all screw and clamp connections.
 - The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Extension plate	1160.32BC
3	Leg plates, pair	1133.73BC

Positioning related accessories		
4	Bariatric set: comprises 3x2 width extenders and 2 extra wide & thick pads	1001.74B0

General side rail accessories		
5	Leg restraint cuff (2x)	1001.4700
6	Leg strap (2x)	1001.57A0
7	Arm support (2x) including straps	1001.44F0

Positioning aids		
8	Oasis Elite Supine Head Rest Adult	4006.21A0*
9	Azure Heel Protectors	4006.29A0*

*Manufactured by Trulife



2 Patient positioning by discipline **Gynecology and urology**

- 2.1 Patient positioning with transfer board before moving into lithotomy position (RO)
- 2.2 Lithotomy position with leg holders and vacuum mattress (NO)
- 2.3 Lithotomy position with leg holders (NO)
- 2.4 Lithotomy position with leg holders (RO)
- 2.5 Lithotomy position with leg holders, with one hand operation (NO)
- 2.6 Lithotomy position with leg holders, with one hand operation (RO)
- 2.7 Lithotomy position with seat plate extension and leg holders (NO)
- 2.8 Lithotomy position with seat plate extension and leg holders (RO)
- 2.9 Lithotomy position with seat plate extension, leg holders and TUR set (NO)
- 2.10 Lithotomy position with seat plate extension, leg holders and TUR set (RO)
- 2.11 Lithotomy position with Maquetmatic leg pates (NO)
- 2.12 Lithotomy position with Maquetmatic leg plates (RO)

NO: Normal orientation
RO: Reverse orientation

2.1 Patient positioning
with transfer board before moving into lithotomy position

Reverse orientation



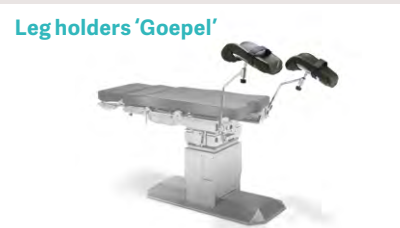
Positioning the patient

The table top configuration and patient position is recommended for preparation and conclusion of the operation.

The configuration can be completed with leg holders 'Goepel' (1001.65A0) style or leg holders (1003.80A0) and knee crutches (1003.82A0) with one hand operation as well as arm supports.

This set-up is also possible in normal orientation.

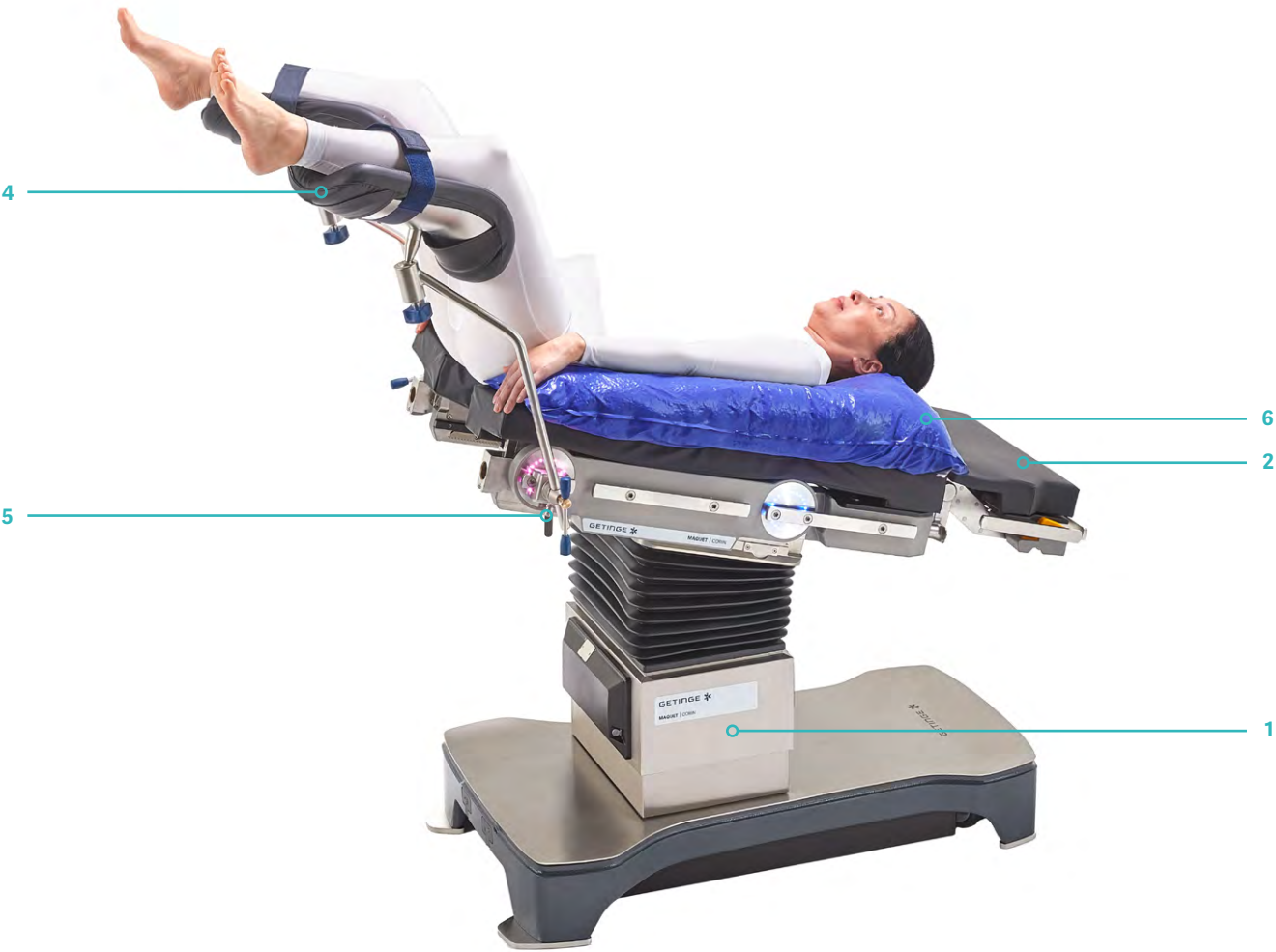
Basic configuration			Positioning aids		
1	Maquet Corin OR Table	7700.01XX	4	Oasis Elite Supine Head Rest Adult	4006.21A0*
2	Extension plate	1160.32BC	5	Azure Sacral Protector, small	4006.24A0*
3-A	Transfer board for induction	1130.65A0	*Manufactured by Trulife		
3-B	Transfer board for induction	1132.65A0			



2.2 Lithotomy position

with leg holders and vacuum mattress

Normal orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

After anesthetic induction the patient lies on the OR table in supine position with the buttocks close to the sacral cut-out.

The head is positioned with a positioning aid.

Then, proceed as follows:

- **Preparing the OR table**
 - Place the vacuum mattress on the table top, the sacral cut out above the cut out of the OR table.
 - Secure the vacuum mattress on the OR table top e.g. with an anti-slip foil.
 - Prepare the mattress according to the IFU. A waterproof sheet can be placed on top.
 - Suction of the vacuum mattress into a stable form (see IFU of the vacuum mattress*).
- **Positioning the arms**
 - The arms can be positioned on the vacuum mattress alongside the body.
 - Make sure that the hands are not in contact with any metal parts of the OR table.
- When positioning the patient, adapt the vacuum mattress to the anatomy of the patient. Shape it and suck the air out of the mattress until it is solid. Close the valve and check the correct position of the patient once again.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Head rest	1160.64BC
3-A	Transfer board for induction	1130.65A0
3-B	Transfer board for induction	1132.65A0

General side rail accessories		
4	Leg holder (2x)	1001.65A0
5	Radial setting clamp (2x)	1003.23C0

Positioning specific accessories		
6	Vacuum mattress	1000.78A0*

*Manufactured by B&W Schmidt

2.3 Lithotomy position with leg holders

Normal orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

After anesthetic induction the patient lies on the OR table in supine position with the buttocks close to the sacral cut-out.

The head is positioned with a positioning aid.

Then, proceed as follows:

- Longitudinal shift of the table top in the direction of the foot end.
- Mount the radial setting clamps on the side rails of the motorized leg plate mounting point.
- Attach the leg holders.
- Place the legs on the calf plate. The popliteal fossa must be positioned freely. Secure the legs with straps.
- Abduct and lift the legs on the leg holders manually one leg after the other.
- Remove the transfer board or leg plates.
- Place the arm supports into the desired position and position the arms and secure with straps.
- Mount further side rail accessories and positioning aids.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Head rest	1160.64BC
3-A	Transfer board for induction	1130.65A0
3-B	Transfer board for induction	1132.65A0

Positioning aids		
10	Oasis Elite Supine Head Rest Adult	4006.21A0*
11	Azure Sacral Protector, small	4006.24A0*

*Manufactured by Trulife

General side rail accessories		
4	Arm support (2x)	1001.6000
5	Radial setting clamp (5x)	1003.23C0
6	Leg holder (2x)	1001.65A0
7	Tube holder	1002.55A0
8	Anesthesia frame	1002.54A0
9	Infusion stand	1009.01C0

2.4 Lithotomy position
with leg holders

Reverse orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

After anesthetic induction the patient lies on the OR table in supine position with the buttocks close to the sacral cut-out.

The head is positioned with a positioning aid.

Then, proceed as follows:

- Longitudinal shift of the table top in the direction of the foot end.
- Mount the radial setting clamps on the side rails of the motorized leg plate mounting point.
- Attach the leg holders.
- Place the legs on the calf plate. The popliteal fossa must be positioned freely. Secure the legs with straps.
- Abduct and lift the legs on the leg holders manually one leg after the other.
- Remove the transfer board or leg plates.
- Place the arm supports into the desired position and position the arms and secure with straps.
- Mount further side rail accessories and positioning aids.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Extension plate	1160.32BC
3-A	Transfer board for induction	1130.65A0
3-B	Transfer board for induction	1132.65A0

Positioning aids		
10	Oasis Elite Supine Head Rest Adult	4006.21A0*
11	Azure Sacral Protector, small	4006.24A0*

*Manufactured by Trulife

General side rail accessories		
4	Arm support (2x)	1001.6000
5	Radial setting clamp (4x)	1003.23C0
6	Leg holder (2x)	1001.65A0
7	Tube holder	1002.55A0
8	Anesthesia screen	1002.57A0
9	Anesthesia screen extension	1002.59A0

2.5 Lithotomy position
with leg holders, with one hand operation

Normal orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

After anesthetic induction the patient lies in supine position, with the buttocks close to the sacral cut-out.

The head is positioned with a positioning aid.

Then, proceed as follows:

- Longitudinal shift of the table top in the direction of the foot end.
- Place the arm supports into the desired position and position the arms.
- Mount the leg holders with their blade clamps on the side rails of the motorized leg plate mounting point.
- Positioning and adjusting the legs in the leg holders**
- Place the heel into the deepest point of the knee crutch.
- The boot is placed next to the ankle, not at the sole of the foot, allowing the necessary flexion of the knee joint.
- The knee is slightly bent.
- Close the pads and fix them with the straps.
- The rear of the leg holder is aligned with the opposite shoulder.
- Toe, knee and opposite shoulder form a diagonal line.
- The leg holders can now be adjusted simultaneously. After adjustments during the operation ensure that the knee crutches are correctly seated.
- Anatomically correct positioning of the positioning aids and mounting of further side rail accessories.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

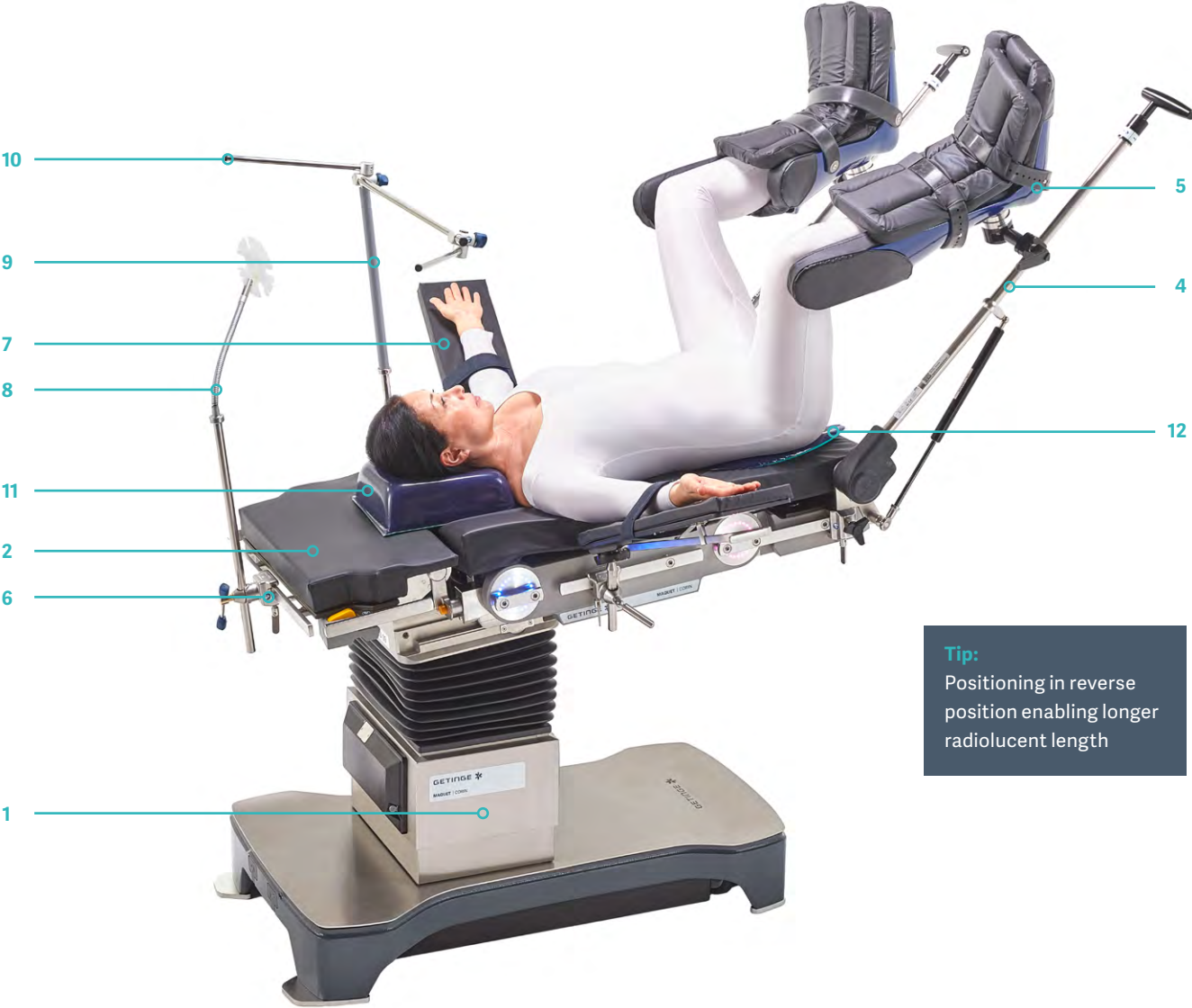
Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Head rest	1160.64BC
3-A	Transfer board for induction	1132.65A0
3-B	Leg plate for prepositioning phase	1133.58BC
Positioning specific accessories		
4	Leg holder with one hand operation, pair, Blade clamps included	1003.80B0
	New handle	1003.24A0
5	Knee crutches standard	1003.81A0
	Knee crutches, adipositas	1003.82A0

General side rail accessories		
6	Radial setting clamp (2x)	1003.23C0
7	Arm support (2x)	1001.6000
8	Tube holder	1002.55A0
9	Anesthesia screen	1002.57A0
10	Anesthesia screen extension	1002.59A0
11	Infusion stand	1009.01C0
Positioning aids		
12	Plexus cushion	1000.6900
13	Azure Sacral Protector, small	4006.24A0*

*Manufactured by Trulife

2.6 Lithotomy position
with leg holders with one hand operation

Reverse orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

After anesthetic induction the patient lies in supine position, with the buttocks close to the sacral cut-out.

The head is positioned with a positioning aid.

Then, proceed as follows:

- Longitudinal shift of the table top in the direction of the foot end.
- Place the arm supports into the desired position and position the arms.
- Mount the leg holders with their blade clamps on the side rails of the motorized leg plate mounting point.
- Positioning and adjusting the legs in the leg holders**
- Place the heel into the deepest point of the knee crutch.
- The boot is placed next to the ankle, not at the sole of the foot, allowing the necessary flexion of the knee joint.
- The knee is slightly bent.
- Close the pads and fix them with the straps.
- The rear of the leg holder is aligned with the opposite shoulder.
- Toe, knee and opposite shoulder form a diagonal line.
- The leg holders can now be adjusted simultaneously. After adjustments during the operation ensure that the knee crutches are correctly seated.
- Anatomically correct positioning of the positioning aids and mounting of further side rail accessories.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Head rest	1160.64BC
3-A	Transfer board for induction	1132.65A0
3-B	Leg plate for prepositioning phase	1133.58BC
Positioning specific accessories		
4	Leg holder with one hand operation, pair, Blade clamps included	1003.80B0 1003.24A0
5	Knee crutches standard	1003.81A0
	Knee crutches, adipositas	1003.82A0

General side rail accessories		
6	Radial setting clamp (2x)	1003.23C0
7	Arm support (2x)	1001.6000
8	Tube holder	1002.55A0
9	Anesthesia screen	1002.57A0
10	Anesthesia screen extension	1002.59A0
11	Infusion stand	1009.01C0
Positioning aids		
12	Plexus cushion	1000.6900
13	Azure Sacral Protector, small	4006.24A0*

*Manufactured by Trulife

2.7 Lithotomy position

with seat plate extension and leg holders

Normal orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

After anesthetic induction the patient lies in supine position, with the buttocks close to the sacral cut-out.

The head is positioned with a positioning aid.

Then, proceed as follows:

- Longitudinal shift of the table top in the direction of the foot end.
- Mount the leg holders to the radial setting clamps on the side rails of the seat plate extension.
- Place the legs on the calf plate. The popliteal fossa must be positioned freely. Secure the legs with straps.
- Adjust the patient's legs along with the leg holders manually, one after the other into the desired position.
- Place the arm supports into the desired position, position the arms and secure with straps.
- Anatomically correct positioning of the positioning aids and mounting of further side rail accessories.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Seat plate extension	1160.55BC

Positioning specific accessories		
3-A	Transfer board (for induction)	1130.65A0
3-B	Transfer board (for induction)	1132.65A0
4	Leg holder (2x)	1001.65A0

General side rail accessories		
5	Arm support (2x)	1001.6000
6	Radial setting clamp (5x)	1003.23C0
7	Tube holder	1002.55A0
8	Anesthesia frame	1002.54A0
9	Infusion stand including clamp	1009.01C0

Positioning aids		
10	Plexus cushion	1000.6900
11	Azure Sacral Protector, small	4006.24A0*

*Manufactured by Trulife

2.8 Lithotomy position

with seat plate extension and leg holders

Reverse orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

After anesthetic induction the patient lies in supine position, with the buttocks close to the sacral cut-out.

The head is positioned with a positioning aid.

Then, proceed as follows:

- Longitudinal shift of the table top in the direction of the foot end.
- Mount the leg holders to the radial setting clamps on the side rails of the seat plate extension.
- Place the legs on the calf plate. The popliteal fossa must be positioned freely. Secure the legs with straps.
- Adjust the patient's legs along with the leg holders manually, one after the other into the desired position.
- Place the arm supports into the desired position and position the arms and secure with straps.
- Anatomically correct positioning of the positioning aids and mounting of further side rail accessories.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Head rest	1160.64BC
3	Seat plate extension	1160.55BC
Positioning specific accessories		
4-A	Transfer board for induction	1130.65A0
4-B	Transfer board for induction	1132.65A0
5	Leg holder (2x)	1001.65A0

General side rail accessories		
6	Arm support (2x)	1001.6000
7	Radial setting clamp (5x)	1003.23C0
8	Tube holder	1002.55A0
9	Anesthesia screen	1002.57A0
10	Anesthesia screen extension	1002.59A0

Positioning aids		
11	Oasis Elite Supine Head Rest Adult	4006.21A0*
12	Azure Sacral Protector, small	4006.24A0*

*Manufactured by Trulife

2.9 Lithotomy position

with seat plate extension, leg holders and TUR set

Normal orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

After anesthetic induction the patient lies in supine position, with the buttocks close to the sacral cut-out.

The head is positioned with a positioning aid.

Then, proceed as follows:

- Longitudinal shift of the table top in the direction of the foot end.
- Mount the leg holders to the radial setting clamps on the side rails of the seat plate extension.
- Place the legs on the calf plate. The popliteal fossa must be positioned freely. Secure the legs with straps.
- Adjust the patient's legs along with the leg holders manually, one after the other into the desired position.
- Mount the TUR rinsing set onto the seat plate extension.
- Place the arm supports into the desired position and position the arms and secure with straps.
- Anatomically correct positioning of the positioning aids and mounting of further side rail accessories.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
Positioning specific accessories		
2-A	Transfer board for induction	1130.65A0
2-B	Transfer board for induction	1132.65A0
3	Seat plate extension	1160.55BC
4	Guide rails for TUR rinsing set	1160.56A0
5	TUR rinsing set	1003.45D0
6	Leg holder (2x)	1001.65A0

General side rail accessories		
7	Arm support (2x)	1001.6000
8	Tube holder	1002.55A0
9	Anesthesia screen	1002.57A0
10	Anesthesia screen extension	1002.59A0
11	Radial setting clamp (4x)	1003.23C0
12	Trolley including bucket	1003.46A0

Positioning aids		
13	Plexus cushion	4006.21A0*
14	Azure Sacral Protector, small	4006.24A0*

*Manufactured by Trulife

2.10 Lithotomy position

with seat plate extension, leg holders and TUR set

Reverse orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

After anesthetic induction the patient lies in supine position, with the buttocks close to the sacral cut-out.

The head is positioned with a positioning aid.

Then, proceed as follows:

- Longitudinal shift of the table top in the direction of the foot end.
- Mount the leg holders to the radial setting clamps on the side rails of the seat plate extension.
- Place the legs on the calf plate. The popliteal fossa must be positioned freely. Secure the legs with straps.
- Adjust the patient's legs along with the leg holders manually, one after the other into the desired position.
- Mount the TUR rinsing set onto the seat plate extension.
- Place the arm supports into the desired position and position the arms and secure with straps.
- Anatomically correct positioning of the positioning aids and mounting of further side rail accessories.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Head rest	1160.64BC

Positioning specific accessories		
3-A	Transfer board for induction	1130.65A0
3-B	Transfer board for induction	1132.65A0

4	Seat plate extension	1160.55BC
5	Guide rails for TUR rinsing set	1160.56A0
6	TUR rinsing set	1003.45D0
7	Leg holder (2x)	1001.65A0

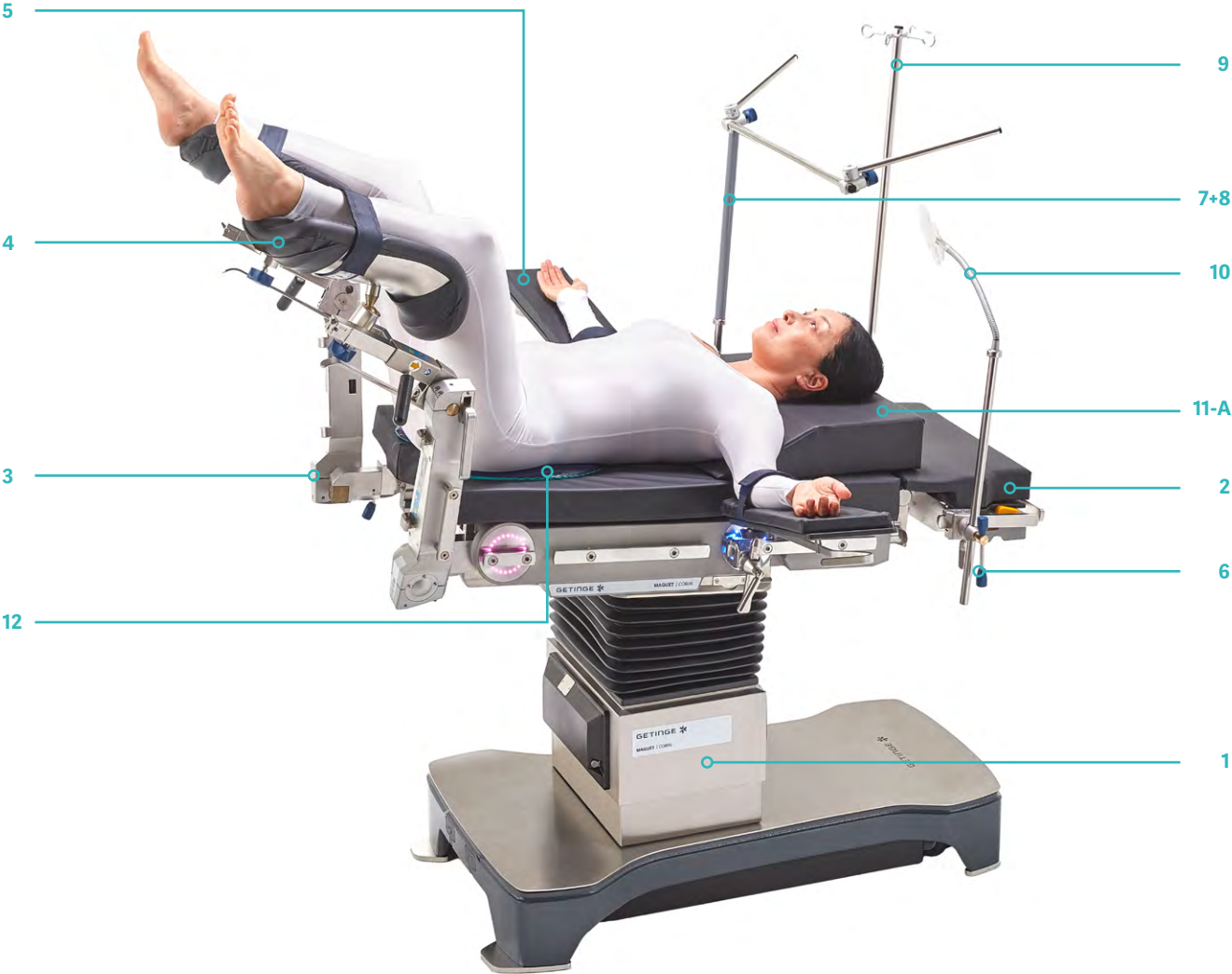
General side rail accessories		
8	Arm support (2x)	1001.6000
9	Tube holder	1002.55A0
10	Anesthesia screen	1002.57A0
11	Anesthesia screen extension	1002.59A0
12	Radial setting clamp (4x)	1003.23C0
13	Trolley including bucket	1003.46A0

Positioning aids		
14	Oasis Elite supine head rest adult	4006.21A0*
15	Azure Sacral Protector, small	4006.24A0*

*Manufactured by Trulife

2.11 Lithotomy position
with Maquetmatic leg pates

Normal orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

After anesthetic induction the patient lies in supine position, with the buttocks close to the sacral cut-out. The head is positioned with a positioning aid.

Then, proceed as follows:

- **Positioning of the patient**
 - The patient is placed with the buttocks close to the lower edge of the table (cut-out for gynecology).
 - Place the arms on the arm supports and adjust accordingly. Secure with straps.
 - The legs are positioned on the Maquetmatic leg plates.
- **Adjusting and positioning of the Maquetmatic leg plate**
 - The thigh section must be adjusted manually. When it is raised the calf section automatically will fold downwards.
 - The calf section can (still) be adjusted manually.
 - Support the foot and calves of the patient while removing the calf plates.
- Detach the calf plates and attach the knee crutches. Place the calves on the knee crutches. Secure with straps. The popliteal fossa of the patient must be freely positioned.
- Abduct legs on the Maquetmatic leg plate and then raise manually into the desired position by using the eccentric levers of the leg plates.
- Remove thigh plates from the Maquetmatic leg plate.
- Possibly, shift any longitudinal shift of the table top in the direction of the foot end.
- **Positioning the arms**
 - Place the arm supports 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 shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Head rest	1160.64BC

Positioning specific accessories		
3	Maquetmatic leg plates, pair	1130.70AC
4	Knee crutches, pair	1005.01B0

General side rail accessories		
5	Arm support (2x)	1001.6000
6	Radial setting clamp (2x)	1003.23C0
7	Anesthesia screen	1002.57A0

General side rail accessories		
8	Anesthesia screen extension	1002.59A0
9	Infusion stand	1009.01C0
10	Tube holder	1002.55A0

Positioning aids		
11-A	Plexus cushion	1000.6900
11-B	Alternative: Oasis Elite supine head rest adult	4006.21A0*
12	Azure Sacral Protector, small	4006.24A0*

*Manufactured by Trulife

2.12 Lithotomy position
with Maquetmatic leg pates

Reverse orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

After anesthetic induction the patient lies in supine position, with the buttocks close to the sacral cut-out.

The head is positioned with a positioning aid.

Then, proceed as follows:

- **Positioning of the patient**
 - The patient is placed with the buttocks close to the lower edge of the table (cut-out for gynecology).
 - Place the arms on the arm supports and adjust accordingly. Secure with straps.
 - The legs are positioned on the Maquetmatic leg plates.
- **Adjusting and positioning of the Maquetmatic leg plates**
 - The thigh section must be adjusted manually. When it is raised the calf section automatically will fold downwards.
 - The calf section can (still) be adjusted manually.
 - Support the foot and calves of the patient while removing the calf plates.
 - Detach the calf plates and attach the knee crutches. Place the calves on the knee crutches. Secure with straps. The popliteal fossa of the patient must be freely positioned.
- Abduct legs on the Maquetmatic leg plate and then raise manually into the desired position by using the eccentric levers of the leg plates.
- Remove thigh plates from the Maquetmatic leg plate.
- Possibly, shift any longitudinal shift of the table top in the direction of the foot end.
- **Positioning the arms**
 - Place the arm supports 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 shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Head rest	1160.64BC

Positioning specific accessories		
3	Maquetmatic leg plates (pair)	1130.70AC
4	Knee crutches (pair)	1005.01B0

General side rail accessories		
5	Arm support (2x)	1001.6000
6	Radial setting clamp (2x)	1003.23C0
7	Anesthesia screen	1002.57A0

General side rail accessories		
8	Anesthesia screen extension	1002.59A0
9	Tube holder	1002.55A0

Positioning aids		
10	Azure Sacral Protector, small	4006.24A0*
11	Plexus cushion	1000.6900

*Manufactured by Trulife



3 Patient positioning by discipline

Ophthalmology, ENT, oral and facial surgery

- 3.1 Supine position head support with horseshoe head rest (NO)
- 3.2 Supine position head support with horseshoe head rest (RO)
- 3.3 Supine position head support with flat head rest (NO)
- 3.4 Supine position head support with flat head rest (RO)

NO: Normal orientation
RO: Reverse orientation

3.1 Supine position

head support with horseshoe head rest

Normal orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

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

Then, proceed as follows:

- Possibly, shift any longitudinal shift of the table in the direction of the head end.
- Place the head on the horseshoe head rest.
- Adjust the horseshoe head rest into the desired position and fix all screws.
- Secure the head with a strap (supplied with the horseshoe head rest).
- **Positioning the arms**
- Both arms can be positioned next to the body using arm protectors.
- Alternatively, one arm can be positioned on an arm support and be abducted for anesthesia access.
- Legs can be positioned on a single piece leg plate.
- 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.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Extension plate	1160.32BC

Positioning specific accessories		
3	Head rest adapter	1130.81A0
4	Connection bracket	1130.54B0
5	Fixture	1002.65A0
6	Horseshoe head rest – two-section	1002.72A0

General side rail accessories		
7	Arm protector (2x)	1002.25A0
8	Body strap	1001.59X0

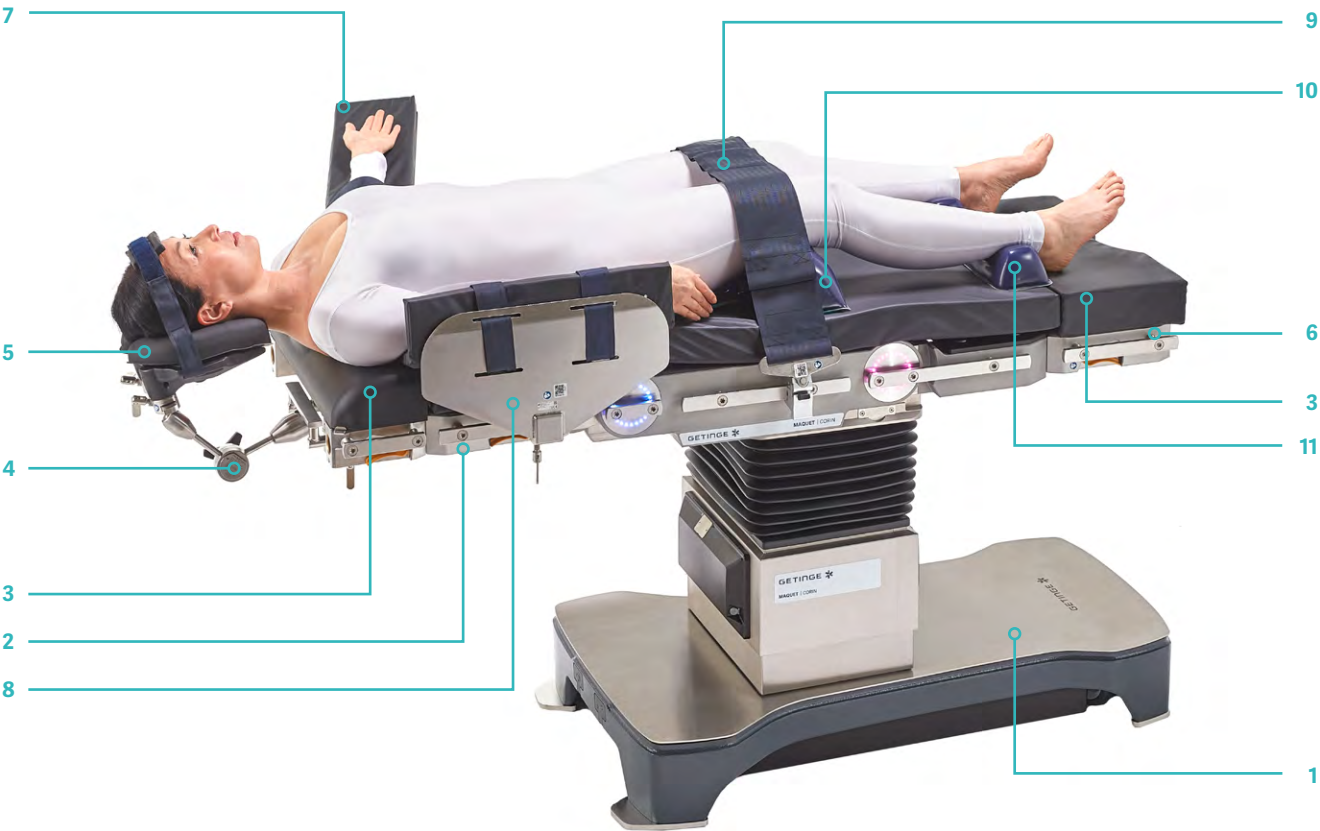
Positioning aids		
9	Oasis Elite Flat Bottom Chest Roll	4006.25A0*
10	Oasis Elite Heel pad	4006.16A0*

*Manufactured by Trulife

3.2 Supine position

head support with horseshoe head rest

Reverse orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

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

Then, proceed as follows:

- Possibly, shift any longitudinal shift of the table in the direction of the head end.
- Place the head on the horseshoe head rest.
- Adjust the horseshoe head rest into the desired position and fix all screws.
- Secure the head with a strap (supplied with the horseshoe head rest).
- **Positioning the arms**
- Both arms can be positioned next to the body using arm protectors.
- Alternatively, one arm can be positioned on an arm support and be abducted for anesthesia access.
- Legs can be positioned on a single piece leg plate.
- 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.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Extension plate	1160.32BC
3	Extension plate short	1160.33BC
4	Retrofit kit	1160.36A0
Positioning-specific accessories		
5	Adjustable head rest adapter	1002.10A0
6	Horseshoe head rest – two-section	1002.72A0
7	Seat plate extension	1160.55BC

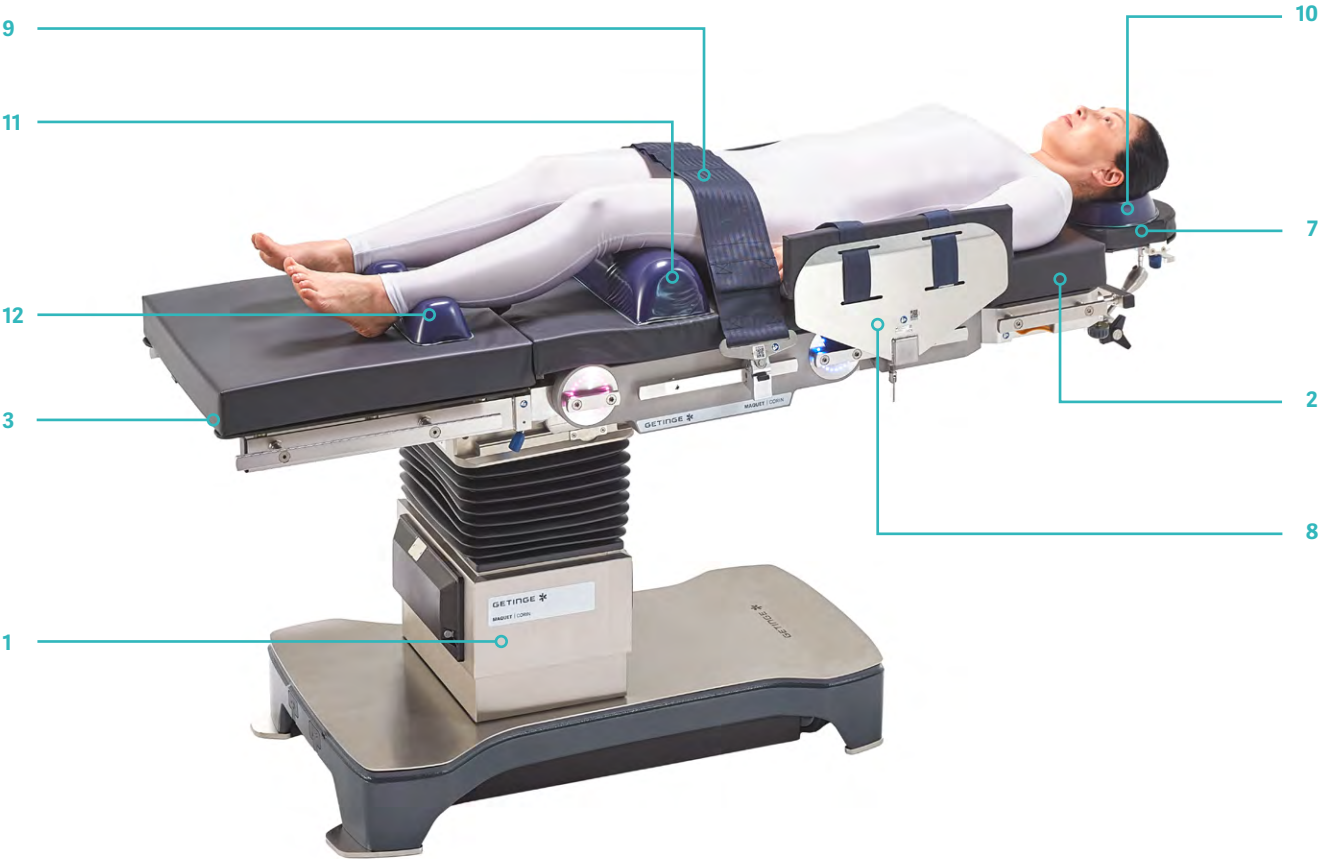
General side rail accessories		
8	Arm support	1001.6000
9	Arm protector	1002.25A0
10	Body strap	1001.59X0
Positioning aids		
11	Oasis Elite Flat Bottom Chest Roll	4006.25A0*
12	Oasis Elite Heel pad	4006.16A0*

*Manufactured by Trulife

3.3 Supine position

head support with flat head rest

Normal orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

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

The head is positioned on the flat head rest and on a positioning aid.

Then, proceed as follows:

- Longitudinal shift of the table in the direction of the foot end.
- Mount the head rest adapters and connecting bracket.
- Attach the fixture and the flat head rest.
- Adjust the head into the desired position.
- Check all screw connections.
- **Positioning the arms**
- Both arms can be positioned next to the body using arm protectors.
- Alternatively, the other arm can be abducted on an arm support for anesthesia.
- Anatomically correct positioning of the remaining positioning aids and mounting of further side rail accessories.
- 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.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Extension plate	1160.32BC
3	Leg plate	1133.58BC

General and side rail accessories		
4	Head rest adapter	1130.81A0
5	Connection bracket	1130.54B0
6	Adjustable head rest adapter	1002.10A0
7	Flat head rest	1002.73A0

General side rail accessories		
8	Arm protector (2x)	1002.25A0
9	Body strap	1001.59X0

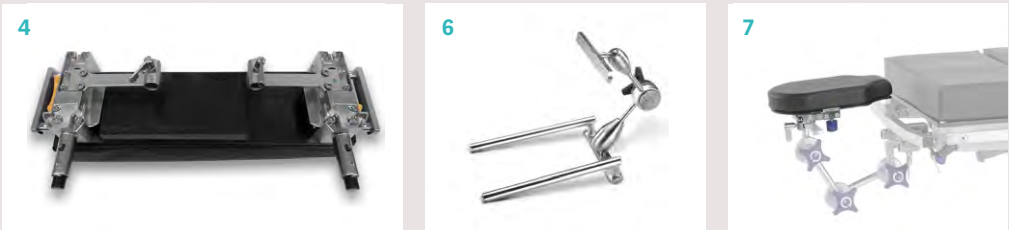
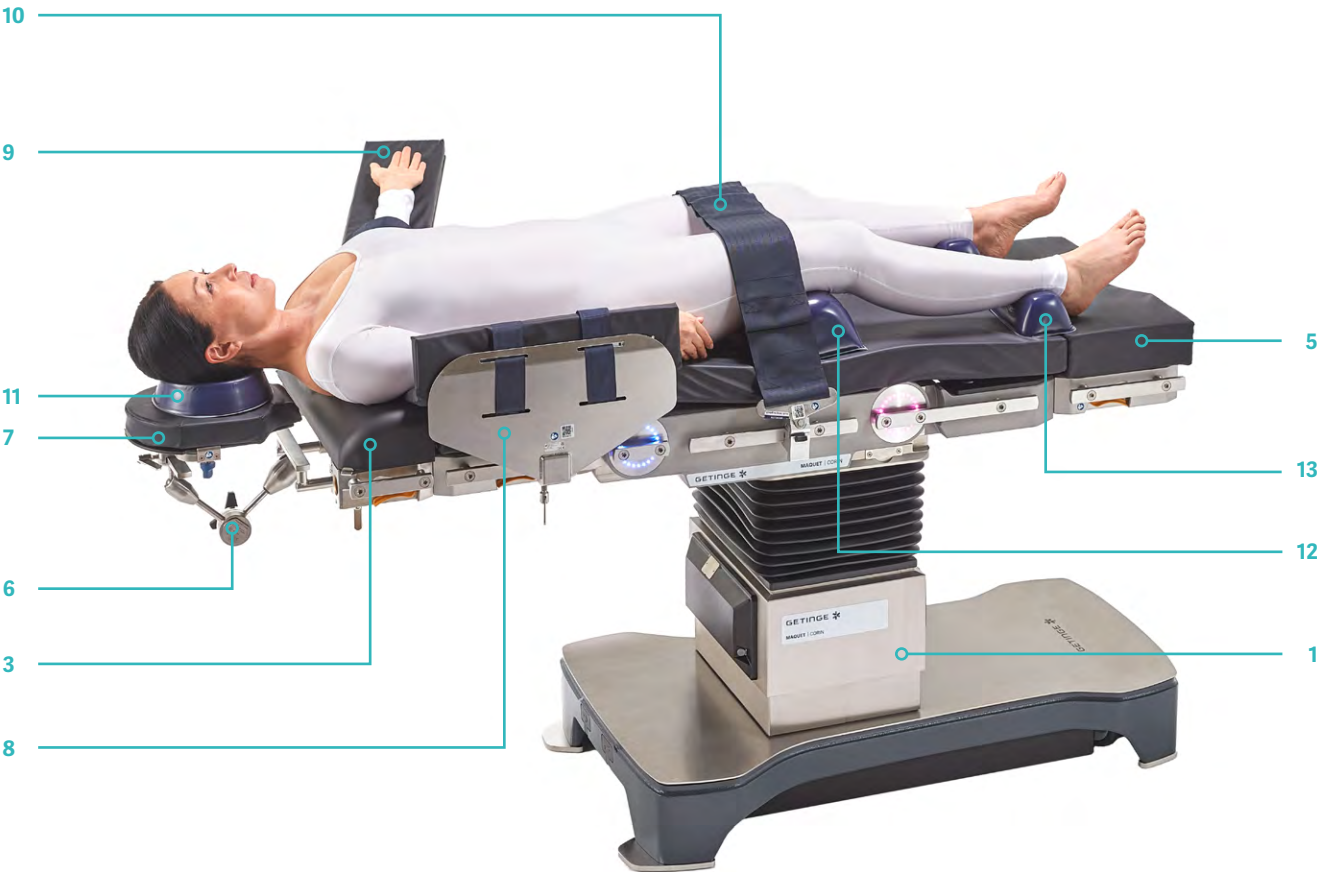
Positioning aids		
10	Oasis Elite Gel head ring closed	4006.02A0*
11	Gel body roll	4006.25A0*
12	Oasis Elite Heel pads	4006.16A0*

*Manufactured by Trulife

3.4 Supine position

head support with flat head rest

Reverse orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

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

The head is positioned on the flat head rest and the positioning aid.

Then, proceed as follows:

- Possibly, shift any longitudinal shift of the table in the direction of the head end.
- Place the head on the horseshoe head rest.
- Adjust the horseshoe head rest into the desired position and fix all screws.
- Secure the head with a strap (supplied with the horseshoe head rest).
- **Positioning the arms**
- Both arms can be positioned next to the body using arm protectors.
- Alternatively, one arm can be positioned on an arm support and be abducted for anesthesia access.
- Legs can be positioned on a single piece leg plate.
- 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.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Extension plate (not visible)	1160.32BC
3	Extension plate short	1160.33BC
4	Retrofit kit	1160.36A0
5	Seat plate extension	1160.55BC
Positioning specific accessories		
6	Adjustable head rest adapter	1002.10A0
7	Flat head rest	1002.73A0

General side rail accessories		
8	Arm protector	1002.25A0
9	Arm support	1001.60A0
10	Body strap	1001.59X0
Positioning aids		
11	Oasis Elite Gel head ring closed	4006.02A0*
12	Gel body roll	4006.25A0*
13	Oasis Elite Heel pads	4006.16A0*

*Manufactured by Trulife



4 Patient positioning by discipline

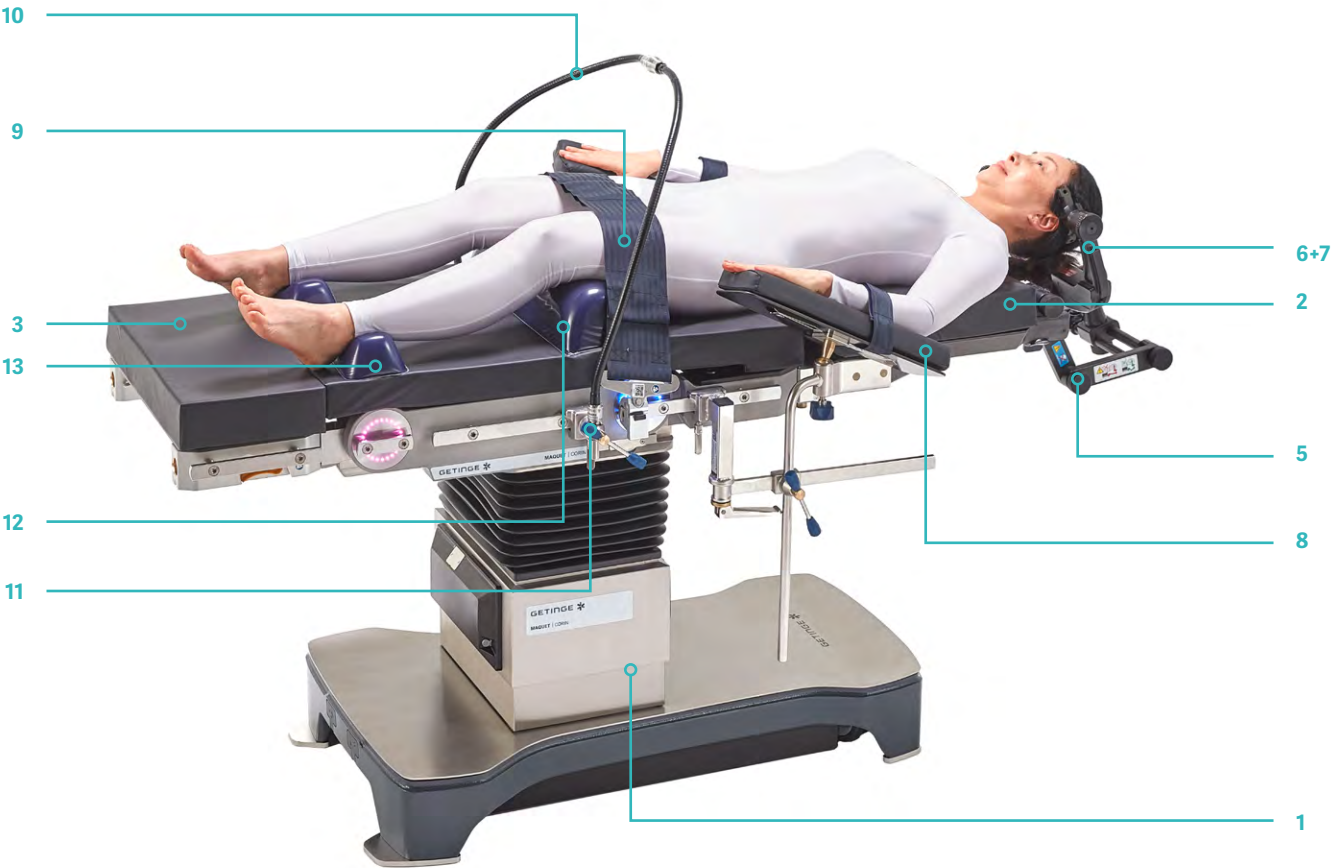
Neurosurgery and Spine Surgery

- 4.1 Supine position with head fixture in carbon fiber skull clamp (NO)
- 4.2 Supine position with head fixture in carbon fiber skull clamp (RO)
- 4.3 Supine position with carbon fiber back plate and horseshoe head rest for cervical spine (RO)
- 4.4 Supine position with head fixture in aluminum skull clamp (RO)
- 4.5 Sitting position with head fixture in aluminum skull clamp (NO)
- 4.6 Park bench position (NO)
- 4.7 Prone position standard configuration using a prone positioning pad e.g. for spinal surgery (NO)
- 4.8 Prone position standard configuration using a prone positioning pad e.g. for spinal surgery (RO)
- 4.9 Prone position using curve spine frame e.g. for spinal surgery (RO)
- 4.10 Prone position with carbon fiber plate e.g. for spinal surgery (NO)
- 4.11 Prone position with carbon fiber insertable plate e.g. for spinal surgery (RO)
- 4.12 Prone position with carbon fiber insertable plate and curve spine frame e.g. for spinal surgery (RO)
- 4.13 Genu-cubital position with kneeling frame, sitting bracket and pelvis support (NO)
- 4.14 Supine position on universal frame and long support plate (RO)
- 4.15 Prone position on universal frame and short support plate (RO)
- 4.16 Prone position on universal frame with 4 adjustable positioning elements (RO)

NO: Normal orientation
RO: Reverse orientation

4.1 Supine position
with head fixture in carbon fiber skull clamp

Normal orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

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

The head is positioned on a head rest.

Then, proceed as follows:

- Longitudinal shift of the table top in the direction of the head end.
- Position the shoulders of the patient at the level of the cranial end of the back plate, head rest still attached.
- The surgeon places the skull clamp on the head of the patient.
- The patient's head must be held until the skull clamp is connected to the skull clamp holder.
- Remove the head rest.
- Mount the skull clamp holder to the back plate mounting point.
- Connect the skull clamp to the skull clamp holder.
- Move the head into the desired position.
- Secure all screws.
- **Position the arms**
- Mount the arm supports and position the arms into the desired position.
- **Tip:** Alternatively the arms can be positioned alongside the body with arm protectors.
- Anatomically correct positioning of the remaining positioning aids and mounting of further side rail accessories.
- Make sure that the heels and popliteal fossa are positioned freely. The patient's legs should be slightly bent to prevent overextension of the knee.
- Secure the legs with a body strap.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Carbon fibre back plate	1433.33AC
3	Extension plate	1160.32BC
4	Rigid Head rest	1002.82A0

Positioning specific accessories		
5	Skull clamp holder	1005.48B0
6	Carbon fiber skull clamp	1005.49B0**
7	Doro sterile disposable pins	1005.67A0**

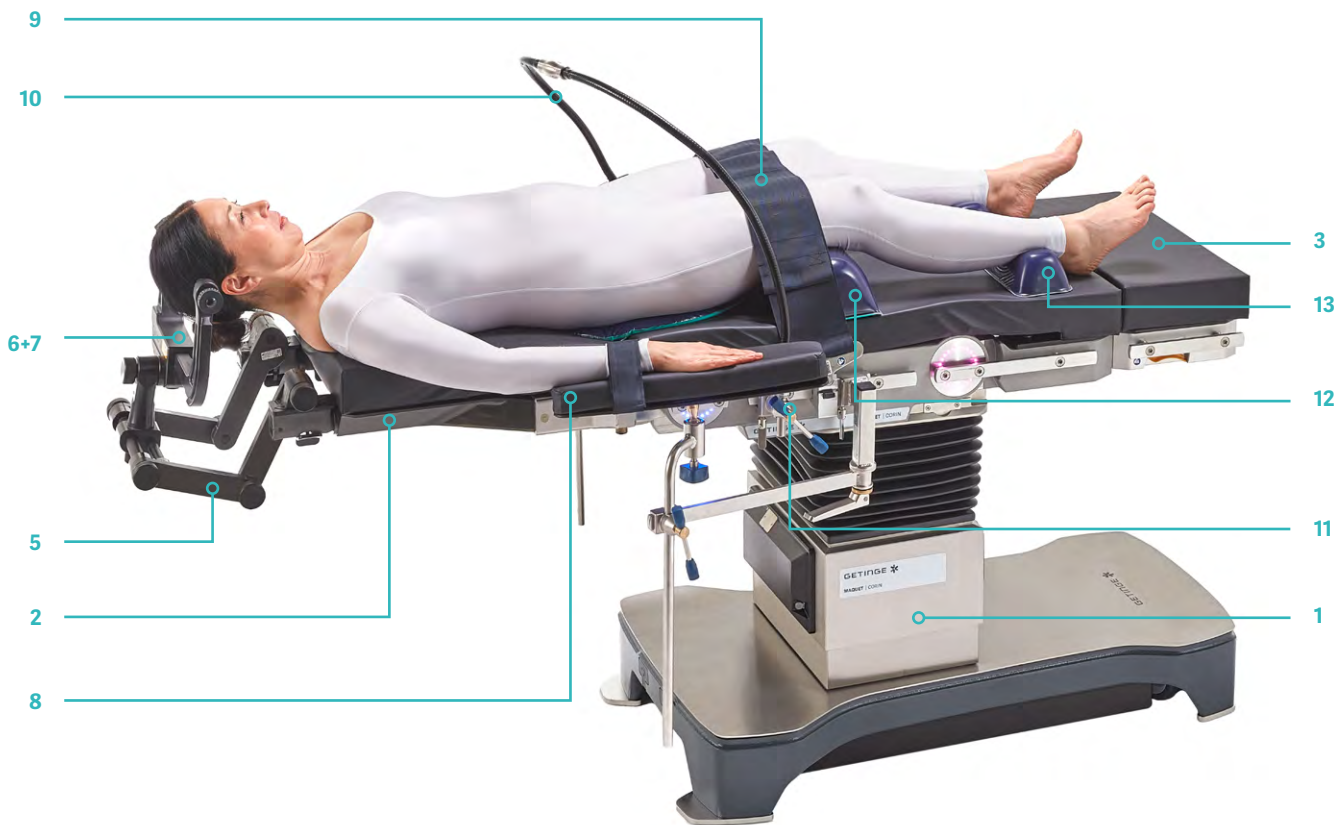
General side rail accessories		
8	Arm support (2x)	1001.44F0
9	Body strap	1001.59X0
10	Anesthesia frame	1002.54A0
11	Radial setting clamp (2x)	1003.23C0

Positioning aids		
12	Oasis Elite Gel body roll	4006.25A0*
13	Oasis Elite Heel pads	4006.16A0*

*Manufactured by Trulife
** Manufactured by Black Forrest Medical

4.2 Supine position
with head fixture in carbon fiber skull clamp

Reverse orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

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

The head is positioned on a head rest.

Then, proceed as follows:

- Longitudinal shift of the table top in the direction of the head end.
- Position the shoulders of the patient at the level of the cranial end of the back plate, head rest still attached.
- The surgeon places the skull clamp on the head of the patient.
- The patient’s head must be held until the skull clamp is connected to the skull clamp holder.
- Remove the head rest.
- Mount the skull clamp holder to the back plate mounting point.
- Connect the skull clamp to the skull clamp holder.
- Move the head into the desired position.
- Secure all screws.
- **Position the arms**
- Mount the arm supports and position the arms into the desired position.
- **Tip:** Alternatively the arms can be positioned alongside the body with arm protectors.
- Anatomically correct positioning of the remaining positioning aids and mounting of further side rail accessories.
- Make sure that the heels and popliteal fossa are positioned freely. The patient’s legs should be slightly bent to prevent overextension of the knee.
- Secure the legs with a body strap.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Carbon fibre back plate	1433.33AC
3	Extension plate	1160.32BC
4	Rigid Head rest	1002.82A0

Positioning specific accessories		
5	Skull clamp holder	1005.48B0
6	Carbon fiber skull clamp	1005.49B0**
7	Doro sterile disposable pins	1005.67A0**

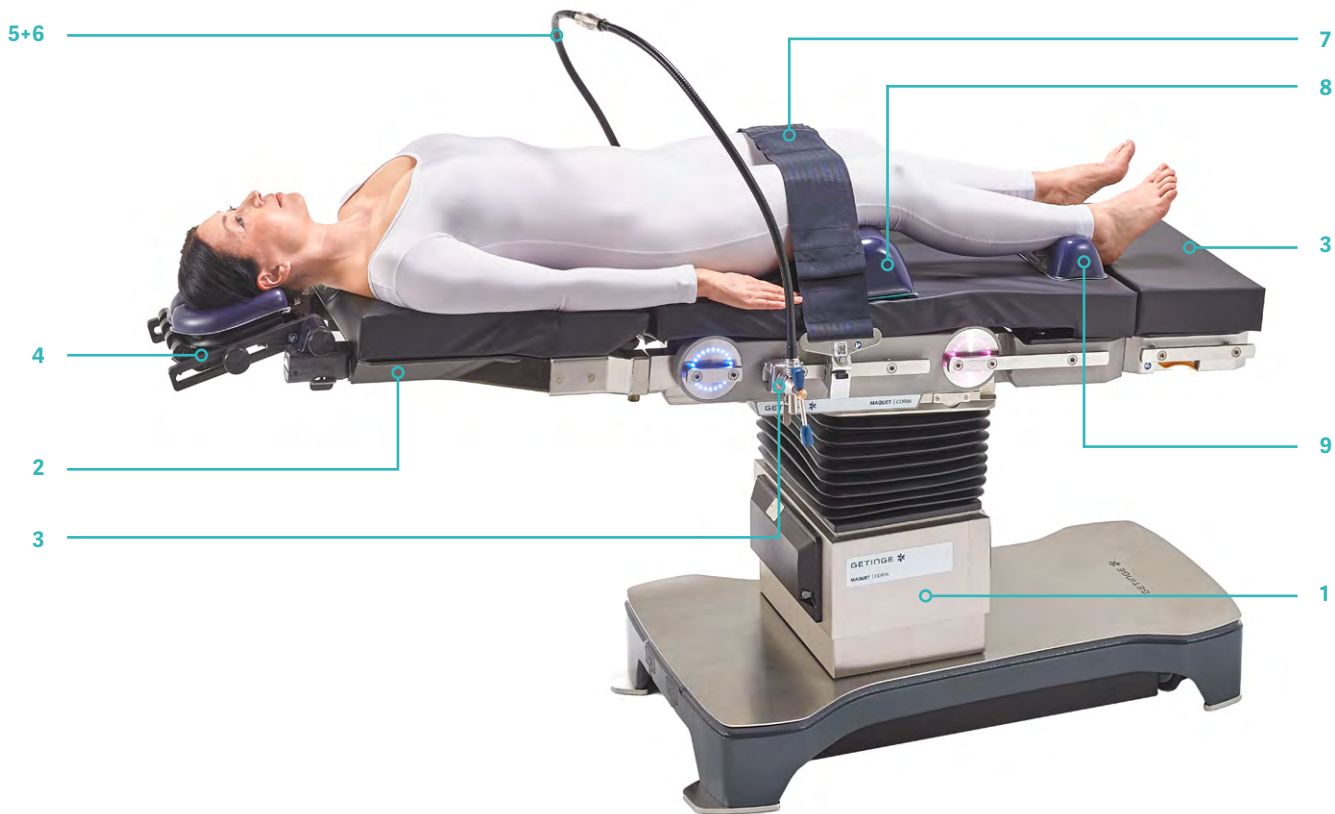
General side rail accessories		
8	Arm support (2x)	1001.44F0
9	Body strap	1001.59X0
10	Anesthesia frame	1002.54A0
11	Radial setting clamp (2x)	1003.23C0

Positioning aids		
12	Oasis Elite Gel body roll	4006.25A0*
13	Oasis Elite Heel pads	4006.16A0*

*Manufactured by Trulife
** Manufactured by Black Forrest Medical

4.3 Supine position
with carbon fiber back plate and horseshoe head rest
for cervical spine

Reverse orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

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

The head is positioned on a head rest.

Then, proceed as follows:

- Longitudinal shift of the table top in the direction of the head end.
- Place the shoulders of the patient at the edge of the cranial end of the back plate.
- Place the head on the horseshoe head rest.
- Adjust the horseshoe in the desired position and fix all screws.
- Position the arms in the desired position.
- Anatomically correct positioning of the remaining positioning aids and mounting of further side rail accessories.
- Make sure that the heels and popliteal fossa are positioned freely. The patient's legs should be slightly bent to prevent overextension of the knee.
- Secure the legs with a body strap.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Carbon fibre back plate	1433.33AC
3	Extension plate	1160.32BC

Positioning specific accessories		
4	Horseshoe head rest	1002.03A0

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

Positioning aids		
8	Oasis Elite flat bottom chest roll	4006.25A0*
9	Oasis Elite Heel pads	4006.16A0*

*Manufactured by Trulife

4.4 Supine position

with head fixture in aluminum skull clamp

Reverse orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

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

The head is positioned on a head rest.

Then, proceed as follows:

- **Preparing the table top**
 - Longitudinal shift of the table top in the direction of the head end.
 - Attach the skull clamp holder to the extension plate (equipped with the retrofit kit) and preposition (not hanging freely towards the floor).
 - Attach the head rest.
- **Positioning the patient**
 - Position the shoulders of the patient at the level of the cranial end of the extension plate, head rest still attached.
 - The surgeon places the skull clamp on the head of the patient.
 - The patient's head must be held until the skull clamp is connected to the skull clamp holder.
 - Remove the head rest.
 - Secure all screws.
- **Position the arms**
 - Mount the arm supports and position the arms into the desired position.
 - The arms can be positioned alongside the body with arm protectors.
 - Anatomically correct positioning of the remaining positioning aids and mounting of further side rail accessories.
 - Make sure that the heels and popliteal fossa are positioned freely. The patient's legs should be slightly bent to prevent overextension of the knee.
 - Secure the legs with a body strap.
 - Check all screw and clamp connections.
 - The positioning shall be removed in reverse order after the operation.
- **Tip:** Configuration is also possible with the connection bracket **A** and extension plate.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Extension plate	1160.32BC 1160.32BC.33AC
3-A 3-B	Extension plate short Retrofit kit for standard holder	1160.33BC 1160.36A0
4	Head rest Not illustrated	1160.64AC/BC
5	Seat plate extension	1160.55BC

Positioning specific accessories		
6	Doro Adjustable base unit	1005.50A0**
7	Doro Swivel adapter	1005.51A0**
8	Doro QR3 Skull clamp	1005.52C0**
9	Doro sterile disposable pins	1005.67A0**

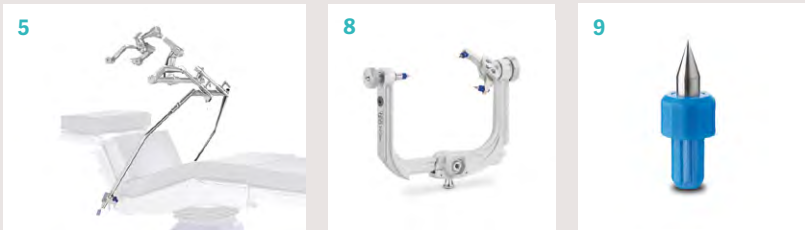
General side rail accessories		
10	Arm protector (2x)	1002.25A0
11	Anesthesia frame	1002.54A0
12	Radial setting clamp (2x)	1003.23C0
13	Body strap	1001.59X0

Positioning aids		
14	Oasis Elite flat bottom chest roll	4006.25A0*
15	Oasis Elite Heel pads	4006.16A0*

*Manufactured by Trulife
** Manufactured by Black Forrest Medical

4.5 Sitting position
with head fixture in aluminum skull clamp

Normal orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

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

The head is positioned on a head rest.

Then, proceed as follows:

- Place the patient with the acetabulum at the lower edge of the motorized back plate.
- Longitudinal shift of the table top towards the head direction.
- The skull clamp will be attached to the patient's head, head rest still attached.
- Position the patient stepwise into a sitting position.
- Tip:** Alternate between Trendelenburg and the raise torso setting. Lower the legs in between.
- Adjust the position of the arms on the arm boards.
- Positioning of the legs**
- The patient's calves should be placed above heart level.
- Make sure that the heels and the popliteal fossa are positioned freely.
- Positioning the head in the skull clamp**
- Mount the radial setting clamps to the side rails of the back plate, both at the same height. Mount the crossbar attachment. Attach the standard holder and connection clamp and pre-position.
- Connect the skull clamp to the standard holder.
- Place the head into the desired position.
- Fix all screws of the skull clamp and the standard holder.
- Remove the head rest or recline (and use as arm support for the surgeon).
- Check all screw and clamp connections.
- 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 on either side.
- Tip:** the table can be locked via the lock functions on the hand control.
Table top lock: Back and leg plate movements are locked. Height, Tilt, Trendelenburg still possible.
System lock: No movement of table and table top possible.
- Tip:** The configuration is also possible in reverse orientation.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Extension plate (2x)	1160.32BC
3	Extension plate short	1160.33BC
4	Head rest	1160.64BC

Positioning specific accessories		
5	Cross-bar attachment	1005.2300
6	Standard holder	1005.50A0**
7	Connection clamp	1005.51A0**
8	Skull clamp Doro Q3	1005.52C0**
9	Doro sterile disposable pins	1005.67A0**

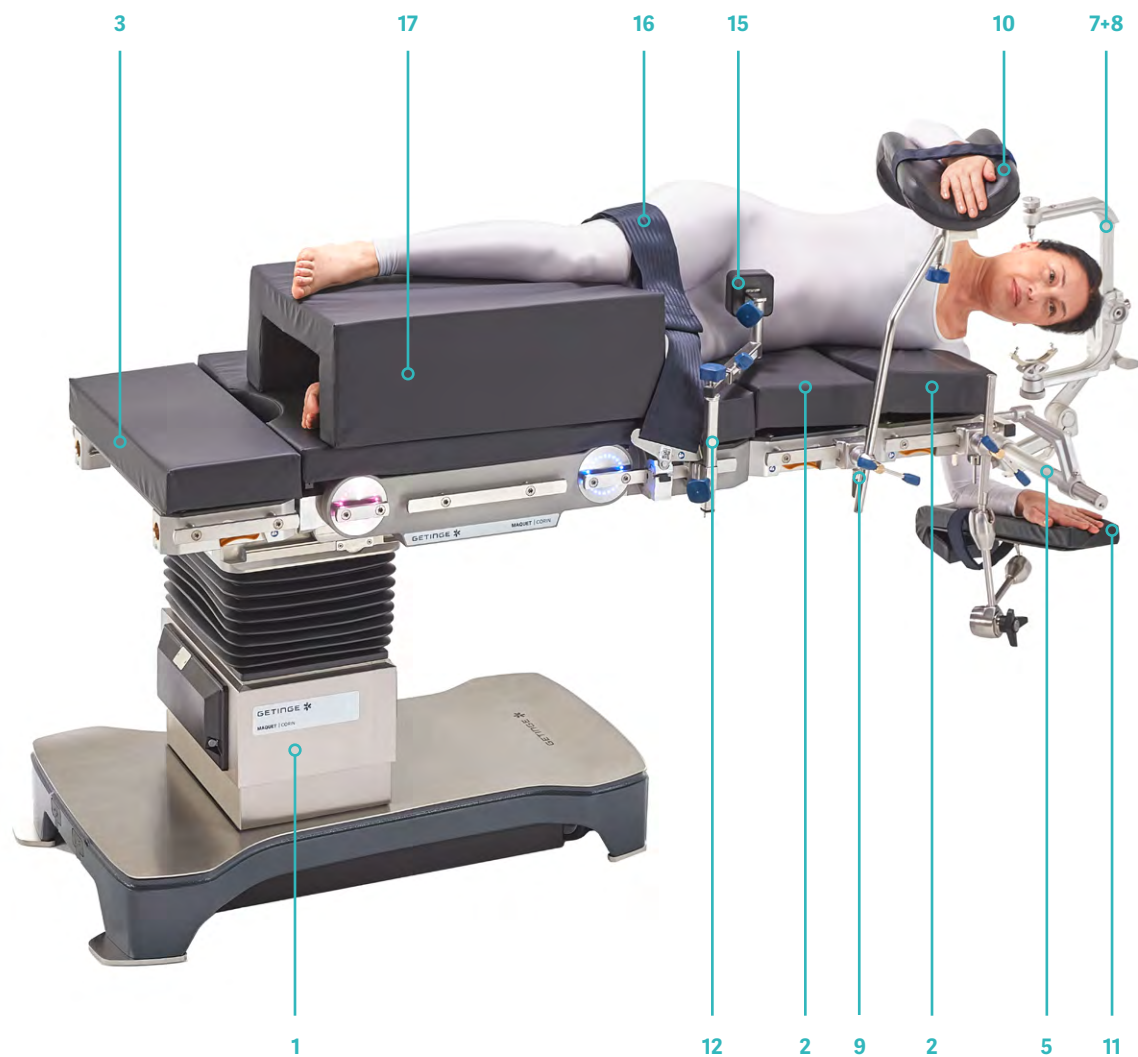
General side rail accessories		
10	Arm support (2x)	1001.44F0
11	Radial setting clamp (2x)	1003.23C0

Positioning aids		
12	Oasis Elite gel body roll	4006.25A0*
13	Oasis Elite Heel pads	4006.16A0*

*Manufactured by Trulife
**Manufactured by Black Forrest Medical

4.6 Park bench position

Normal orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor. After anesthetic induction the patient lies on the OR table in supine position. The head is positioned on a head rest.

Then, proceed as follows:

- **Preparing the table top**
 - Longitudinal shift towards the head end.
 - Mount and pre-position lateral supports and arm supports to the side rails.
- **Positioning the patient**
 - Most probably the skull clamp will first be attached to the head and turning the patient to the side will be done after.
 - The patient's head must be held then remove the head rest.
 - Turn the patient on their side.
 - Shoulders and lower arm should be freely movable and positioned above the upper edge of the table top.
 - The axilla must be positioned freely.
 - **Tip:** Alternatively a lateral positioning pad or a vacuum mattress can be used.
- **Positioning of the arms**
 - Position the lower arm on the arm rest.
 - Position the upper arm in the leg holder, alternatively use a second arm rest.
 - Secure the arms with straps.
- **Positioning the head in the skull clamp**
 - Hold the head until the patient is positioned safely.
 - Attach the skull clamp to the connection clamp on the standard holder (which has been mounted to the connection bracket before) and preposition.
 - Place the head in the desired position.
 - Secure all screw and clamp connections.
- **Finalizing the the position**
 - Final positioning of the lateral supports.
 - Until the lateral supports have been put into their final position, the patient must be secured from potential rolling back.
 - Positioning of the tunnel cushion and fixation of the legs with a body strap.
 - Freely position the ankles with heel pads and relieve pressure.
 - **Tip:** Configuration is also possible with extension plate short and retrofit kit **A** or connection bracket **B** and extension plate **2** or in reverse set up.
 - The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Extension plate (2x head side)	1160.32BC
3	Extension plate (1x leg side)	1160.32BC

Positioning specific accessories		
4-A 4-B	Connection bracket Head rest adapter	1130.54A0 1132.81A0
5	Adjustable base unit	1005.50A0
6	Doro Swivel adapter	1005.51A0**
7	Doro Skull clamp	1005.52C0**
8	Doro sterile disposable pins	1005.67A0**

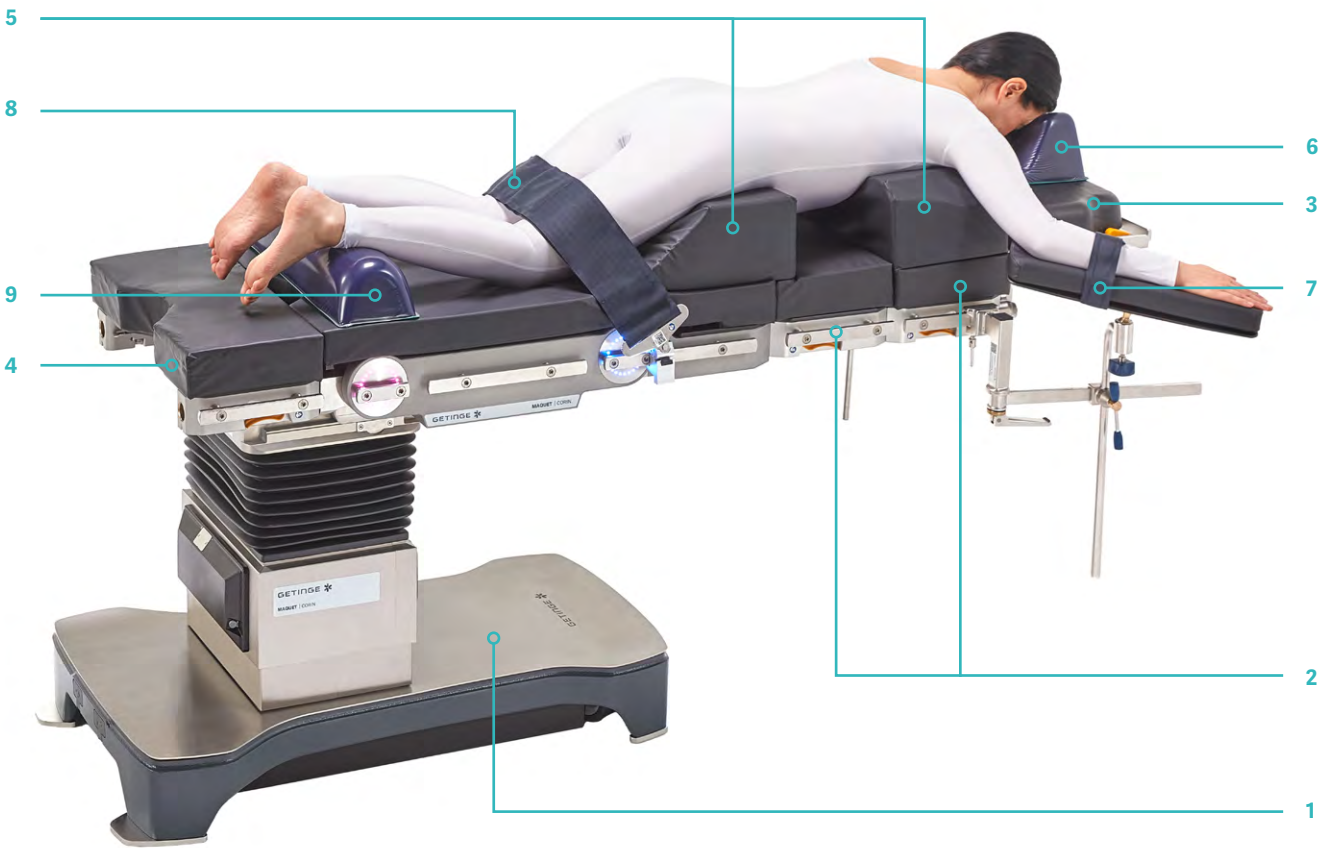
*Manufactured by Trulife
**Manufactured by Black Forrest Medical

General side rail accessories		
9	Radial setting clamp (2x)	1003.23C0
10	Leg holder	1001.65A0
11	Arm rest with pin-joint arm	1002.49A0
12	Fixture for body support	1002.19C0
13	Pin-joint arm for body supports (back side, not visible)	1002.40A0
14	Back support (back side, not visible)	1002.11A0
15	Pubis-sacrum-sternum support	1002.11B0
16	Body strap	1001.59X0
17	Tunnel cushion	1000.77A0
18	Oasis Elite Heel pads (not visible)	4006.16A0*

4.7 Prone position

standard configuration using a prone positioning pad
e.g. for spinal surgery

Normal orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

The anesthetization of the patient is done in supine position on a separate stretcher or on the OR table.

Then, proceed as follows:

- **Preparing the OR table**
 - Adjust the positioning aids in line with the patient's anatomy on the OR table.
 - Mount and preposition the arm supports.
- **Positioning the patient**
 - Axially turn the patient from the stretcher / OR table onto the pre-configured table.
 - Longitudinal shift of the table top towards cranial direction.
 - Position the head in the gel headrest and make sure that no pressure is applied on the eyes.
 - Place hands and arms on the pre-configured arm supports, adapt height and position of the supports accordingly and secure the arms with straps.
- Adjust the two sections of the prone pad according to the anatomy of the patient.
- Make sure that no pressure is applied on the axilla, in the abdominal area and in the inguinal area (which might disturb the good venous flow back).
- Ensure that the toes are positioned freely and minimize pressure on the patella.
- Secure the legs with a body strap.
- Mount further side rail accessories if needed.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Extension plate (2x)	1160.32BC
3	Head rest	1160.64BC
4	Seat plate extension	1160.55BC

Positioning specific accessories		
5	Pad (two pieces)	1000.68C0
6	Oasis Elite Gel head rest prone	4006.19A0*

General side rail accessories		
7	Arm support (2x)	1001.44F0
8	Body strap	1001.59X0

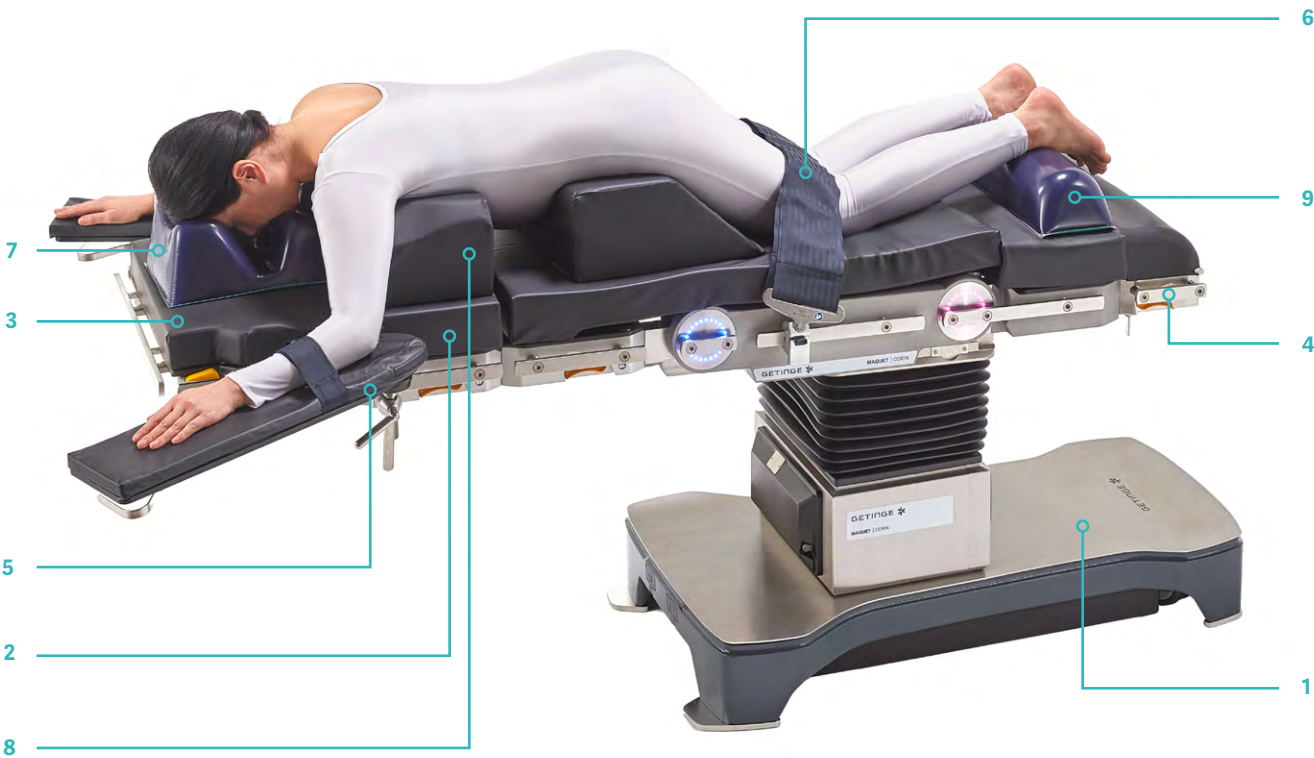
Positioning aids		
9	Oasis Elite flat bottom chest roll	4006.25A0*

*Manufactured by Trulife

4.8 Prone position

standard configuration using a prone positioning pad
e.g. for spinal surgery

Reverse orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

The anesthetization of the patient is done in supine position on a separate stretcher or on the OR table.

Then, proceed as follows:

- **Preparing the OR table**
 - Adjust the positioning aids in line with the patient's anatomy on the OR table.
 - Mount and preposition the arm supports.
- **Positioning the patient**
 - Axially turn the patient from the stretcher / OR table onto the pre-configured table.
 - Longitudinal shift of the table top towards cranial direction.
 - Position the head in the gel headrest and make sure that no pressure is applied on the eyes.
 - Place hands and arms on the pre-configured arm supports, adapt height and position of the supports accordingly and secure the arms with straps.
- Adjust the two sections of the prone pad according to the anatomy of the patient.
- Make sure that no pressure is applied on the axilla, in the abdominal area and in the inguinal area (which might disturb the good venous flow back).
- Ensure that the toes are positioned freely and minimize pressure on the patella.
- Secure the legs with a body strap.
- Mount further side rail accessories if needed.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Extension plate (2x)	1160.32BC
3	Head rest	1160.64BC
4	Seat plate extension	1160.55BC

General side rail accessories		
5	Arm support (2x)	1001.44F0
6	Body strap	1001.59X0

Positioning aids		
7	Oasis Elite Gel head rest prone	4006.19A0*
8	Pad (two pieces)	1000.68C0
9	Oasis Elite gel body roll	4006.25A0*

*Manufactured by Trulife

4.9 Prone position
using curve spine frame e.g. for spinal surgery

Reverse orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

The anesthetization of the patient is done in supine position on a separate stretcher or on the OR table.

Then, proceed as follows:

- **Preparing the OR table**
 - Place the curve spine frame on the table top and fix it with the straps (mounted to the curve spine frame) to the side rails. Make sure that the frame is as flat as possible. Adjust the width of the 2 padded supports to the patient's body size.
 - **Tip:** the curve spine frame can be placed on top of the pads. Alternatively the pads can be removed and the curve spine frame can be placed directly on the base plates of the table top.
 - Place further positioning aids on the table top.
 - Attach one arm support to the opposite side where the stretcher is placed alongside the OR table.
- **Positioning the patient**
 - Axially turn the patient from the stretcher/second table onto the pre-configured table.
 - Longitudinal shift of the table top towards the head end.
- Position the head in the gel head rest and make sure that no pressure on the eyes is applied.
- Mount the second arm support and place the hands and arms on the arm supports, adapt height and position accordingly and secure with straps.
- Make sure that the toes are positioned freely and minimize pressure on the patella.
- Adjust the curve spine frame manually with the help of the provided hand crank.
- Check again the correct position of the positioning aids.
- Secure the legs with a body strap.
- Mount further side rail accessories.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

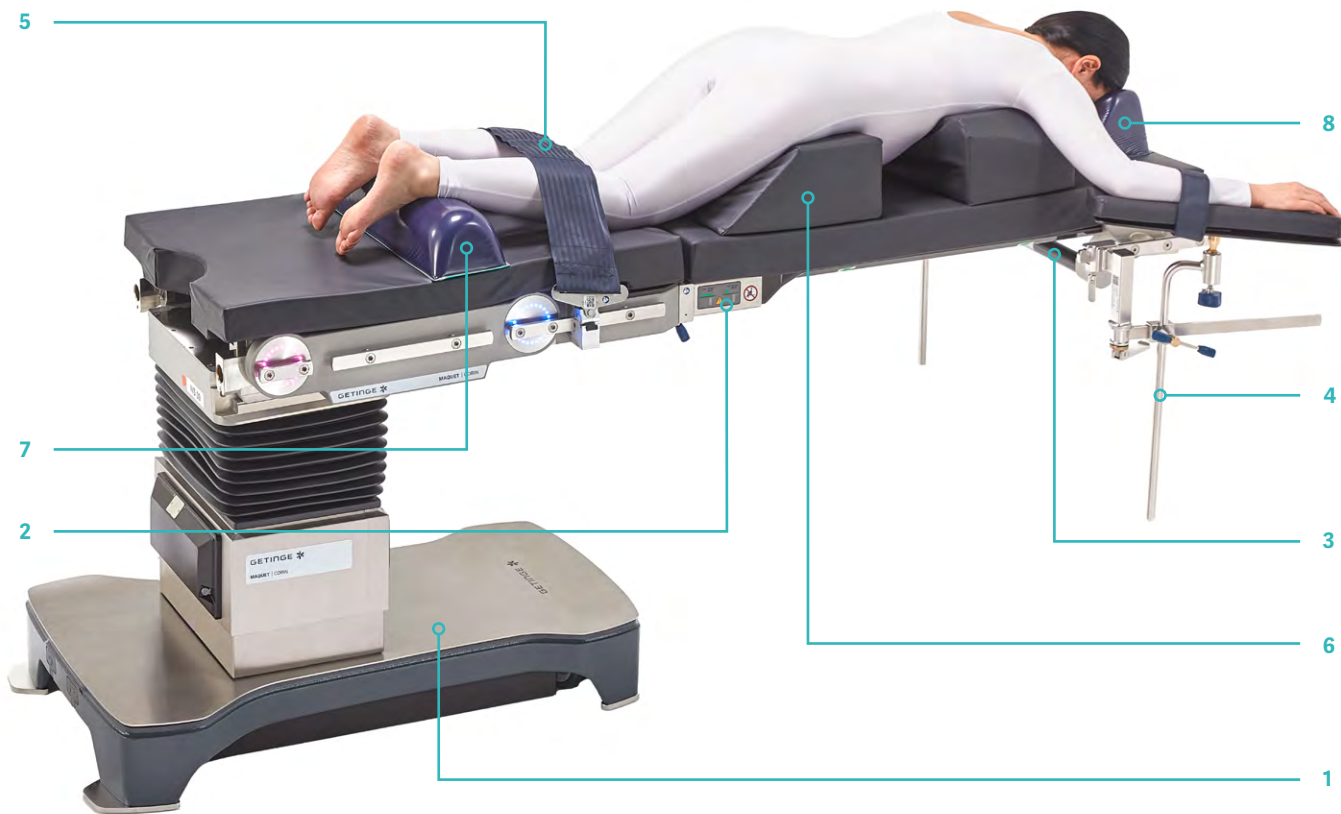
Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Extension plate (2x)	1160.32BC
3	Head rest	1160.64BC
4	Extension plate short	1160.33BC
Positioning specific accessories		
5	Curve Spine Frame	1008.01A0**

General side rail accessories		
6	Arm support (2x)	1001.6000
7	Body strap	1001.59X0
Positioning aids		
8	Oasis Elite Gel head rest prone	4006.19A0*
9	Oasis Elite flat bottom chest roll	4006.25A0*

*Manufactured by Trulife
**Manufactured by Kyra

4.10 Prone position
with carbon fiber plate e.g. for spinal surgery

Normal orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

The anesthetization of the patient is done in supine position on a separate stretcher or on the OR table.

Then, proceed as follows:

- **Preparing the OR table**
 - Attach the carbon fiber plate to the table basis segment.
 - Attach the accessory adapter providing side rails to the carbon fiber plate.
 - Place the positioning aids in line with the patient's anatomy on the OR table.
- **Positioning the patient**
 - Axially turn the patient from the stretcher/second table onto the pre-configured table.
 - Longitudinal shift of the table top towards the head end.
 - Position the head in the gel head rest and make sure that no pressure is applied on the eyes.
 - Place the hands and arms on the pre-configured arm supports, adapt height and position accordingly and secure with straps.
- Adjust the two sections of the 2-piece pad to the anatomy of the patient.
- Make sure that no pressure is applied on the axilla, in the abdominal area and in the inguinal area (which might disturb the good venous flow back).
- Ensure that the toes are positioned freely and minimize pressure on the patella.
- Secure the legs with a body strap.
- Mount further side rail accessories if needed.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

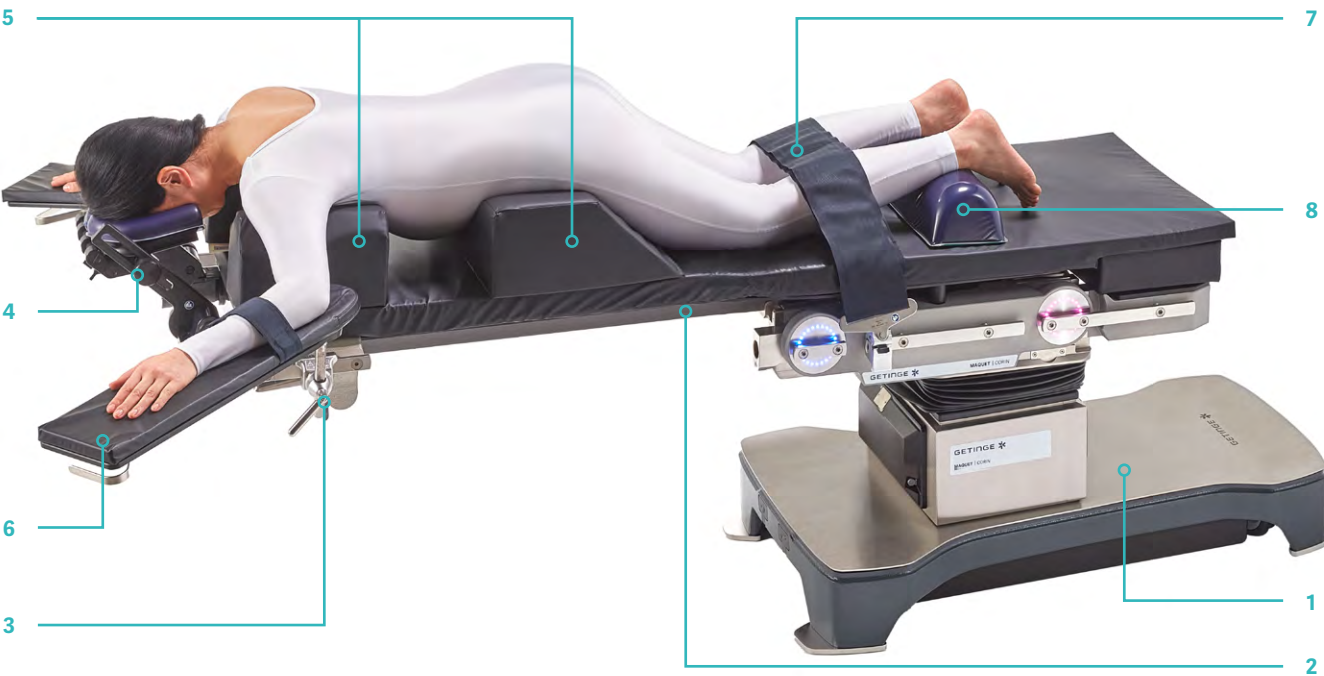
Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Back plate (carbon fiber)	1132.45AC
3	Accessory adapter	1150.72A0
General side rail accessories		
4	Arm support (2x)	1001.44F0
5	Body strap	1001.59X0

Positioning aids		
6	Pad, 2 pieces	1000.68C0
7	Oasis Elite flat bottom chest roll	4006.25A0*
8	Oasis Elite Gel head rest prone	4006.19A0*

*Manufactured by Trulife

4.11 Prone position
with carbon fiber insertable plate e.g. for spinal surgery

Reverse orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

The anesthetization of the patient is done in supine position on a separate stretcher or on the OR table.

Then, proceed as follows:

- **Preparing the OR table**
 - Longitudinal shift of the table top towards the head end.
 - Mount the radiolucent horse shoe head rest to the carbon fiber insertable plate.
 - Attach the accessory adapter to the carbon fiber insertable plate.
 - Mount one arm support to the accessory adapter.
 - Pre-position the positioning aids – 2-piece pad, prone head rest, gel body roll - in line with the patient's anatomy on the OR table.
- **Positioning the patient**
 - Axially turn the patient onto the pre-configured table.
 - Position the head in the gel pad of the horseshoe head rest and make sure that no pressure is applied on the eyes.
- Adjust the horseshoe into the desired position.
- Place the hands and arms on the pre-configured arm supports, adapt height and position accordingly and secure the arms with straps.
- Adjust the two sections of the 2-piece pad according to the anatomy of the patient.
- Make sure that no pressure is applied on the axilla, in the abdominal area and in the inguinal area (which might disturb the good venous flow back).
- Ensure that the toes are positioned freely and that pressure on the patella is minimized.
- Secure the legs with a body strap.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Carbon fiber insertable plate	1160.45BC
3	Accessory adapter	1180.72A0

General side rail accessories		
4	Horseshoe head rest	1002.03A0
5	Pad, 2 pieces	1000.68C0

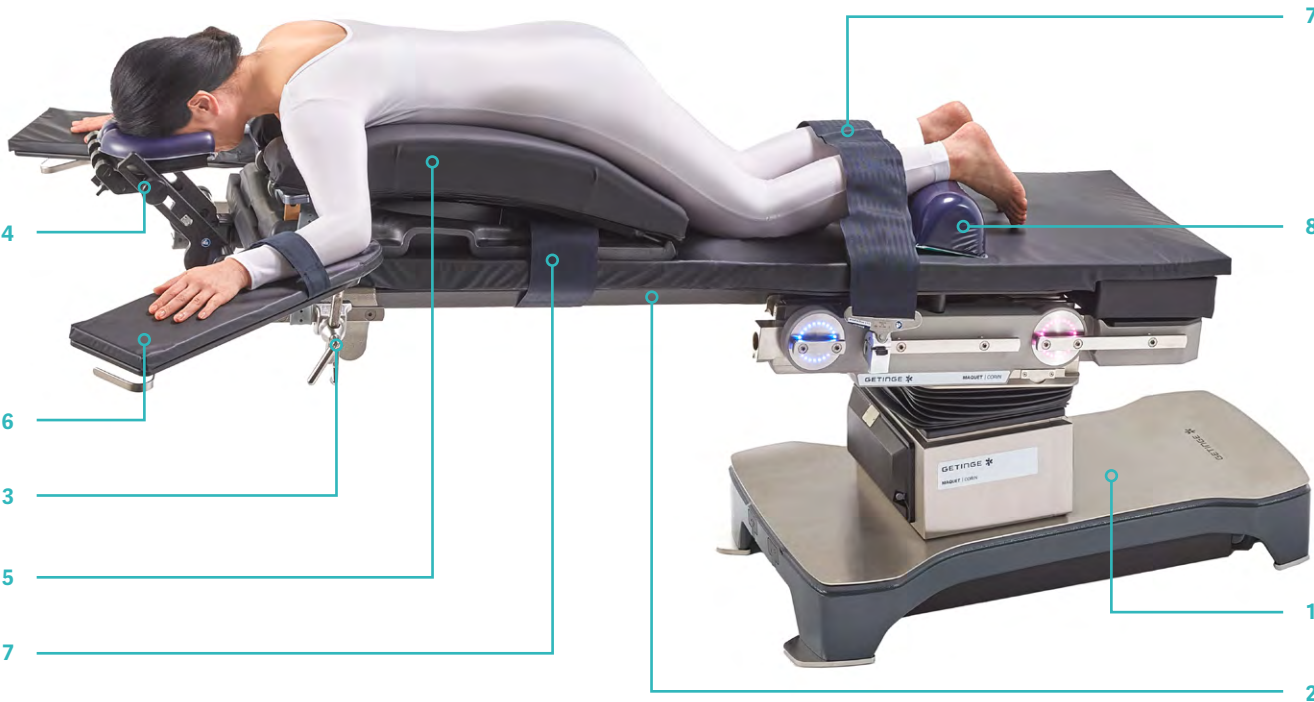
General side rail accessories		
6	Arm support (2x)	1001.6000
7	Body strap	1001.59X0

Positioning aids		
8	Oasis Elite flat bottom chest roll	4006.25A0*

*Manufactured by Trulife

4.12 Prone position
with carbon fiber insertable plate and curve spine frame
e.g. for spinal surgery

Reverse orientation



Example with
curve spine frame raised



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

The anesthetization of the patient is done in supine position on a separate stretcher or on the OR table.

Then, proceed as follows:

- **Preparing the OR table**
 - Attach the accessory adapter to the carbon fibre insertable plate.
 - Place the curve spine frame on the table top and fix it with the straps (mounted to the curve spine frame) to the carbon fiber plate. Make sure that the frame is as flat as possible. Adjust the width of the 2 padded supports to the patient's body size.
 - Attach one arm support to the opposite side where the stretcher is placed alongside the OR table.
 - Place further body supports on the table top.
 - Longitudinal shift towards the head end.
- **Positioning the patient**
 - Axially turn the patient onto the pre-configured table.
 - Position the head in the horse shoe head rest and make sure that no pressure is applied on the eyes.
 - Attach the second arm board to the side rail of the accessory adapter.
 - Place the hands and arms on the pre-configured arm supports, adapt height and position accordingly and secure with straps.
 - Adjust the curve spine frame manually with the help of the provided hand crank.
 - Make sure that no pressure is applied on the axilla, in the abdominal area and in the inguinal area (which might disturb the good venous flow back).
 - Ensure that the toes are positioned freely and that pressure on the patella is minimized.
 - Secure the legs (calves) with a body strap.
 - Mount further side rail accessories.
 - Check all screw and clamp connections.
 - The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Carbon fiber insertable plate	1160.45BC
3	Accessory adapter	1150.72A0
General side rail accessories		
4	Horseshoe head rest	1002.03A0
5	Curve spine frame	1008.01A0**

General side rail accessories		
6	Arm support (2x)	1001.6000
7	Body strap	1001.59X0

Positioning aids		
8	Oasis Elite flat bottom chest roll	4006.25A0*

*Manufactured by Trulife
**Manufactured by Kyra

4.13 Genu-cubital position
with kneeling frame, sitting bracket and pelvis support

Normal orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

The initiation of anesthesia is performed on a separate stretcher / OR table.
After anesthetic induction the patient lies in supine position.

Then, proceed as follows:

- **Preparing the OR table**
 - Longitudinal shift of the table top towards the foot end.
 - Raise the calf part of the kneeling frame by 90° until it audibly snaps into position and close the eccentric levers.
 - Move the kneeling frame downwards using the motorized leg plate mounting point until the desired position has been reached.
 - Place the positioning aids.
- **Positioning the patient**
 - Axially turn the patient from the stretcher to the preconfigured table.
 - Adjust the positioning aids to patient's anatomy.
- **Positioning the arms**
 - Adapt the arm supports at the side rails at shoulder height and position arms.
 - Move the table until it is slightly head down (Trendelenburg).
 - Mount further side rail accessories.
 - Check all screw and clamp connections.
 - The positioning shall be removed in reverse order after the operation.
- Position the face in the prone pad.
- Make sure that no pressure on the eyes is applied.
- Mount the sitting bracket with pelvis support with radial setting clamps on the side rail of the tibia plates, adapt to the size of the patient to secure the position.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
Positioning specific accessories		
2	Kneeling frame	1007.04BC
3	Sitting bracket with pelvis support	1007.05A0
4	Radial setting clamps (2x)	1003.23C0

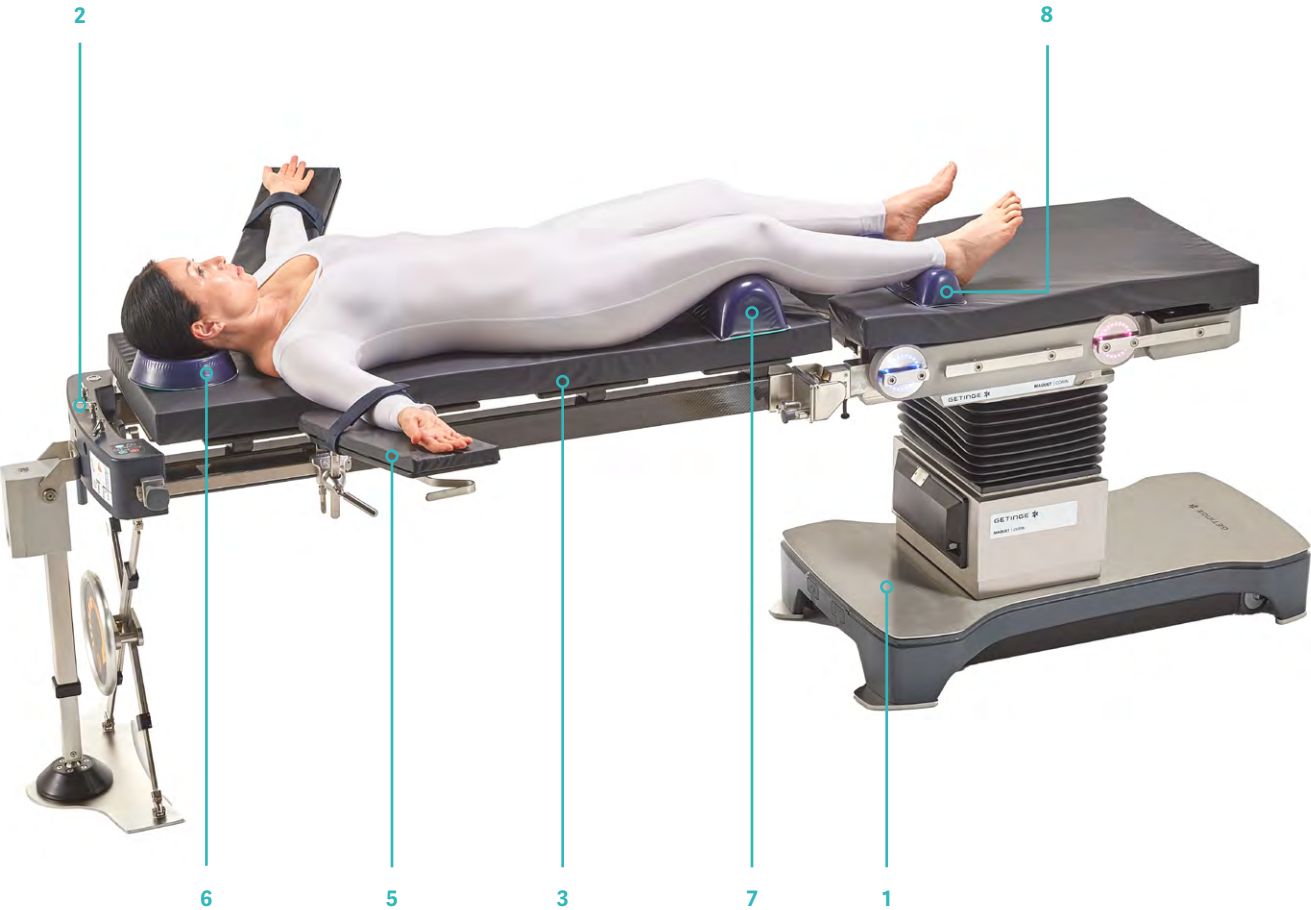
General side rail accessories		
5	Anesthesia screen	1002.57A0
6	Anesthesia screen extension	1002.59.A0
7	Arm support (2x)	1001.6000

Positioning aids		
8	Oasis Elite prone head rest, large	4006.19A0*
9	Oasis universal patient positioner	4006.11A0*

*Manufactured by Trulife

4.14 Supine position
on universal frame and long support plate

Reverse orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted and the table has been locked securely to the floor.

The initiation of anesthesia is performed on the OR table.
After anesthetic induction the patient lies on the OR table in supine position.

The head is positioned with a positioning aid.

Then, proceed as follows:

- **Preparing the OR table**
 - Attach the adapters (provided with the universal frame) to the motorized leg joint of the table and attach the universal frame.
 - Place the long support plate on the CF bars of the universal frame.
 - Remove the trolley.
 - Place the positioning aids on top of the support plate.
 - The arm boards mounted on the universal frame can be replaced with the arm support.
- **Positioning the patient**
 - Place the arm supports into the desired position and position the arms and secure with the straps.
- Anatomically correct positioning of the positioning aids.
- 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.
- **Tip:** Mounting of further side rail accessories to the universal frame is possible with an additional side rail clamp.
- Adjust the height of the table and of the universal frame by simultaneously using the hand control of the table and the manual crank of the frame.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Universal frame for patient positioning	1007.24A1
3	Support plate	1007.26B0
4	Side rail clamp	1007.25A0

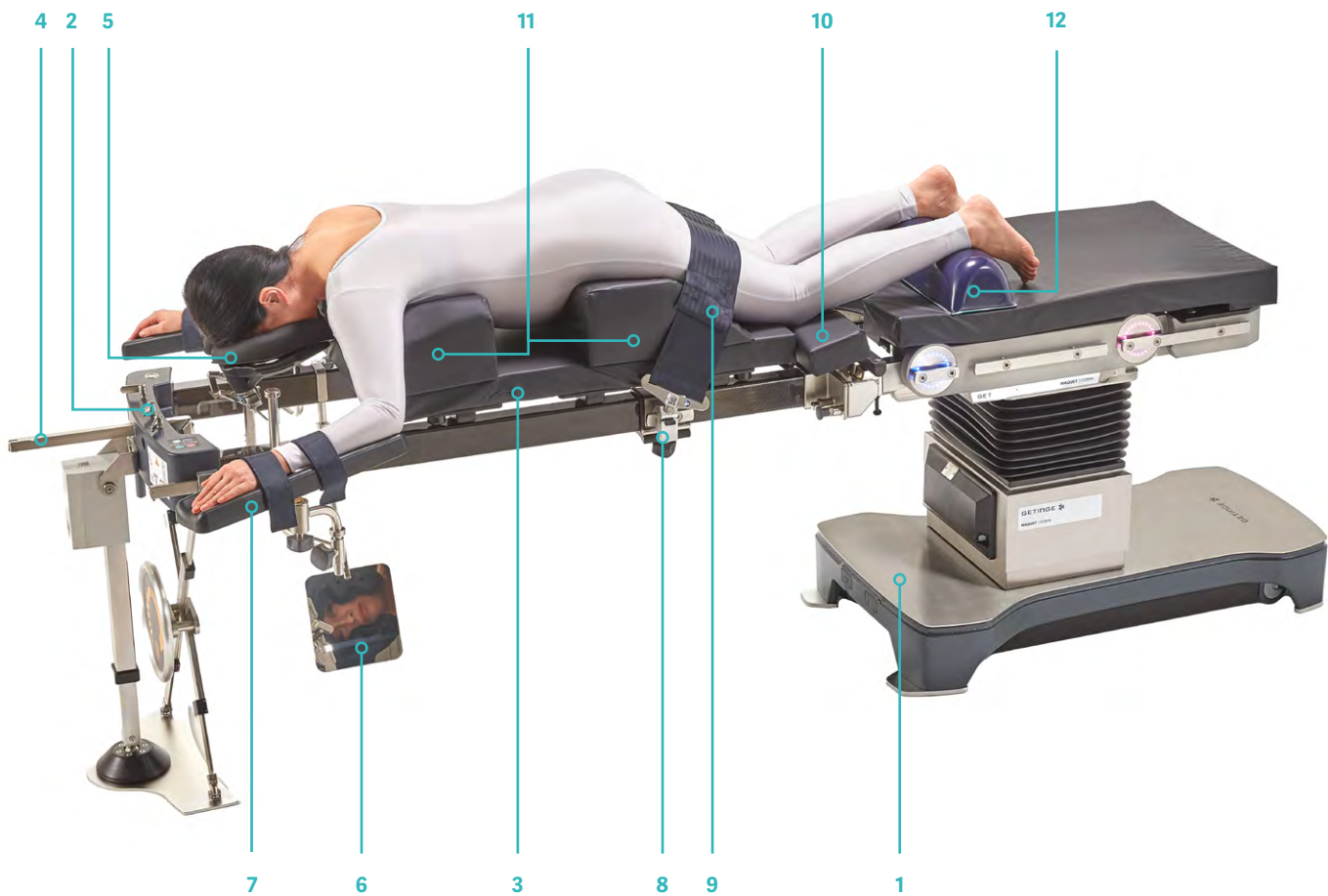
General side rail accessories		
5	Arm support (2x)	1001.6000

Positioning aids		
6	Oasis Elite closed head ring adolescent	4006.02A0*
7	Oasis Elite flat bottom chest roll	4006.25A0*
8	Oasis Elite heel pads	4006.16A0*

*Manufactured by Trulife

4.15 Prone position
on universal frame and short support plate

Reverse orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted and the table has been locked securely to the floor.

The initiation of anesthesia is performed on the OR table.
After anesthetic induction the patient lies on the OR table in supine position.

Then, proceed as follows:

- **Preparing the OR table**
 - Attach the adapters (provided with the universal frame) to the motorized leg joint of the table and attach the universal frame.
 - Remove the trolley.
 - Place the short support plate on top of the universal frame.
 - Mount the head rest adapter to the connecting point and attach the horseshoe head rest to the side rail of the head rest adapter.
 - Place the pads and further positioning aids on top of the support plate.
 - Attach the filler piece to the mounting point on the universal frame.
 - The arm boards mounted on the universal frame can be inverted underneath.
- **Positioning the patient**
 - Axially turn the patient onto the prepared table.
 - Place the head on the horseshoe head rest and make sure that no pressure on the eyes is applied.
- Adjust the two sections of the prone pad according to the patients' anatomy.
- Make sure that no pressure on the axilla, in the abdominal area and in the inguinal area is applied (which might disturb the good venous flow back).
- Position the arms on the arm supports and secure with straps.
- Make sure that the toes are positioned freely and minimize pressure on the patella.
- Secure the legs with a body strap.
- Move the table into position and adjust the OR table and the universal frame simultaneously by using the hand control of the table and the manual crank of the frame.
- **Tip:** Mounting of further side rail accessories to the universal frame is possible with an additional side rail clamp.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
Positioning specific accessories		
2	Universal frame for patient positioning	1007.24A1
3	Short support plate	1007.26A0
4	Head rest adapter	Included in 1007.24A1
5	Horseshoe head rest two-section	1002.72A0
6	Mirror	Included in 1007.24A1

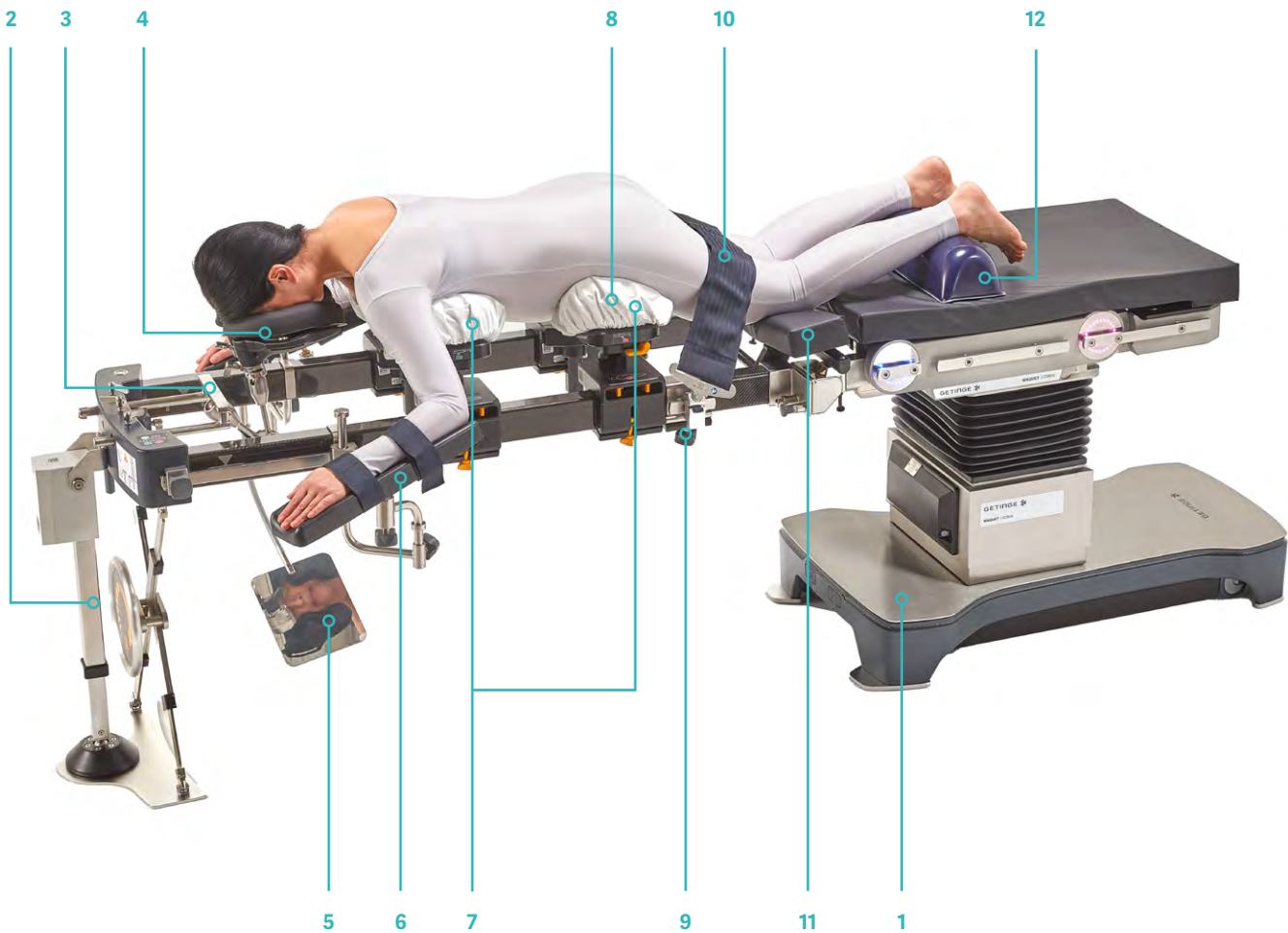
Positioning specific accessories		
7	Arm supports (2x)	Included in 1007.24A1
8	Side rail clamp 2x	1007.25A0
9	Body strap	1001.59X0
10	Filler piece	Included in 1007.24A1

Positioning aids		
11	Pad, 2 pieces	1000.68C0
12	Oasis Elite flat bottom chest roll	4006.25A0*

* Manufactured by Trulife

4.16 Prone position
on universal frame with 4 adjustable positioning elements

Reverse orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted and the table has been locked securely to the floor. The initiation of anesthesia is performed on the OR table. After anesthetic induction the patient lies on the OR table in supine position.

Then, proceed as follows:

- **Preparing the OR table**
- Attach the adapters of the universal frame to the motorized leg joint of the table and attach the universal frame. Remove the trolley.
- Mount the four adjustable positioning elements to the carbon fiber bars of the universal frame and cover with disposable covers.
- Mount the head rest adapter to the connecting point and attach the horseshoe head rest to the side rail of the head rest adapter.
- Attach the filler piece to the mounting point on the universal frame.
- The arm boards mounted on the universal frame can be inverted underneath.
- **Positioning the patient**
- Turn the patient axially onto the prepared OR table.
- Adjust the body supports to the anatomy of the patient.
- Use width and height adjustments and the individual position of the supports on the CF bars.
- Make sure that no pressure is applied on the axilla, in the abdominal area and in the inguinal area (which might disturb the good venous flow back).
- Position the head in the horse shoe head rest and adjust the head rest adapter if necessary.
- Make sure that no pressure on the eyes is applied.
- Position the arms on the arm boards of the universal frame.
- Minimize pressure on the patella and make sure that the toes are positioned freely.
- Secure the legs with a body strap.
- Move the table into position. Adjust the OR table and the universal frame simultaneously with the provided hand crank and the hand control of the OR table.
- **Tip:** Mounting of further side rail accessories to the universal frame is possible with an additional side rail clamp.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
Positioning specific accessories		
2	Universal frame for patient positioning	1007.24A1
3	Adjustable head rest adapter	1002.10A0
4	Horseshoe head rest two- section	1002.72A0
5	Mirror	Included in 1007.24A1

Positioning specific accessories		
6	Arm supports 2x	Included in 1007.24A1
7	Adjustable positioning elements	1007.28B0
8	Single use covers	1007.29A0
9	Side rail clamp 2x	1007.25A0
10	Body strap	1001.59X0
11	Filter piece	Included in 1007.24A1

Positioning aids		
12	Oasis Elite gel body roll	4006.25A0*

* Manufactured by Trulife



5 Patient positioning by discipline

Orthopedics and traumatology

- 5.1 Prone position for elbow surgery (NO)
- 5.2 Prone position for elbow surgery using Trimano Fortis
- 5.3 Supine position for hand and arm treatment (NO)
- 5.4 Supine position for vascular surgery, hand and arm treatment (RO)
- 5.5 Lateral position for shoulder operations with Trimano Fortis (RO)
- 5.6 Beach chair position for shoulder operations with short back plate (NO)
- 5.7 Beach chair position for shoulder operations with short back plate (RO)
- 5.8 Beach chair position for shoulder operations with carbon-fiber back plate (RO)
- 5.9 Beach chair position for shoulder operations with long back plate (RO)
- 5.10 Supine position for treatment of lower leg injuries with a pair of carbon fiber leg plates (NO)
- 5.11 Supine position for knee arthroscopy (NO)
- 5.12 Supine position for femur treatment traction on the operated leg, non-operated leg extended (NO)
- 5.13 Supine position for femur treatment traction on the operated leg, non-operated leg on leg holder (NO)
- 5.14 Supine position for femur treatment with transcondylar traction, non-operated leg on leg holder (NO)
- 5.15 Lateral position for femur treatment with countertraction post for femur (NO)
- 5.16 Supine Position for tibia treatment with countertraction post for tibia and fibula, joint supporting arm and traction stirrup (NO)
- 5.17 Supine position both legs fixed on carbon fiber traction bars
- 5.18 Supine position both legs fixed on carbon fiber traction bars
- 5.19 Prone position using 2 carbon fiber traction bars and the extension frame
- 5.20 Supine position on 1 carbon fiber traction bar and leg holder
- 5.21 Supine position with transcondylar traction using 1 carbon fiber traction bar and 1 leg holder

NO: Normal orientation
RO: Reverse orientation

5.1 Prone position
for elbow surgery

Normal orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

The anesthetization of the patient is done in supine position on a separate stretcher or OR table.

Then, proceed as follows:

- **Preparing the OR table**
 - Place and adjust the positioning aids in line with the patient's anatomy on the OR table.
 - Provide arm posturing plate, further positioning aids and an arm support.
 - Longitudinal shift of the table top towards cranial direction.
- **Positioning the patient**
 - Axially turn the patient onto the pre-configured table.
 - Position the head in the gel head rest and make sure that no pressure is applied on the eyes.
 - Adjust the two sections of the prone pad according to the anatomy of the patient.
 - Make sure that no pressure is applied on the axilla, in the abdominal area and in the inguinal area (which might disturb the good venous flow back).
- **Positioning the arms**
 - Operated arm: Place the elbow posturing device on the side rail of the table, adjust the height according to the patients' anatomy, possibly using additional positioning aids, and position the operated arm.
 - Non operated arm: Place hand and arm on the pre-configured arm support, adapt height and position accordingly and secure with straps.
- Secure the legs with a body strap.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Extension plate (2x)	1160.32C0
3	Head rest	1160.53BC
4	Seat plate extension	1160.55BC

Positioning specific accessories		
5	Upper arm posturing device	1001.45C0

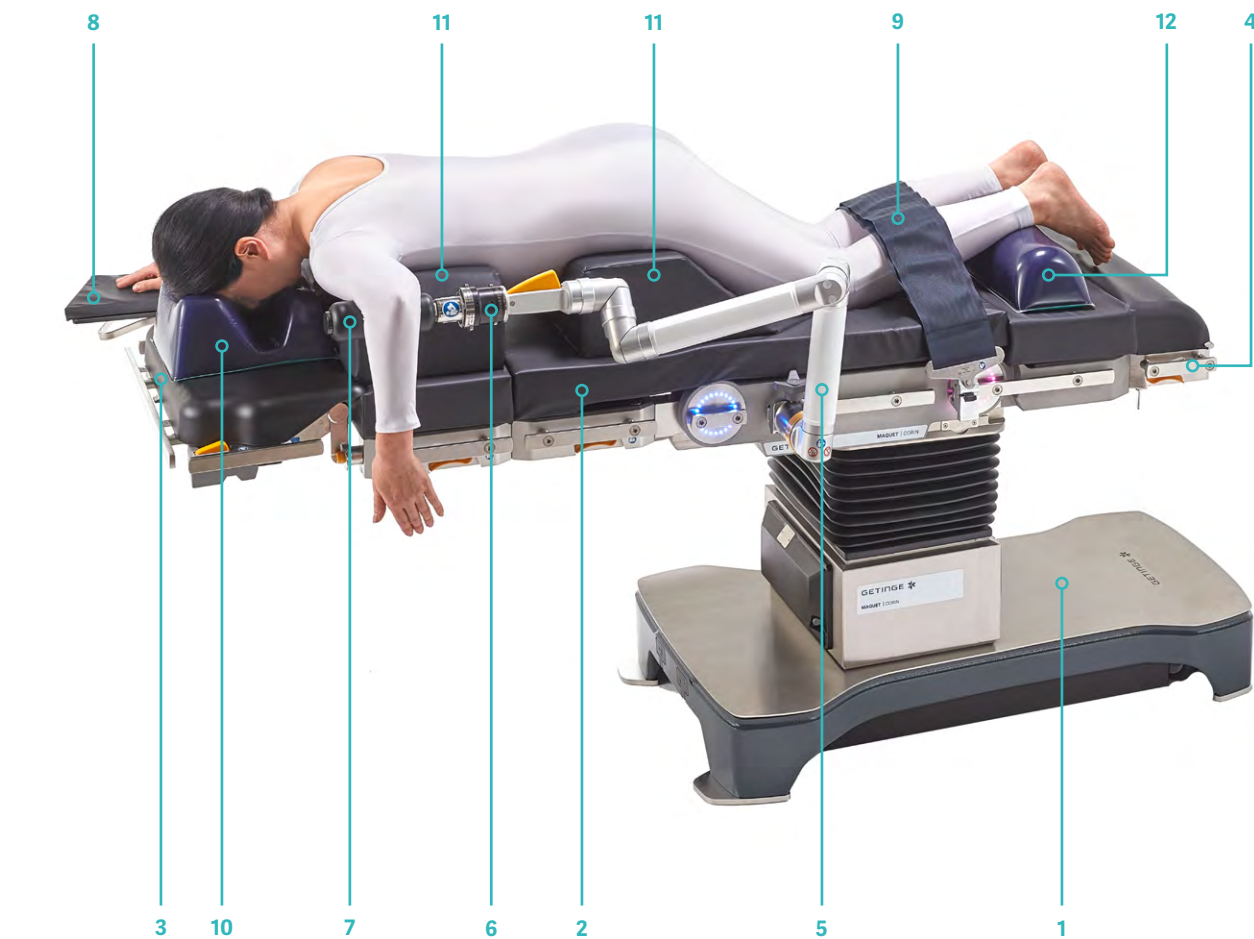
General side rail accessories		
6-A	Arm support (not visible)	1001.44F0
6-B	Alternative: Fisso arm support lateral	1005.30A0
6-C	Alternative: Arm rest	1002.49A0
7	Body strap	1001.59X0

Positioning aids		
8	Oasis Elite Gel head rest prone	4006.19A0*
9	Oasis Elite gel body roll	4006.25A0*
10	Pads (two pieces)	1000.68C0

*Manufactured by Trulife

5.2 Prone position
for elbow surgery using Trimano Fortis

Reverse orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

The anesthetization of the patient is done in supine position on a separate stretcher or OR table.

Then, proceed as follows:

- **Preparing the OR table**
 - Place and adjust the positioning aids in line with the patient's anatomy on the OR table.
 - Attach the arm support to the table on the non-operated side of the patient.
 - Longitudinal shift of the table top towards cranial direction.
- **Positioning the patient**
 - Axially turn the patient onto the pre-configured table.
 - Position the head in the prone head rest and make sure that no pressure is applied on the eyes.
 - Adjust the two sections of the prone pad according to the anatomy of the patient.
 - Make sure that no pressure is applied on the axilla, in the abdominal area and in the inguinal area (which might disturb the good venous flow back).
 - Ensure that the toes are positioned freely and that pressure on the patella is minimized.
- **Positioning the arms**
 - Operated arm: Mount the Trimano Fortis, equipped with the adapter and Trimano elbow countertraction post on the side rail of the table.
 - Adjust the arm into the desired position and make sure, that the crook of the arm is free from any pressure.
 - **Tip:** Make sure that the release lever of the Trimano fortis can comfortably be used. Trimano can be covered with sterile drapes and be adjusted during the procedure by the surgeon.
 - Non operated arm: Place hand and arm on the pre-configured arm support, adapt height and position accordingly and secure with straps.
 - Secure the legs with a body strap.
 - Check all screw and clamp connections.
 - The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Extension plate (2x)	1160.32C0
3	Head rest	1160.64BC
4	Extension plate	1160.32BC

Positioning specific accessories		
5	Trimano Fortis	1002.30A0
6	Adapter Trimano Fortis	1002.31A0
	Sterile cover for Trimano Fortis, not illustrated	1002.44C0
7	Trimano elbow countertraction post	1002.45A0

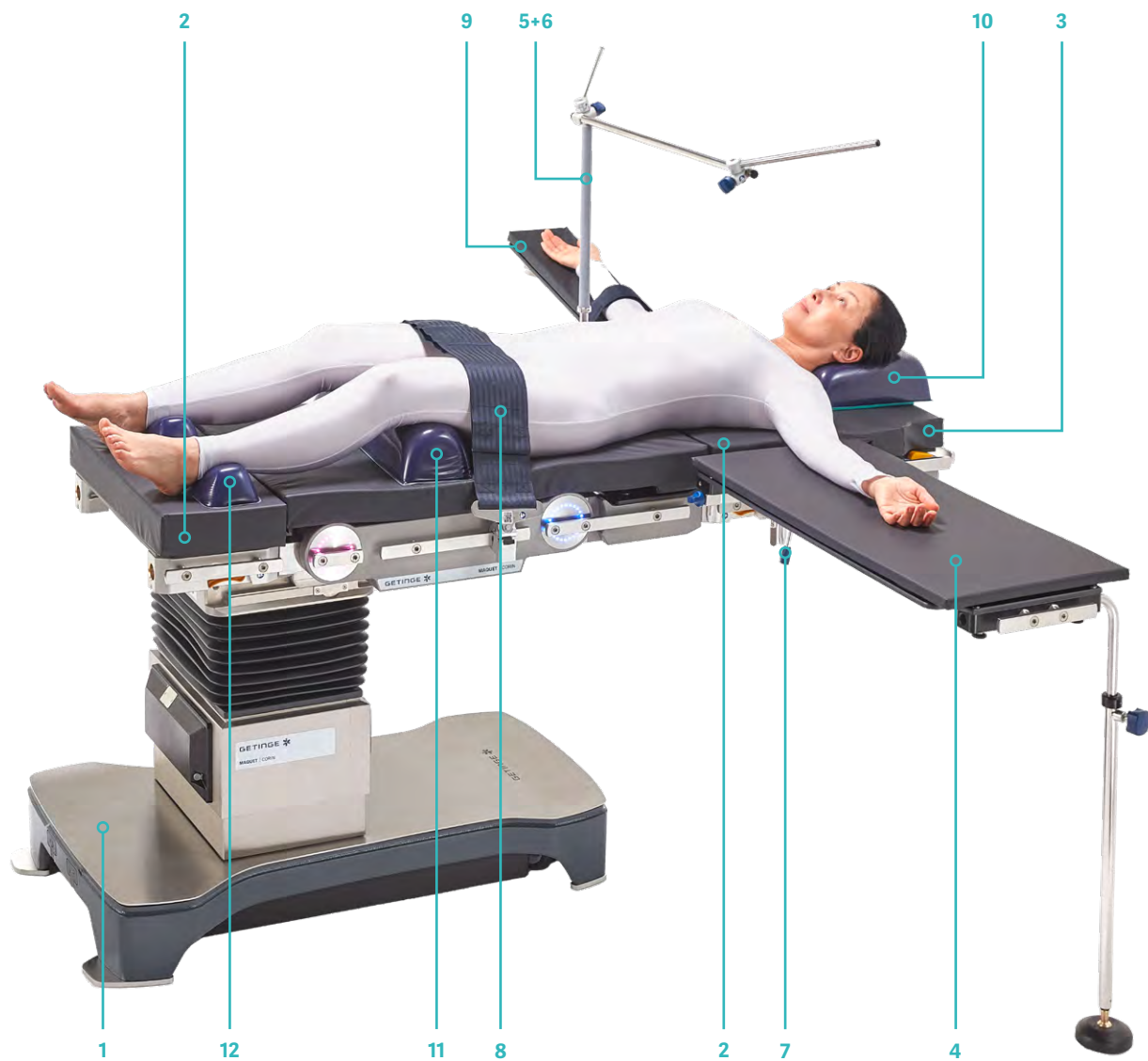
General side rail accessories		
8	Arm support	1001.6000
9	Body strap	1001.59X0

Positioning aids		
10	Oasis Elite Prone head rest large	4006.19A0*
11	Pad (two pieces)	1000.68C0
12	Oasis Elite flat bottom chest roll	4006.25A0*

*Manufactured by Trulife

5.3 Supine position
for hand and arm treatment

Normal orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

The anesthetization of the patient is done in supine position on a separate stretcher or OR table.

Then, proceed as follows:

- **Preparing the OR table:**
Slide the table top towards the head end.
- Mount the hand operating table to it's adapter mounted to a radial setting clamp on the side rail of the extension plate. Adjust the height to the level of the OR table pad and mount the floor support bar to the preferred side of the hand operating table.
- **Positioning the arms:**
Place the arm to be operated on the hand operating table.
- The other arm can be abducted on the arm support for anesthesia access.
- 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.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Extension plate (2x)	1160.32C0
3	Head rest	1160.64BC

Positioning specific accessories		
4	Multi-purpose plate for arm surgery. Adapter and support bar included.	1001.63A0

General side rail accessories		
5	Anesthesia screen	1002.57A0
6	Anesthesia screen extension	1002.59A0
7	Radial setting clamps (2x)	1003.23C0
8	Body strap	1001.59X0
9	Arm support including strap	1001.6000

Positioning aids		
10	Oasis Elite supine head rest adulte	4006.21A0*
11	Oasis Elite flat bottom chest roll	4006.25A0*
12	Oasis Elite heel pads	4006.16A0*

*Manufactured by Trulife

5.4 Supine position
for vascular surgery, hand and arm treatment

Reverse orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

The anesthetization of the patient is done in supine position on a separate stretcher or OR table.

Then, proceed as follows:

- Slide the table top towards the head end.
- Mount the hand operating table on the side rail of the adapter for the carbon fibre back plate.
- Adjust the height to the level of the OR table pad and mount the floor support bar to the hand operating table.
- **Positioning the arms**
- Place the arm to be operated on the multi-purpose plate.
- The other arm is positioned and abducted on the arm support for anesthesia access.
- 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.
- Possibly readjust the height of the floor support bar.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Back plate (carbon fiber)	1132.45AC
3	Adapter	1001.64C0

Positioning specific accessories		
4	Multi-purpose plate for arm surgery. Adapter and support bar included.	1001.63A0

General side rail accessories		
5	Arm support	1001.6000
6	Anesthesia screen	1002.57A0
7	Anesthesia screen extension	1002.59A0
8	Radial setting clamp (2x)	1003.23C0
9	Body strap	1001.59X0

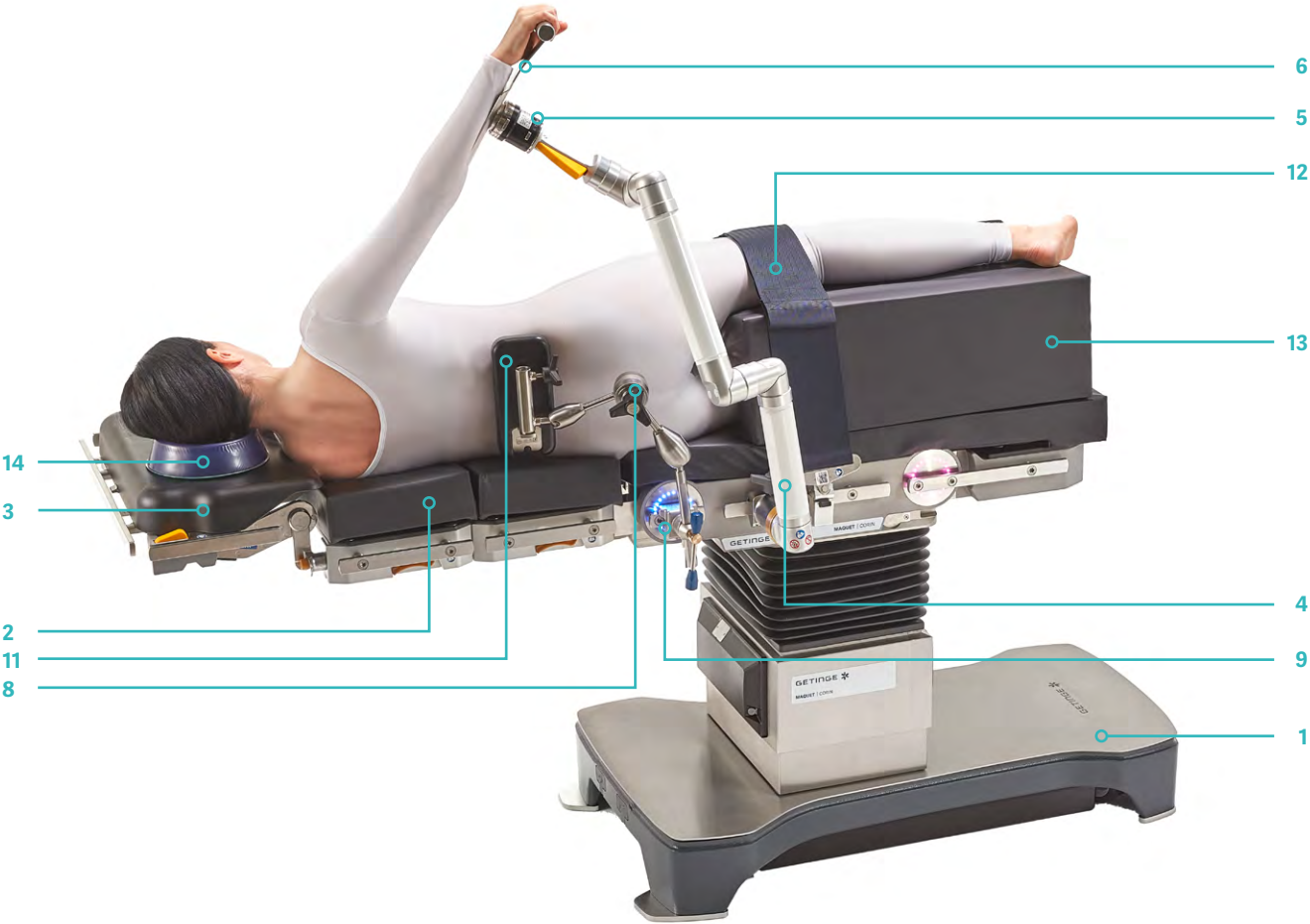
Positioning aids		
10	Oasis Elite flat bottom chest roll	4006.25A0*
11	Oasis Elite heel pads	4006.16A0*
12	Oasis Elite supine head rest adulte	4006.21A0*

*Manufactured by Trulife

5.5 Lateral position

for shoulder operations with Trimano Fortis

Reverse orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

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

Then, proceed as follows:

- **Preparing the OR table**
 - Mount and pre-position lateral supports.
 - Attach the arm support and align at shoulder height 90° to the table.
 - The Trimano adapter and the arm rest must be sterilized and can be prepared on the instrument table before positioning and preparing the patient. The lateral support must be covered with an adhesive single use pad. (included in the sterile set).
- **Positioning the patient**
 - Turn the patient into a lateral position, the shoulder to be operated facing upwards.
 - Place the head on the head ring and make sure, that the ear is positioned freely.
 - Position the lower arm on the arm support.
 - Make sure that the lower shoulder of the patient is pulled forward.
 - Cover the patient with sterile drapes before attaching Trimano.
 - Attach Trimano Fortis to the side rail of the table, fixing screw facing upwards.
 - Cover Trimano with a sterile sheath.
- Hand and arm must be fixed to the lateral support with a bandage (included in the sterile set).
- Attach the lateral support to the (sterile) Trimano fortis adapter.
- Slide the table top in the direction of the head end.
- Bring the cervical and thoracic spine into a neutral position.
- Final positioning and fixation of the lateral supports to the front and back side of the patient.
- Until the lateral supports have been put into their final position, the patient must be secured to prevent potential rolling back.
- Use gel pads between the patient and the lateral supports to reduce shear and friction forces.
- Positioning of the tunnel cushion and fixation of the legs with a body strap. Freely position the ankles with the aid of heel pads to relieve pressure.
- Mount further side rail accessories.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

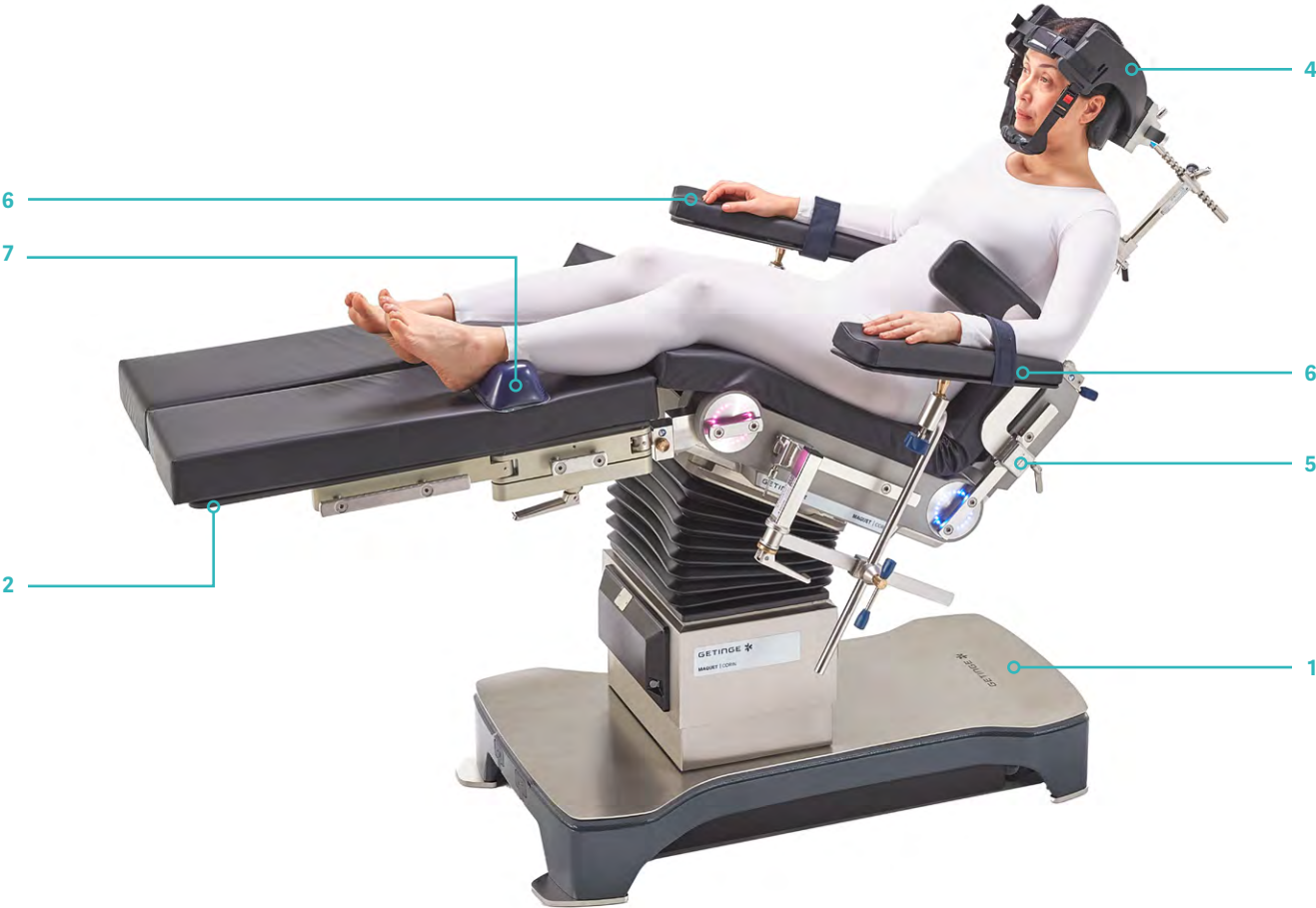
Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Extension plate (2x)	1160.32BC
3	Head rest	1160.64BC
Positioning specific accessories		
4	Trimano Fortis	1002.30A0
5	Adapter Trimano Fortis	1002.31A0
6	Arm rest for lateral position	1002.43A0
Sterile set for shoulder to cover the Trimano Fortis and accessories		1002.44A0

General side rail accessories		
7	Arm support (not visible)	1001.6000
8	Fixture for body supports	1002.40A0
9	Radial setting clamp	1003.23C0
10	Pubis-sacrum-sternum support and fixture (not visible)	1002.11B0 1002.19C0
11	Lateral support	1002.11C0
12	Body strap	1001.59X0
Positioning aids		
13	Tunnel cushion	1000.77A0
14	Oasis closed head ring adult	4006.01A0*
15	Oasis Elite heel pads	4006.16A0*

*Manufactured by Trulife

5.6 Beach chair position
for shoulder operations with short back plate

Normal orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

The initiation of anesthesia can be performed on the OR Table. The patient's head can be placed in the head support, wings opened until the final position is reached.

A wedge pillow (e. g. plexus cushion) can be used to elevate smaller patients.

The patient lies on the OR table in supine position.

Then, proceed as follows:

- Position the patient with the acetabulum at the height of the motorized joint module, if necessary pull the patient closer to the side of the OR table.
- The head can be positioned on the head support for shoulder operations, side wings unfolded. They shall only be closed after the sitting position has been reached.
- Raise the patient into a seated position step by step with the aid of the beach chair function of the hand control.
- **Tip:** alternate between the Trendelenburg and the raise torso setting. Lower the legs in between. Observe a secure position of the head.
- Make sure that the heels and popliteal fossa are positioned freely. The legs of the patient should be slightly bent.
- 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's back from either side.
- Close the side wings of the helmet and secure the head with chin and forehead strap.
- Adjust the position of the head support.
- For the operated side: Remove the shoulder segment.
- If necessary, use contralateral tilt of the table top.
- If necessary, mount a lateral support to secure the position of the thorax.
- Place the arm supports into the desired position and position the arms.
- Secure the legs with a body strap.
- Anatomically correct positioning of the remaining positioning aids and mounting of further side rail accessories.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Pair of leg plates	1160.50BC

Positioning specific accessories		
3	Back plate, head rest adapter included	1132.34A0
4	Head support for shoulder operations	1002.15A0
5	Lateral support	1002.36A0

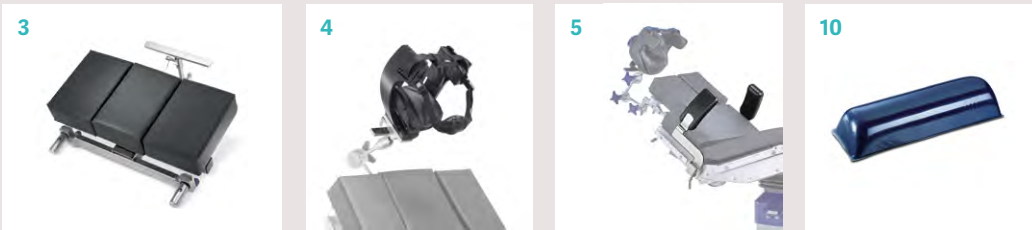
General side rail accessories		
6	Arm support (2x)	1001.44F0
	Body strap (not illustrated)	1001.56B0

Positioning aids		
7	Oasis Elite heel pads	4006.16A0*

*Manufactured by Trulife

5.7 Beach chair position
for shoulder operations with short back plate

Reverse orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

The initiation of anesthesia can be performed on the OR Table. The patient’s head can be placed in the head support, wings opened until the final position is reached.

A wedge pillow (e. g. plexus cushion) can be used to elevate smaller patients.

The patient lies on the OR table in supine position.

Then, proceed as follows:

- Position the patient with the acetabulum at the height of the motorized joint module, if necessary pull the patient closer to the side of the OR table.
- The head can be positioned on the head support for shoulder operations, side wings unfolded. They shall only be closed after the sitting position has been reached.
- Raise the patient into a seated position step by step with the aid of the beach chair function of the hand control.
- **Tip:** alternate between the Trendelenburg and the raise torso setting. Lower the legs in between. Observe a secure position of the head.
- Make sure that the heels and popliteal fossa are positioned freely. The legs of the patient should be slightly bent.
- 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’s back from either side.
- Close the side wings of the helmet and secure the head with chin and forehead strap.
- Adjust the position of the head support.
- For the operated side: Remove the shoulder segment.
- If necessary, use contralateral tilt of the table top.
- If necessary, mount a lateral support to secure the position of the thorax.
- Place the arm supports into the desired position and position the arms.
- Secure the legs with a body strap.
- Anatomically correct positioning of the remaining positioning aids and mounting of further side rail accessories.
- Check all screw and clamp connections
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Extension plate (2x)	1160.32BC

Positioning specific accessories		
3	Back plate, head rest adapter included	1132.34A0
4	Head support for shoulder operations	1002.15A0
5	Lateral support	1002.36A0

General side rail accessories		
6	Anesthesia screen	1002.57A0
7	Anesthesia screen extension	1002.59A0
	Radial setting clamp for A-screen Not visible	1003.23C0
8	Arm supports (2x)	1001.44F0
9	Body strap	1001.59X0

Positioning aids		
10	Oasis Elite flat bottom chest roll	4006.25A0*
11	Oasis Elite heel pads	4006.16A0*

*Manufactured by Trulife

5.8 Beach chair position
for shoulder operations with carbon-fiber back plate

Reverse orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor. The initiation of anesthesia can be performed on the OR Table. The patient’s head can be placed in the head support, wings opened until the final position is reached. A wedge pillow (e. g. plexus cushion) can be used to elevate smaller patients. The patient lies on the OR table in supine position.

Then, proceed as follows:

- Position the patient with the acetabulum at the height of the motorized joint module, if necessary pull the patient to the edge of the table top.
- The head can be positioned on the head support for shoulder operations, the side wings unfolded. They shall only be closed after the sitting position has been reached.
- Raise the patient step wise into a seated position with the aid of the beach chair function of the hand control. Observe a secure position of the head.
- **Tip:** alternate between the Trendelenburg and the raise torso setting. Lower the legs in between.
- Make sure that the heels and popliteal fossa are positioned freely. The legs of the patient should be slightly bent.
- 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’s back from either side.
- Close the side wings of the head support and secure the head with chin and forehead strap.
- **Positioning the arms**
For the operated side: Remove the shoulder segment.
- If necessary, use the contralateral tilt of the table top.
- If necessary, mount the lateral supports to secure the thorax.
- Mount Trimano Fortis to the desired position of the side rail, mounting screw facing upwards.
- Desinfect the arm and cover the patient with sterile drapes.
- Place the arm in the sterile arm rest and secure with the provided bandage.
- Cover the Trimano Fortis with a sterile sheath and mount the arm rest.
- **Tip:** Alternatively a multi-use arm rest for beach chair position (1002.43B0) can be used. The arm rest and the adapter can be sterilized and then be prepared on the instrument table in a sterile setting. Observe a slightly different workflow then.
- Non operated side: Place the arm on the arm support and position the arm support.
- Secure the legs with a body strap.
- Anatomically correct positioning of the remaining positioning aids and mounting of further side rail accessories.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Extension plate	1160.32BC

Positioning specific accessories		
3	Carbon fibre back plate for shoulder operations (incl. 2 lateral supports)	1433.34AC
4	Adjustable head rest adapter	1002.10A0
5	Head support for shoulder operations	1002.15A0
6	Trimano Fortis	1002.30A0
7	Adapter Trimano Fortis	1002.31A0
8	Sterile arm rest, disposable, incl. bandage and sterile cover	1002.52A0**

General side rail accessories		
9	Anesthesia screen	1002.57A0
10	Anesthesia screen extension	1002.59A0

11	Radial setting clamp (not visible)	1003.23C0
12	Arm supports	1001.44F0
13	Body strap	1001.59X0

Positioning aids		
14	Oasis Elite flat bottom chest roll	4006.25A0*
15	Oasis Elite heel pads	4006.16A0*

*Manufactured by Trulife
**Manufactured by Wagner Klinikbedarf

5.9 Beach chair position
for shoulder operations with long back plate

Reverse orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

The initiation of anesthesia can be performed on the OR Table. The patient’s head can be placed in the head support, wings opened until the final position is reached.

A wedge pillow (e. g. plexus cushion) can be used to elevate smaller patients.

The patient lies on the OR table in supine position.

Then, proceed as follows:

- Position the patient with the acetabulum at the height of the motorized joint module, if necessary pull the patient closer to the side of the OR table.
- The head can be positioned on the head support for shoulder operations, side wings unfolded. They shall only be closed after the sitting position has been reached.
- Raise the patient into a seated position step by step with the aid of the beach chair function of the hand control.
- **Tip:** alternate between the Trendelenburg and the raise torso setting. Lower the legs in between. Observe a secure position of the head.
- Make sure that the heels and popliteal fossa are positioned freely. The legs of the patient should be slightly bent.
- 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’s back from either side.
- Close the side wings of the helmet and secure the head with chin and forehead strap.
- Adjust the position of the head support.
- For the operated side: Remove the shoulder segment.
- If necessary, use contralateral tilt of the table top.
- If necessary, mount a lateral support to secure the position of the thorax.
- Place the arm supports into the desired position and position the arms.
- Secure the legs with a body strap.
- Anatomically correct positioning of the remaining positioning aids and mounting of further side rail accessories.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Extension plate	1160.32BC

Positioning specific accessories		
3	Back plate for shoulder operations, head rest adapter included	1007.21B0
	Trolley	1007.20A0
4	Head support for shoulder operations	1002.15A0

General side rail accessories		
5	Anesthesia screen	1002.57A0
6	Anesthesia screen extension	1002.59A0
	Radial setting clamp (not visible)	1003.23C0
7	Arm supports (2x)	1001.44F0
8	Body strap	1001.59X0

Positioning aids		
9	Oasis Elite flat bottom chest roll	4006.25A0*
10	Oasis Elite heel pads	4006.16A0*

*Manufactured by Trulife

5.10 Supine position
for treatment of lower leg injuries
with a pair of carbon fiber leg plates

Normal orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

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

The head is positioned with a positioning aid.

Then, proceed as follows:

- Place the pelvis of the patient at the sacral cut out of the seat plate, hip joint positioned at the level of the motorized leg plate articulation.
- Place the arm supports into the desired position and position the arms.
- Slide the table top towards the foot end.
- 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 patient legs with a body strap.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Carbon fiber pair of leg plates	1133.67BC

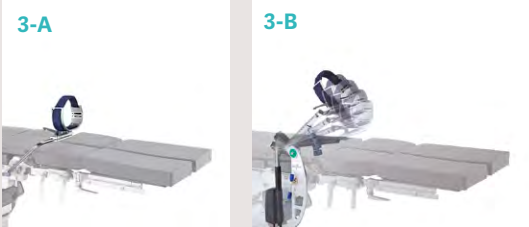
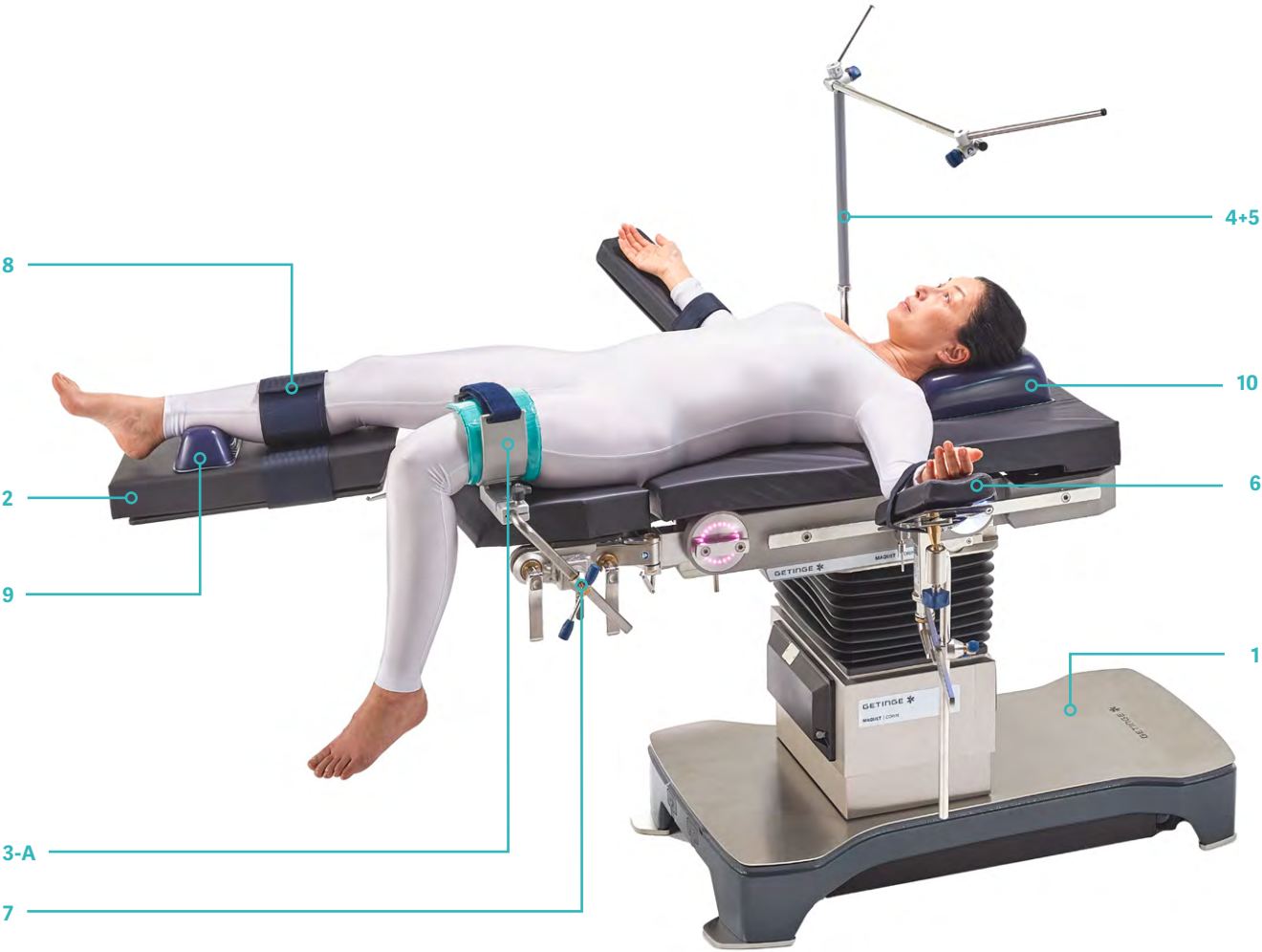
General side rail accessories		
3	Anesthesia screen	1002.57A0
4	Anesthesia screen extension	1002.59A0
5	Radial setting clamp for anesthesia screen, not visible	1003.23C0
6	Arm support (2x)	1001.44F0
7	Body strap	1001.59X0

Positioning aids		
8	Plexus cushion	1000.6900
9	Leg restraint cuff, optional	1001.4700
10	Oasis Elite heel pads, optional	4006.16A0*

*Manufactured by Trulife

5.11 Supine position
for knee arthroscopy

Normal orientation



Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.
Tip: Ensure proper positioning of the patient when using the motorized knee positioning device: place the legs with the acetabulum at the height of the motorized leg plate mounting point.
After anesthetic induction the patient lies on the table in supine position.
The head is positioned with a positioning aid.

Then, proceed as follows:

- Place the arm supports into the desired position and position the arms.
- Possibly use longitudinal shift of the table in the direction towards the foot end.
- Positioning the legs**
- Non operated leg:
Abduct the leg and secure with a leg restraint cuff.
- Make sure that the heel is positioned freely. The patient's leg should be slightly bent to prevent overextension of the knee.
- The calf part of the 4-piece leg plate can be slightly unfolded.
- Operated leg:
Attach the manual knee positioning device to the upper side rail of the leg plate. The radial setting clamp must be mounted with the toggle screw facing upwards.
- When using the motorized knee positioning device, attach it to the side rail of the leg plate motor.
- Place the femur inside of it. The thigh is protected with a gel pad.
- Apply the exsanguination / tourniquet cuff to the leg, then remove the calf plate of the 4-piece leg plate.
- Remove the entire leg plate when using the motorized knee positioning device.
- Tighten the knee positioning device to the thigh.
- Finalizing the position:
Anatomically correct positioning of the positioning aids and mounting of further side rail accessories.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.

Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Pair of leg plates	1133.73BC

Positioning specific accessories		
3-A	Knee positioning device, gel pad included	1004.84B0
3-B	Knee posturing device motorized, Gel pad included	1004.84A0

General side rail accessories		
4	Anesthesia screen	1002.57A0
5	Anesthesia screen extension	1002.59A0
6	Arm support (2x)	1001.44F0
7	Radial setting clamp (2x)	1003.23C0

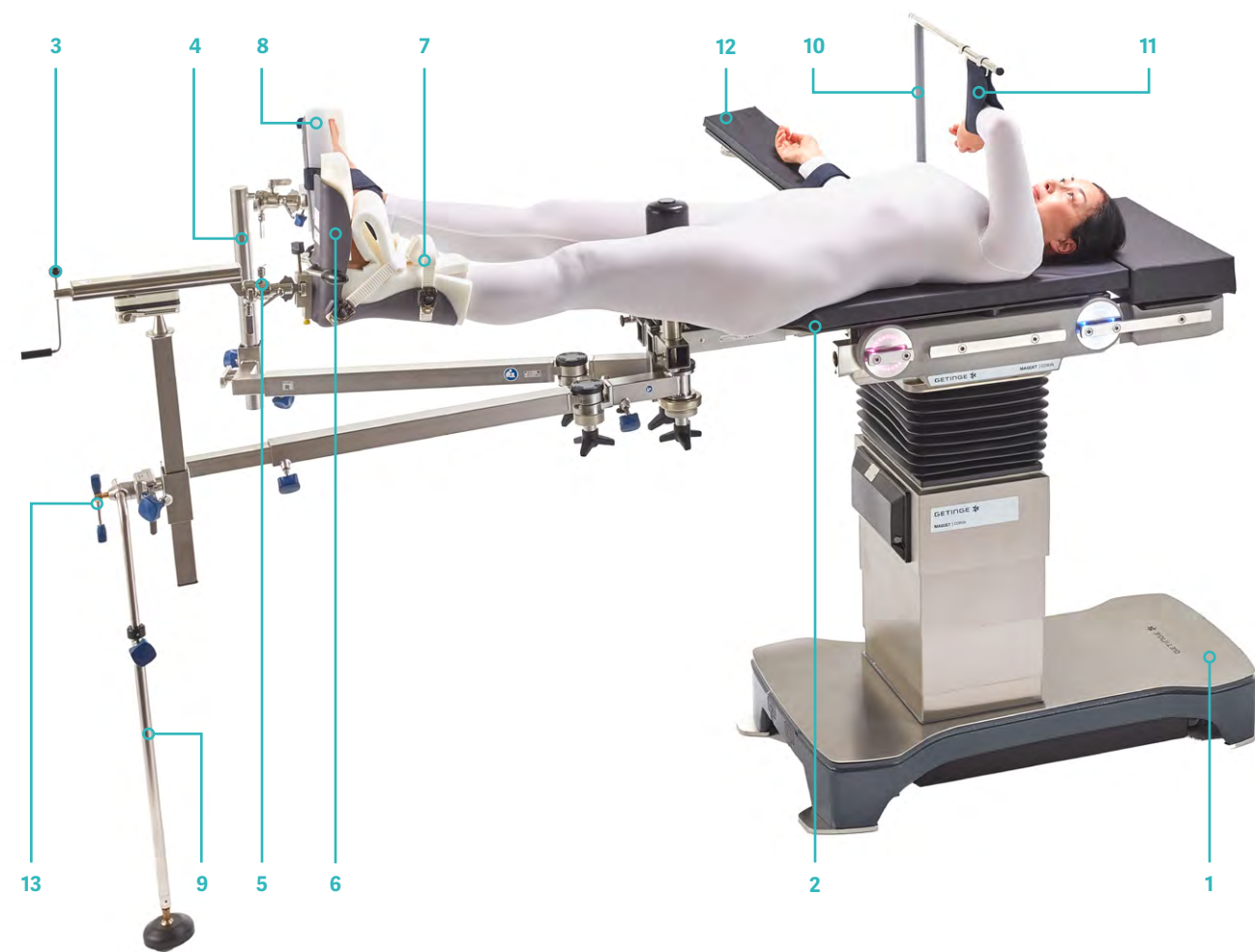
Positioning aids		
8	Leg restraint cuff	1001.4700
9	Oasis Elite heel pad	4006.16A0*
10	Oasis Elite supine head rest adult	4006.21A0*

*Manufactured by Trulife

5.12 Supine position for femur treatment

Traction on the operated leg, non-operated leg extended

Normal orientation



Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Support plate for extension including pelvis segmen, countertraction post and traction bars	1160.59BC
Positioning specific accessories		
3	Screw tension device	1003.3700
4	Foot plate mount	1003.49A0
5	Rotating and tilting clamp (2x)	1003.34A0
6	Traction boot	1003.75A0**
7	Disposable inlay and mounting brackets	1003.76A0**

Positioning specific accessories		
8	Foot plate	1001.97A0
9	Support bar	1002.18A0
General side rail accessories		
10	Anesthesia screen	1002.57A0
11	Arm restraint cuff	1001.4600
12	Arm support	1001.6000
13	Radial setting clamp (2x)	1003.23C0

**Manufactured by Condor

Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

The initiation of anesthesia can be performed on the pre-configured OR table. The patient lies on the OR table in supine position.

The head is positioned with a positioning aid. The legs are positioned on a pair of leg plates.

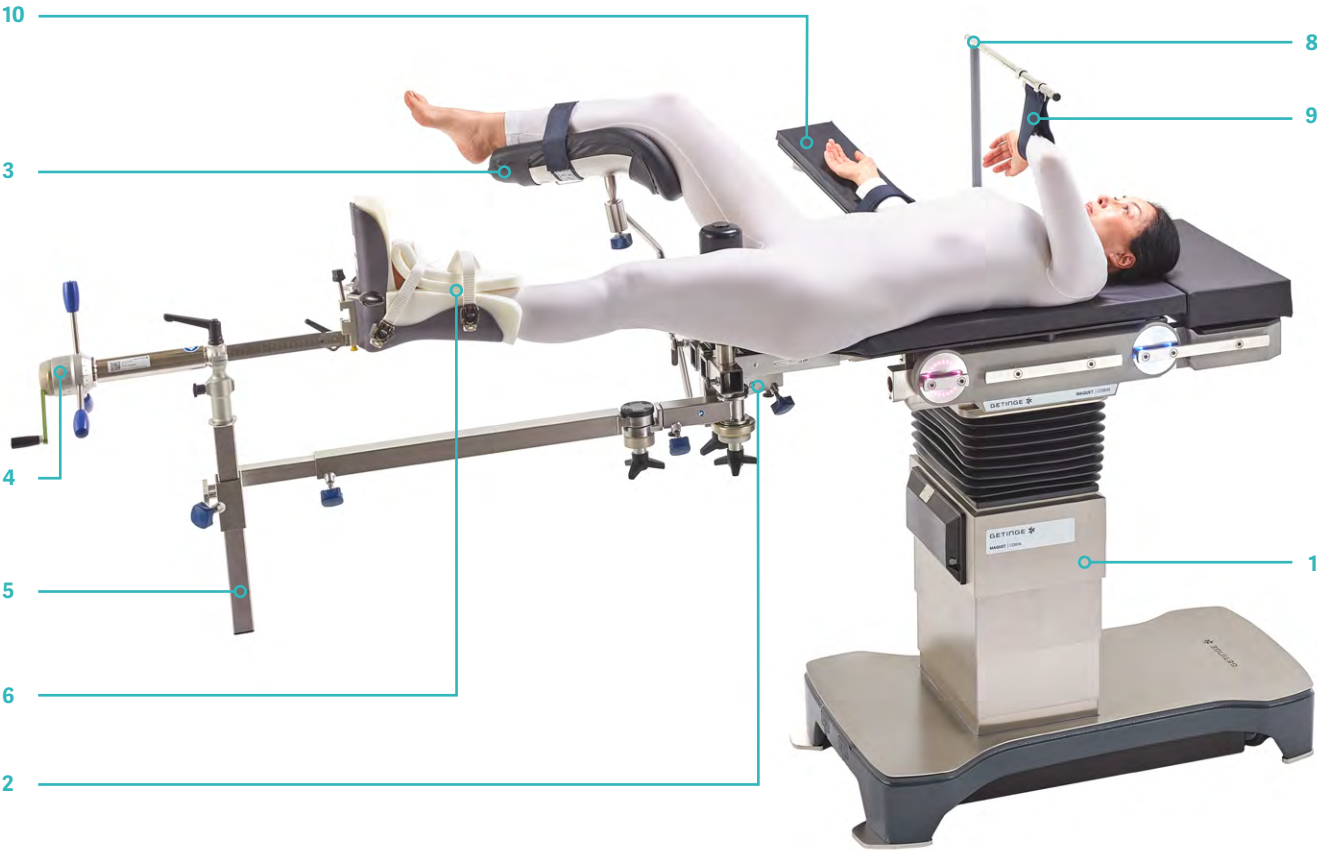
Then, proceed as follows:

- **Preparing the OR table**
 - Move the table into a neutral position.
 - Detach base plate and pad.
 - Attach the support plate for extension to the hook-in interface.
 - Attach the pelvis segment to the support plate.
 - Mount the traction bars and the telescopic bars to the central mounting point of the pelvis segment.
 - **Tip:** Square mount of the telescopic bars points outward. Make sure that the bar does not impair the X-ray beams.
 - Mount the screw tension device on the telescopic bar.
 - Mount the rotating and tilting clamp to the screw tension device.
 - Mount the foot plate mount on the telescopic bar and mount a rotating and tilting clamp.
 - Attach leg plates and keep them attached during the induction and preparation phase.
- **Preparing the patient for the surgical procedure**
 - Remove the triangular seat plate segment on the side to be operated.
 - Insert the countertraction post into the hole of the support plate.
 - Position the patient's pelvis (genital area) close to the countertraction post.
 - **Tip:** Cover the counter traction post with a padded roll.
- **Positioning the legs**
 - For the operated leg: Place the foot in a traction boot equipped with inlay and mounting brackets. Make sure that the heel is placed firmly to the heel area.
 - For the non operated leg: Place the foot in the foot plate and fix the straps of the foot plate. Make sure that the heel is placed firmly to the heel area.
 - Attach the foot plate to the foot plate mount and attach the traction boot to the screw tension device.
 - Remove the leg plates.
- **Positioning the arms**
 - For the operated side: Elevated arm position to enable good access to the surgical site. Raise the arm and secure with an arm restraint cuff to the anesthesia screen.
 - For the non operated side: Position the arm on the arm support.
- **Finalizing the position**
 - Possibly secure the body of the patient on the side to be operated with a lateral support.
 - Exert slight traction onto both legs.
 - Adjust the traction direction of the leg to be operated in line with the specific fracture and extend.
 - Abduct the non operated leg until the image amplifier can be inserted from the foot end.
 - **Tip:** The telescopic bar is used to exert the basic traction, the screw tension device is used for adjustment of the fine traction.
 - Final repositioning of the fracture.
 - Check all screw and clamp connections.
 - Attach floor support with the help of radial setting clamps mounted to the side rails of the telescopic bars and adjust the height.
 - The positioning shall be removed in reverse order after the operation.

5.13 Supine position for femur treatment

Traction on the operated leg,
non-operated leg on leg holder

Normal orientation



Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Support plate for extension including pelvis segment and Countertraction post	1160.59BC

Positioning specific accessories		
3	Leg holder	1001.65A0
	Radial setting clamp, 1x for leg holder not visible	1003.23C0
	Side rail extension for leg holder, not visible	1004.91A0
4	Screw tension device	1007.43A0
5	Vertical adjustment short	1007.51B0

Positioning specific accessories		
6	Traction boot	1003.75A0**
7	Disposable inlay and mounting brackets	1003.76A0**

General side rail accessories		
8	Anesthesia screen	1002.57A0
9	Arm restraint cuff	1001.4600
10	Arm support + Radial setting clamp	1001.6000 1003.23C0

**Manufactured by Condor

Positioning the patient and repositioning of the fracture

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

The initiation of anesthesia can be performed on the pre-configured OR table or on a stretcher.

The patient lies on the OR table in supine position.
The head is positioned with a positioning aid.

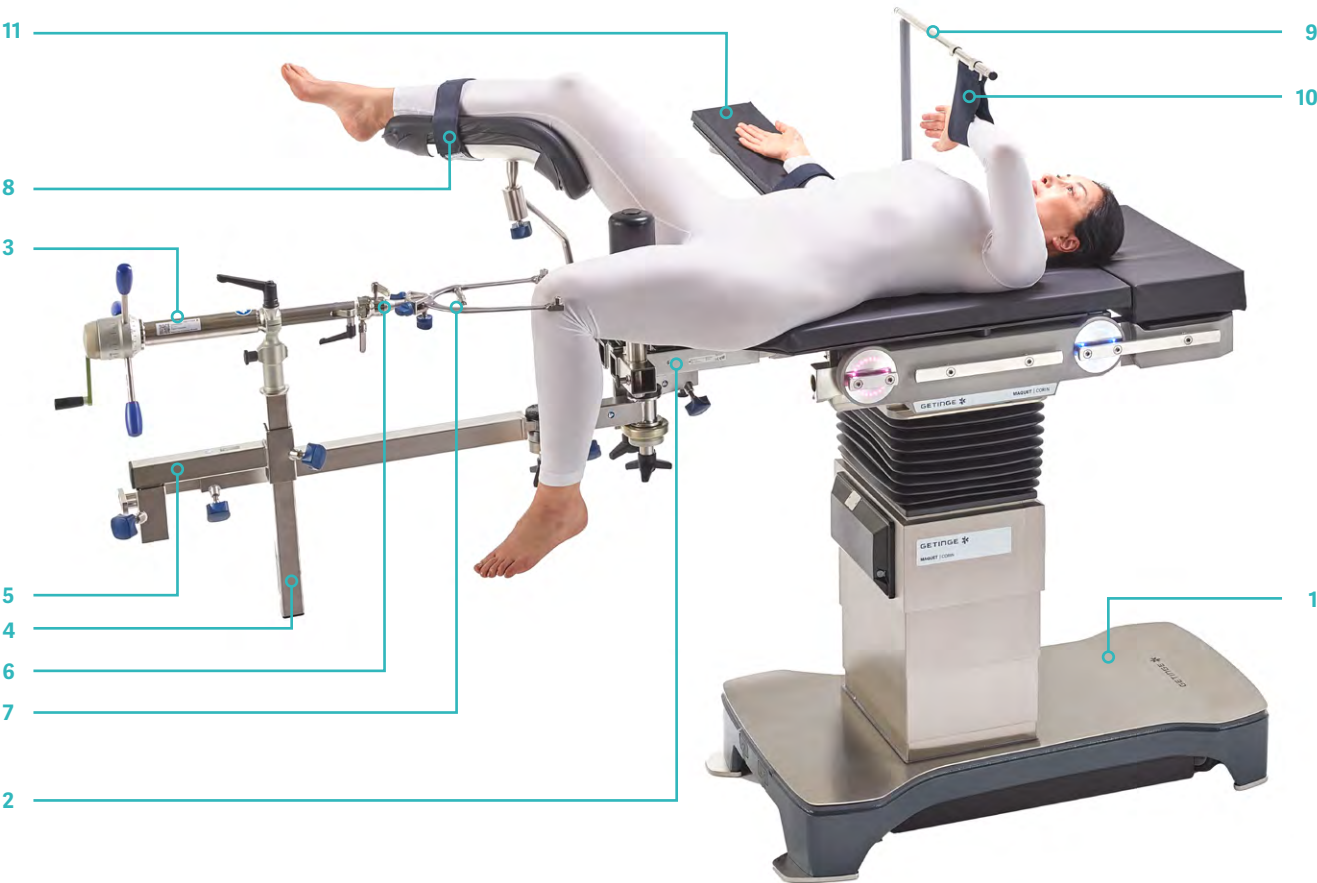
The legs are positioned on the pair of leg plates.

Then, proceed as follows:

- **Preparing the OR table**
 - Move the table into a neutral position.
 - Detach base plate and pad.
 - Attach the support plate for extension to the hook-in interface.
 - Attach the pelvis segment to the support plate.
 - For the operated side:
Mount the traction bar and the telescopic bar to the central mounting point of the pelvis segment.
 - **Tip:** Square mount of the telescopic bar points outward. Make sure that the bar does not impair the X-ray beams.
 - Mount the screw tension device on the telescopic bar.
 - For the non operated side:
Mount the radial setting clamp to the side rail of the pelvic segment, insert the leg holder into the clamp.
 - Swivel the connection point for the traction bar to the outside.
 - Attach leg plates.
- **Positioning the legs**
 - Operated side: remove the triangular seat plate segment and mount the padded countertraction post.
 - Position the patient with the pelvis (genital area) as close as possible to the countertraction post.
- Place the foot in a traction boot equipped with inlay and mounting brackets. Make sure that the heel is placed firmly to the heel area.
- Fix the traction boot to the screw tension device and remove the leg plate.
- Position the non-operated leg on the leg holder, secure with a strap and remove the leg plate.
- **Positioning the arms**
 - Non – operated side: Place the arm onto an arm support and abduct the arm board.
 - Operated side: Elevated arm position to enable good access to the surgical side. Raise the arm and secure with an arm restraint cuff to the anesthesia screen.
 - Possibly attach a lateral support to the operated side.
- **Finalizing the position**
 - Exert slight traction onto the leg to be operated.
 - Adjust the traction direction of the leg to be operated in line with the specific fracture and extend.
 - 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.
 - Check all screw and clamp connections.
 - The positioning shall be removed in reverse order after the operation.

5.14 Supine position for femur treatment with transcondylar traction, non-operated leg on leg holder

Normal orientation



Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Support plate for extension including pelvis segment and countertraction post	1160.59BC

Positioning specific accessories		
3	Screw tension device	1007.43A0
4	Vertical adjustment short	1007.51B0
5	Bar extension	1003.54A0
6	Traction stirrup clamp with rotation	1003.35A0
7	Traction stirrup*	

Positioning specific accessories		
8	Leg holder	1001.65A0
	Leg plates, not illustrated	1150.64E0

General side rail accessories		
9	Anesthesia screen	1002.57A0
10	Arm restraint cuff	1001.4600
11	Arm support	1001.6000
12	Radial setting clamp (2x) not visible	1003.23C0

*Not a Getinge product

Positioning the patient

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.

The initiation of anesthesia can be performed on the pre-configured OR table or on a stretcher.

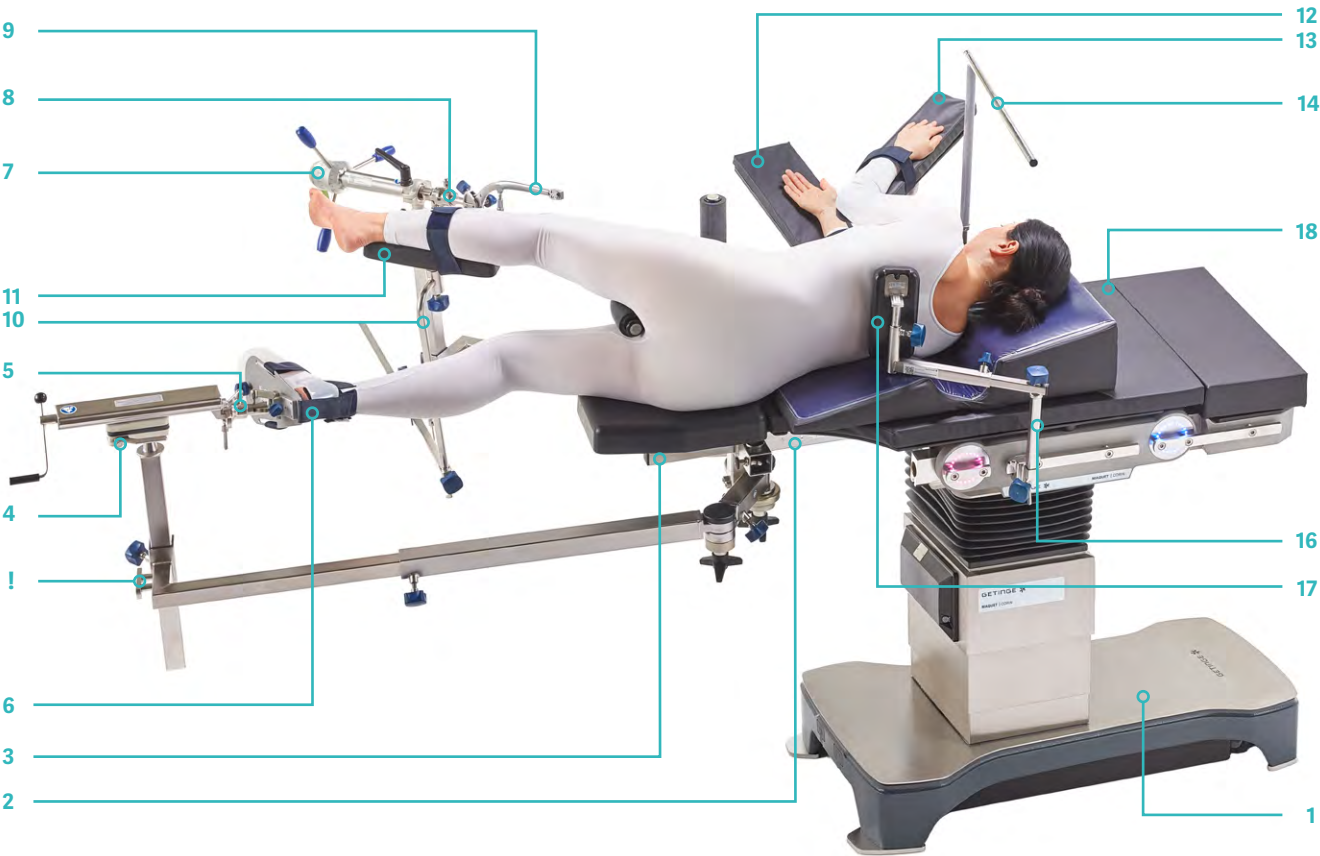
The patient lies on the OR table in supine position. The head is positioned with a positioning aid. The legs are positioned on the pair of leg plates.

Then, proceed as follows:

- **Preparing the OR table**
 - Move the table into a neutral position.
 - Detach base plate and SFC pad.
 - Attach the support plate for extension (1160.59AC) to the hook-in interface.
 - Attach the pelvis segment to the support plate.
 - For the operated side, mount traction bar and telescopic bar to the central mounting point of the extension device.
 - **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 on the telescopic bar.
 - Mount the traction stirrup clamp with rotation to the screw tension device.
 - **Tip:** If needed combine a bar extension to shorten the extension bar.
 - For the non operated side, swivel the traction bar towards the head end or remove.
- **Positioning the patient**
 - Operated side: Remove the triangular seat plate segment and mount the padded countertraction post.
 - Position the patient with the pelvis (genital area) as close as possible to the countertraction post.
- If it has not already been done, apply the Kirschner wire into the femoral condyle and mount the traction stirrup.
- Remove the leg plate and fix the traction stirrup clamp to the traction stirrups with rotation.
- Adjust the traction bar to patient's anatomy if necessary.
- Non-operated side: Mount the leg holder, position the leg accordingly and secure with a strap.
- Remove the leg plate.
- **Positioning the arms**
 - Non – operated side: Place the arm onto an arm support and abduct the arm board.
 - Operated side: Elevated arm position to enable good access to the surgical side. Raise the arm and secure with an arm restraint cuff to the anesthesia screen.
 - Possibly attach a lateral support to the operated side.
- **Finalizing the position**
 - Check weather the fracture is rendered faultlessly by the image amplifier at both levels.
 - Final repositioning of the fracture.
 - Check all screw and clamp connections.
 - The positioning shall be removed in reverse order after the operation.

5.15 Lateral position for femur treatment with countertraction post for femur

Normal orientation



Basic configuration		
1	Maquet Corin OR Table	7700.01XX
Positioning specific accessories		
2	Support plate for extension including pelvis segment and countertraction post	1160.59BC
3	Counter traction post for femur including support plate	1004.85B0
4	Screw tension device	1003.3700
5	Rotating and tilting clamp	1003.34A0
6	Foot plate	1001.97A0
7	Screw tension device	1007.43A0
8	Traction stirrup clamp w. rotation	1003.35A0
9	Traction stirrup**	
10	Vertical adjustment short	1007.51B0
11	Universal support	1004.86B0
	Leg plates, not illustrated	1150.64E0

General side rail accessories		
12	Arm support	1001.6000
13	Arm rest	1001.49A0
14	Anesthesia screen	1002.57A0
15	Radial setting clamp (2x) Not visible	1003.23C0
16	Fixture for body supports	1002.19C0
17	Lateral support	1002.11C0

Positioning aids		
18	Oasis Elite lateral positioner	4006.18A0*

*Manufactured by Trulife
**Not a Maquet product

! Caution:
Above 180 kg / 396.8 lbs, this position must be supported with a support bar (1002.18A0) mounted with a radial setting clamp (1003.23C0) to the side rail of the extension bar!

Positioning the patient and repositioning of the fracture

When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.
The initiation of anesthesia can be performed on the pre-configured OR table or on a stretcher.
The patient lies on the OR table in supine position.
The head is positioned with a positioning aid. The legs are positioned on the pair of leg plates.

Then, proceed as follows:

- **Preparing the OR table**
 - Move the table into a neutral position.
 - Detach base plate and SFC pad.
 - Attach the support plate for extension to the hook-in interface.
 - Attach the pelvis segment to the support plate.
 - Mount the traction bars and the telescopic bars to the central mounting point of the pelvis segment.
 - **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 on the telescopic bar for the operated side.
 - Mount the universal support from below to the screw tension device so that it can swivel inward.
 - Mount the second screw tension device and the rotating and tilting clamp to the non-operated side and attach the foot plate.
 - Attach the leg plates.
- **Positioning the patient**
 - Operated side: Apply the Kirschner wire into the femoral condyle and mount to the traction stirrup.
 - Remove the seat plate segment and mount the countertraction post for femur without the perineal bow and the upper pad.
 - Make sure that the traction bar has previously been swiveled inwards towards the head. The traction bar must be set further towards the head end than the countertraction post.
 - Remove the leg plates and insert the pelvis plate instead.
- The patient's legs must be held / secured.
- Turn the patient onto the 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 of the curved countertraction post for femur can be individually adjusted with the help of the (included) hand crank.
- Make sure that the lower shoulder of the patient is pulled forward.
- Until the lateral supports have been put into their final position, the patient must be secured to prevent potential rolling back.
- Fix the non-operated leg to the foot plate and mount it to the screw traction device and abduct the leg.
- Connect the traction stirrup to the traction stirrup clamp with rotation and position the calf of the leg on the universal support.
- **Tip:** The telescopic bar is used to exert basic traction and the screw tension device for adjustment of the final traction.
- Final repositioning of the fracture.
- Check all screw and clamp connections.
- **Positioning the arms**
 - Position the lower arm on the arm support and secure with a strap.
 - Raise the upper arm and position on the arm rest.
 - Mount the anesthesia screen and further side rail accessories.
- The positioning shall be removed in reverse order after the operation.

5.16 Supine Position for tibia treatment
with countertraction post for tibia
and fibula, joint supporting arm and traction stirrup

Normal orientation



Positioning specific accessories		
2	Support plate for extension	1160.59XC
3	Counter traction post for tibia and fibula	1003.50X0
4	Condyle fixation	1004.93B0
5	Joint supporting arm	1004.42X0
6	Vertical adjustment short	1007.51B0

Positioning specific accessories		
7	Screw tension device	1007.43A0
8	Traction stirrup clamp with rotation	1003.35A0
9	Traction stirrup**	
10	Telescopic bar (product number on demand)	

**Not a Maquet product

General side rail accessories		
11	Leg holder	1001.65A0
12	Radial setting clamp (2x), not visible	11003.23C0
13	Arm support	1001.6000
14	Anesthesia screen	1002.57A0
15	Arm restraint cuff	1001.4600

Positioning the patient and repositioning of the fracture

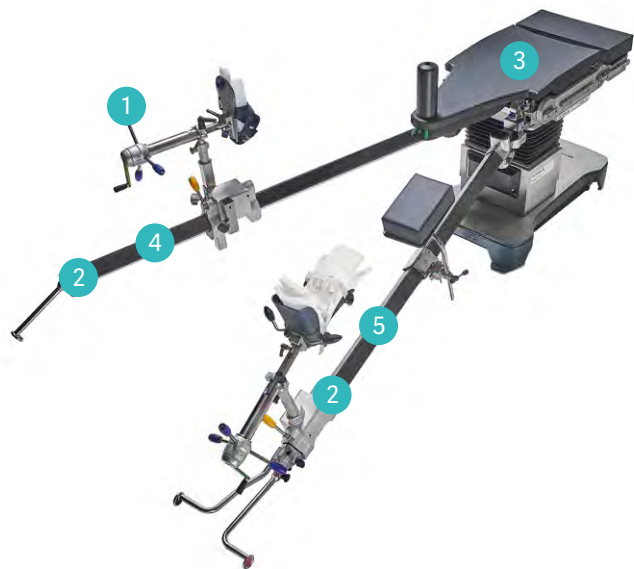
When using the mobile operating table, final patient positioning must only commence once the components of the table have been correctly fitted, and the table has been locked securely to the floor.
The initiation of anesthesia can be performed on the pre-configured OR table or on a stretcher.
The patient lies on the OR table in supine position.
The head is positioned with a positioning aid. The legs are positioned on the pair of leg plates.

Then, proceed as follows:

- **Preparing the OR table**
 - Move the table into a neutral position.
 - Detach base plate and SFC pad.
 - Attach the support plate for extension to the hook-in interface.
 - Attach the pelvis segment to the support plate, swivel the mounting points for the traction bars towards the head end.
 - Remove the triangular seat plate segment on the side to be operated.
 - Mount the countertraction post for tibia and fibula.
 - Mount the joint supporting arm to countertraction post for tibia and fibula.
 - Mount the telescopic bar (short) to the joint supporting arm.
 - **Tip:** Square mount for screw tension device points inwards.
 - Mount the screw tension device to the telescopic bar.
 - Mount the traction stirrup clamp with rotation to the screw tension device.
 - Attach leg plates.
- **Positioning the patient**
 - If it has not already been done, apply the Kirschner wire into the calcaneus and mount the traction stirrup.
 - Position the patient towards the foot end until the thigh is positioned at the countertraction post.
 - Operated leg : Guide the leg over the countertraction post for tibia and fibula.
- Remove the leg plate (not illustrated).
- Connect the traction stirrup with the traction stirrup clamp with rotation to the screw tension device.
- Finely adjust the joint supporting arm and set the desired position of the leg for the lock angle.
- The popliteal fossa must be freely positioned.
- Mount condyle fixation if needed.
- The thigh must be nearly upright.
- If necessary, adjust the position of the patient.
- 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 adjustment of the final traction.
- Non-operated leg: Attach the leg holder to the plevis segment.
- Position the leg on the leg holder and secure with a strap.
- Remove the leg plate (not illustrated).
- Check all screw and clamp connections.
- **Positioning the arms**
 - Non – operated side: Place the arm onto an arm support and abduct the arm board.
 - Operated side: Elevated arm position to enable good access to the surgical side. Raise the arm and secure with an arm restraint cuff to the anesthesia screen.
 - The positioning shall be removed in reverse order after the operation.

Patient positioning

Facilitating procedures in Orthopedics and Traumatology with the Traction Adapter

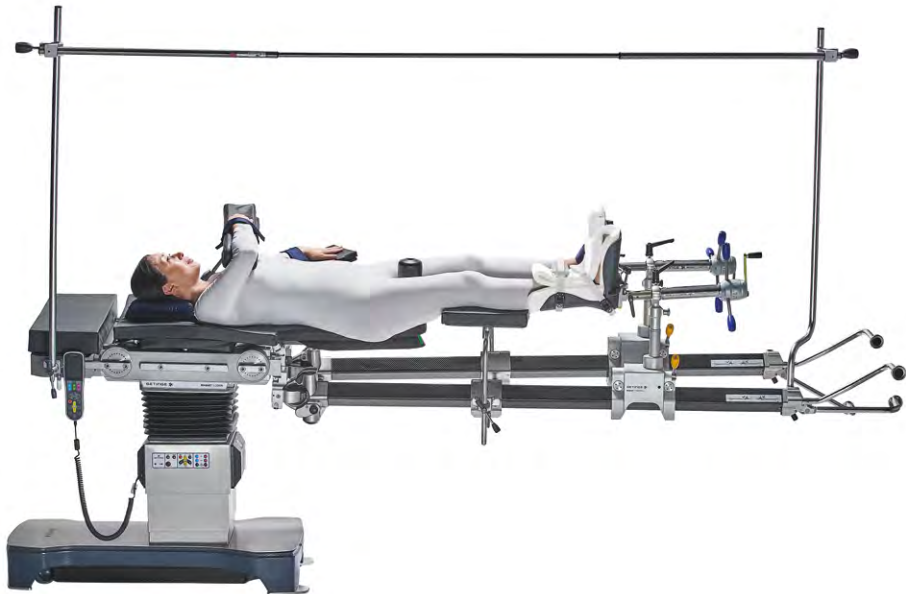


- Screw tension device**
Enables smooth sliding along the entire carbon fiber (CF) bars and can be easily operated from the foot end without disrupting the surgical workflow. It supports tensioning up to 80 kg / 176 lbs (~ 800 N), providing optimal stability for physically active or athletic patients. Surgeons have full control over leg positioning, including angulation, rotation, and height adjustment.
- Versatile configuration**
Use identical bars on both sides, or mix and match setups to suit your specific needs.

- Carbon fiber extension plates**
 - Provides good imaging access for 3D acquisitions, as well as for both inlet and outlet view.
 - The 1-hole version (1433.66BC) is ideal for DAA (Direct Anterior Approach) procedures, offering greater freedom to adjust leg positioning without obstructing downward movements. Best used in combination with the Carbon Fiber traction bar with ball joint (1007.40B0).
 - The 3-hole version (1433.66AC) is ideal for femur nailing and dynamic hip screw procedures, as it offers enhanced support for the patient's pelvic area through selectable countertraction post positions. Best used in combination with the CF traction bar (1007.41B0) for optimized horizontal movements.
- Traction bar 1007.41B0 for horizontal movements**
Enables effortless horizontal adjustments with one-hand operation, eliminating the need to support the leg's weight during repositioning.
- Traction bar 1007.40B0 with ball joint**
Allows complete freedom of leg adjustment thanks to its 360° movement capability. The automatic locking function helps prevent injuries in case the user accidentally loses grip on the handle.

Frame for sterile drape (1007.48A0)

Note: To achieve sufficient padding, make sure the padded tongue is properly folded. An unfolded tongue may result in inadequate cushioning. Carefully position the foot in the extension shoe, ensuring it is seated firmly. For optimal fit, fold the padded tongue over and place it in a doubled position.



Easily convert your Maquet Corin into a specialized operating table



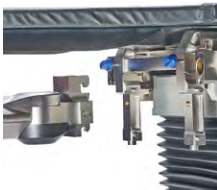
Step 1
Remove the laminated paper plate.



Step 3
Install the 3D radiolucent carbon fiber extension plate with three holes (1433.66AC) including the counter traction post to ensure good imaging access to the pelvic and hip area. For example, in cases of femoral and pelvic fractures, the use of the 3-hole version is recommended. An alternative with one position for the countertraction post (1433.66BC) is recommended for total hip arthroplasty.



Step 2
Attaching the traction adapter (1003.72AC) enables an easy conversion from a universal operating table to a specialized orthopedic setup.



Step 4
Attach the carbon fiber traction bars. Thanks to the trolley and the newly designed interface, the CF traction bars can be easily attached from the foot end by a single operator.



Detaching is just as easy as attaching. Thanks to the snap-in mechanism, a simple push with a finger releases the CF traction bars effortlessly.

Focus on your patient while reducing your workload

Thanks to our leg plates, the patient remains securely positioned on the operating table throughout the procedure. This minimizes physical strain on the surgical team and protects the fracture from unnecessary stress. Every detail has been designed to ensure a smooth workflow.



+ Step 1 to 3



+ Step 4 & 5



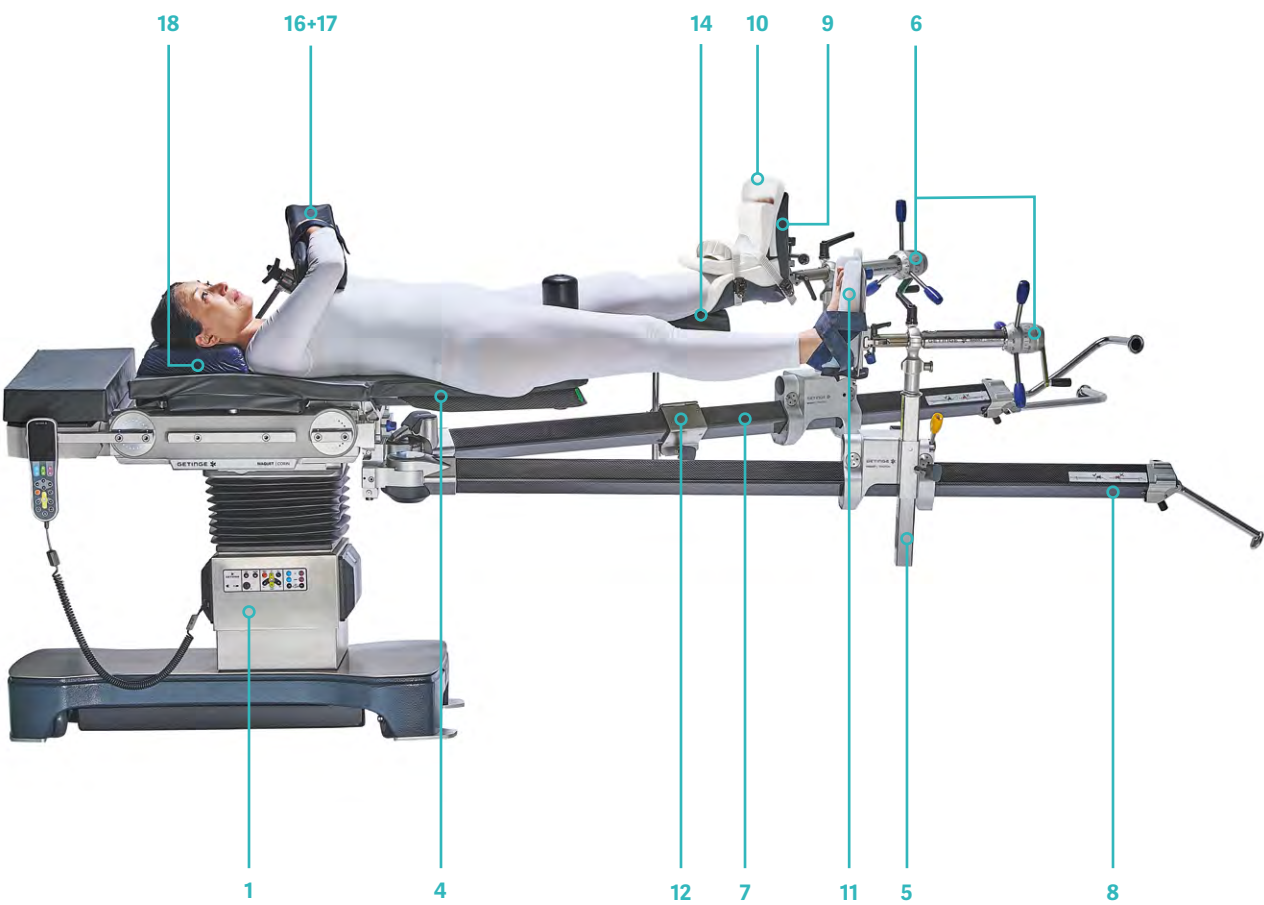
+ Step 6

Workflow:

- Position the patient on the setup equipped with leg plates.
- Induce anesthesia.
- Install the traction bars underneath the leg plates.
- Position the patient's legs in the traction boots.
- Remove the leg plates.
- Perform surgery.
- Attach the leg plates and place the patient's legs back on them.
- Remove the carbon fiber traction bars.

5.17 Supine position
both legs fixed on carbon fiber traction bars

For intramedullary nail surgery and hip arthroscopy (2 legs in traction)



Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Leg plates (pair) (not illustrated, see page 165)	1007.42AC
Positioning specific accessories		
3	Traction adapter (not visible, see page 165)	1003.72AC
4	Carbon fiber extension plate with 1 hole	1433.66BC
5	Vertical adjustment short	1007.51B0
6	Screw tension device (2x)	1007.43A0
7	Traction bar with ball joint	1007.40BA0
8	Traction bar	1007.41B0
9	Traction boot	1003.75A0**

* Manufactured by Trulife
** Manufactured by Condor

Positioning specific accessories		
10	Disposable inlay and mounting brackets	1003.76A0**
11	Foot plate	1001.97A0
12	Sliding clamp with side rail	1007.44A0
14	Support plate	1007.45A0
General side rail accessories		
15	Arm support (not visible)	1001.6000
16	Arm rest	1002.49A0
17	Radial setting clamp	1003.23C0
Positioning aids		
18	Oasis Elite supine head rest adult	4006.21A0*

Positioning the patient

Preparing the OR table in the OR

- Mount the traction adapter to the hook-in interface of the table top.
- Fix the 2 blue screws of the traction adapter.
- Mount the carbon fiber extension plate to the hook-in interface on the traction adapter.
- Attach the traction bar to the mounting point on the traction adapter.
- Mount the vertical adjustment short to the traction bar.
- Attach the screw tension device to the vertical adjustment short.
- Attach the traction bar with ball joint to the mounting point on the traction adapter.
- Attach screw tension device to the mounting point on the slider of the traction bar with ball joint
- Attach leg plates, keep the leg plates attached during anesthesia induction and preparation phase.

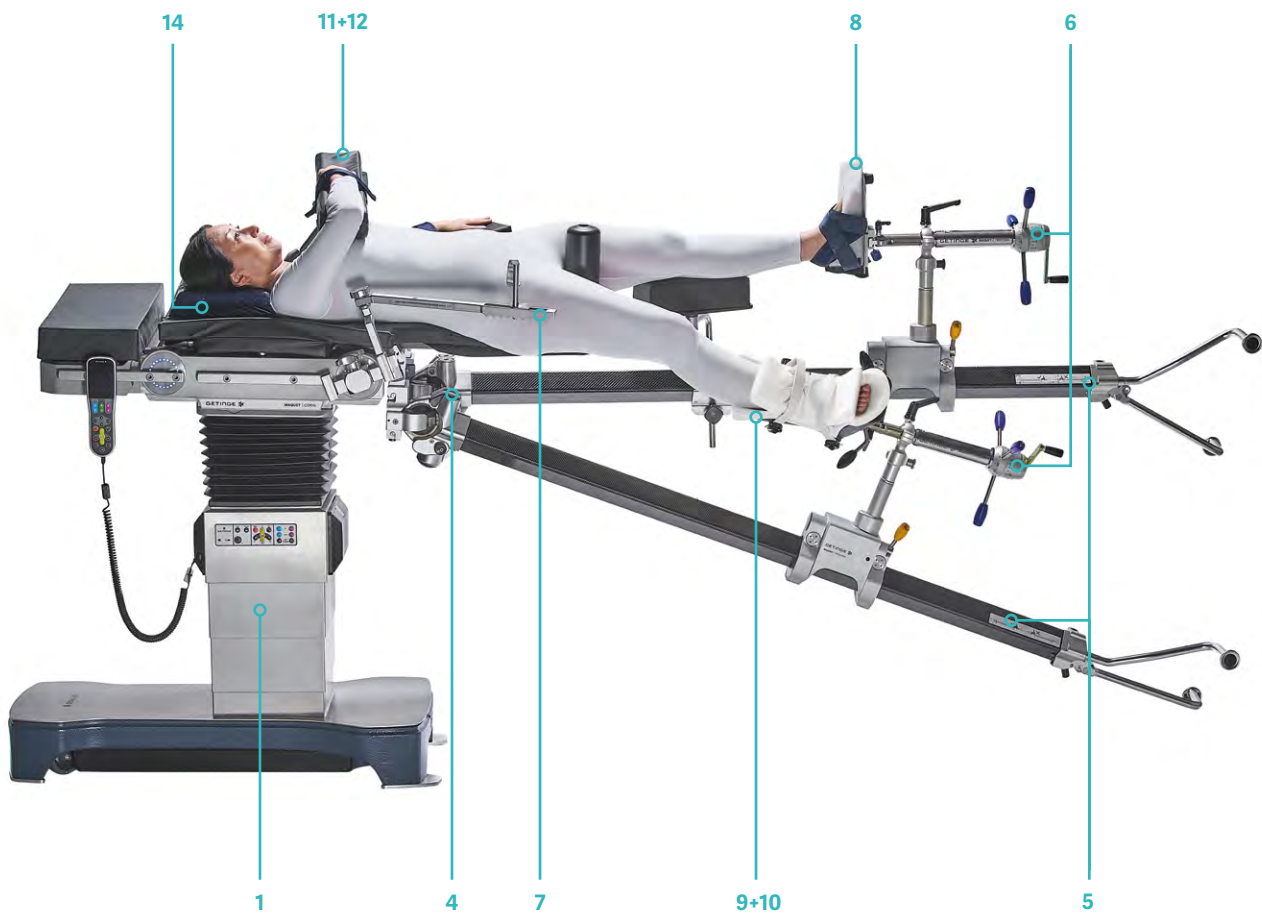
Preparing and positioning the patient

- **Positioning the arms**
 - For the operated side: Elevated arm position to enable good access to the surgical site. Mount arm rest to the side rail of the contralateral side and position the arm. The lower arm should be supported by the padded arm board, the elbow close to the padded corner of the arm board. Secure the arm with the strap.
 - For the non operated side, position the arm on the arm support and secure with a strap.
- **Positioning the pelvis**
 - Insert the countertraction post into the hole of the the carbon fibre extension plate.
 - Position the patient's pelvis (genital area) close to the countertraction post.
 - **Tip:** cover the counter traction post with a padded roll to minimize pressure on the genital area.
- **Positioning the legs**
 - For the operated leg: Place the foot in the foot plate and fix the straps of the foot plate to secure the foot. Make sure that the heel is placed firmly to the heel area of the foot plate.
 - Attach the foot plate to the mounting point of the screw tension device.
 - For the non operated leg: Place the foot into the traction boot, equipped with the set of disposable inlay and mounting brackets.
 - **Tip:** Alternatively a foot plate can be used.
 - Attach the boot (foot plate) to the screw traction device.
- Remove the leg plates.
- **Tip:** Attach sliding clamp to the traction adapter with ball joint and mount a support plate with the help of a radial setting clamp.
- Longitudinal shift to the leg (caudal) side.
- Exert slight traction on both legs. The leg on the non operated side can be abducted.
- Adjust the traction direction of the operated leg in line with the specific fracture and extend.
- Abduct the non operated leg until the image amplifier can be inserted from the foot end.
- Final repositioning of the fracture.
- **Tip:** For application of traction on the legs: the slider is used to exert the basic traction and fine traction can be done using the hand crank of the screw tension device.
- Check all screw and clamp connections.
- The positioning shall be removed in reverse order after the operation.
- * The configuration can also be done with 2 traction bars or 2 traction bars with ball joint bars according to the accessories on site.
- ** The position is also valid for pelvis fractures with extension. It is then recommended to use the 3-holes carbon fiber extension plate.
- The head is positioned on a positioning aid.

Note: To achieve sufficient padding, make sure the padded tongue is properly folded. An unfolded tongue may result in inadequate cushioning. Carefully position the foot in the extension shoe, ensuring it is seated firmly. For optimal fit, fold the padded tongue over and place it in a doubled position.

5.18 Supine position
both legs fixed on carbon fiber traction bars

For DAA procedures using the femur hook



Basic configuration		
1	Maquet Corin OR Table	7700.01XX
2	Leg plates (pair) (not visible, see page 165)	1007.42AC

Positioning specific accessories		
3	Traction adapter (not visible, see page 165)	1003.72AC
4	Carbon fiber extension plate with 1 hole	1433.66BC
5	Traction bar with ball joint (2x)	1007.40B0
6	Screw tension device (2x)	1007.43A0
7	Femur hook, set Foot switch to be ordered separately (not visible)	1433.42A0 1009.81G3

* Manufactured by Trulife
** Manufactured by Condor

Positioning specific accessories		
8	Foot plate	1001.97A0
9	Traction boot	1003.75A0**
10	Disposable inlay and mounting brackets	1003.76A0**

General side rail accessories		
11	Arm rest	1002.49A0
12	Radial setting clamp (not visible)	1003.23C0
13	Arm support (not visible)	1001.6000

Positioning aids		
14	Oasis Elite supine head rest adult	4006.21A0*

Positioning the patient

Preparing the OR table in the OR

- Mount the traction adapter to the hook-in interface of the table top.
- Fix the 2 blue screws of the traction adapter.
- Mount the carbon fiber extension plate to the hook-in interface on the traction adapter.
- Attach the traction bar to the mounting point on the traction adapter.
- Mount the vertical adjustment short to the traction bar.
- Attach screw tension device to the vertical adjustment short.
- Attach the traction bars with ball joint to the mounting point on the traction adapter.
- Attach the screw tension devices to the mounting points on the slider of the traction bars with ball joint.
- Attach leg plates, keep leg plates attached during anesthesia induction and preparation phase.

Preparing and positioning the patient

- **Positioning the arms**
 - For the operated side: Elevated arm position to enable good access to the surgical site. Mount arm rest to the side rail of the contralateral side and position the arm. The lower arm should be supported by the padded arm board, the elbow close to the padded corner of the arm board. Secure the arm with the strap.
 - For the non operated side, position the arm on the arm support and secure with a strap.
- **Positioning the pelvis**
 - Insert the countertraction post into the hole of the the carbon fibre extension plate.
 - Position the patient's pelvis (genital area) close to the countertraction post.
- **Positioning the legs:**
 - **Tip:** cover the counter traction post with a padded roll to minimize pressure on the genital area.
 - For the operated leg: Place the foot into the traction boot equipped with the set of disposable inlay and mounting brackets.
 - Connect to the screw traction device.
 - For the non operated leg: Place the foot in the foot plate. Make sure that the heel is placed firmly to the heel area of the foot plate. Fix the straps to secure the foot in the foot plate.
 - Attach the foot plate to the screw traction device mounted on traction bar.
 - Remove the leg plates.

Preparing and mounting the femur hook

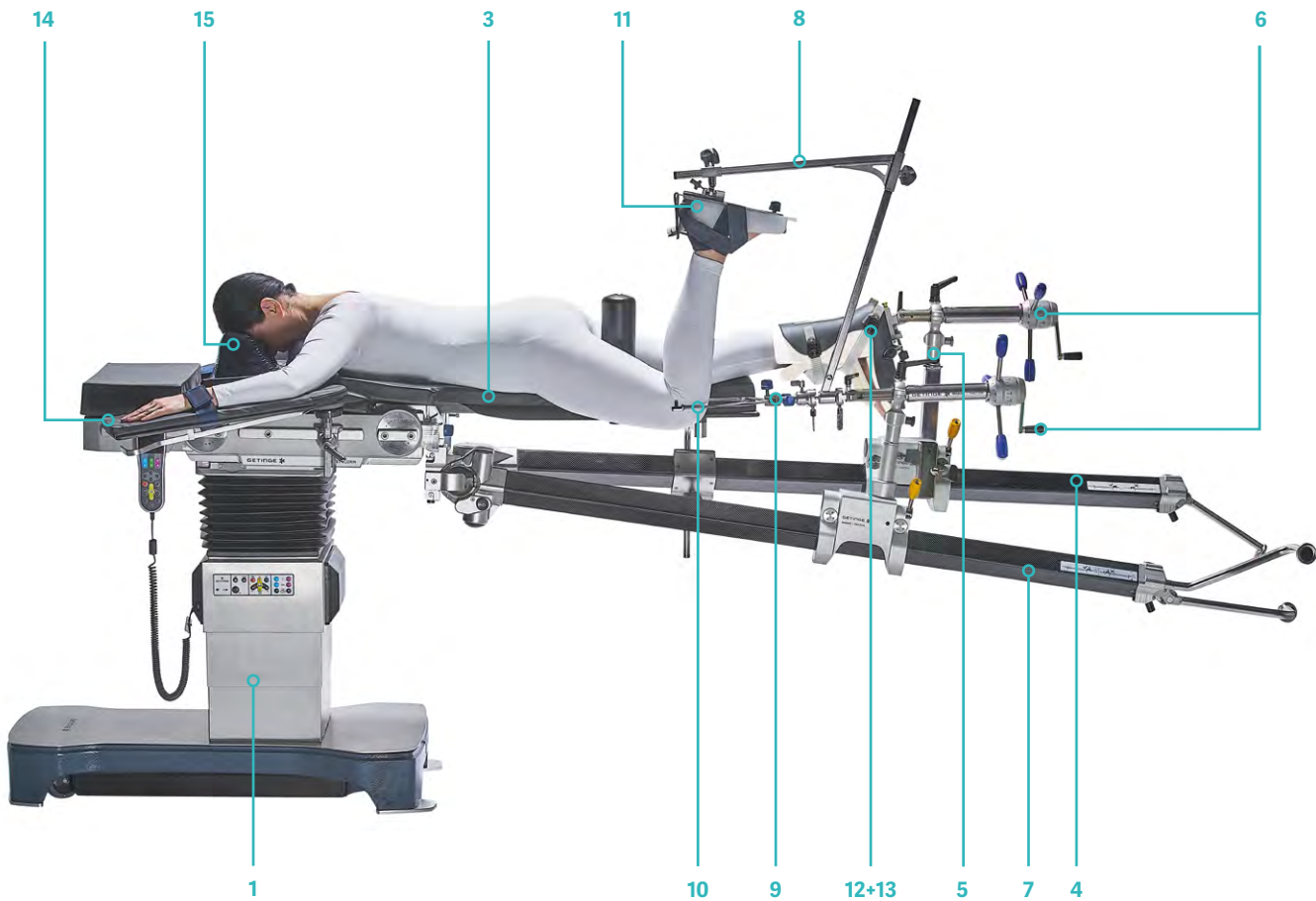
- Mount the clamp with the square mount to the side rail of the motorized leg side joint on the patient's side to be operated. The clamp can be mounted over the sterile drape.
- Connect the food pedal for adjusting the femur hook to the connecting point on the connector box located on the column.
- Place the foot pedal within reach of the surgeon's foot.
- The sterilized elements of the femur hook – femur hook left and right, support arm – can be placed on the instrument table.
- The femur hook – left or right, according to the operated leg – will be placed by the surgeon during surgery into the patient's leg to support the femur bone.
- Important: The slider on the traction bar with ball joint must not be locked when the leg is lowered and abducted during the procedure. The slider will be moving over the traction bar when the leg is lowered.
- The head is positioned on a positioning aid.

Note: To achieve sufficient padding, make sure the padded tongue is properly folded. An unfolded tongue may result in inadequate cushioning. Carefully position the foot in the extension shoe, ensuring it is seated firmly. For optimal fit, fold the padded tongue over and place it in a doubled position.

5.19 Prone position

using 2 carbon fiber traction bars and the extension frame

Posterior approach (Pelvis or Acetabulum fracture)



Basic configuration		
1	Maquet Corin OR Table	7700.01XX
Positioning specific accessories		
2	Traction adapter (not visible, see page 165)	1003.72AC
3	Carbon fiber extension plate with 1 hole	1433.66BC
4	Traction bar	1007.41B0
5	Vertical adjustment short	1007.51B0
6	Screw tension device (2x)	1007.43A0
7	Traction bar with ball joint	1007.40A0
8	Traction frame	1007.49A0

Positioning specific accessories		
9	Traction stirrup clamp with rotation	1003.35A0
10	Traction stirrup***	
11	Foot plate	1001.97A0
12	Traction boot	1003.75A0**
13	Disposable inlay and mounting brackets	1003.76A0**
General side rail accessories		
14	Arm support (2x)	1001.6000
Positioning aids		
15	Oasis Elite prone head rest large	4006.19A0*

* Manufactured by Trulife
** Manufactured by Condor
*** Not a Getinge product

Positioning the patient

Preparing the OR table in the OR

- Mount the traction adapter to the hook-in interface of the table top.
- Fix the 2 blue screws of the traction adapter.
- Mount the carbon fiber extension plate to the hook-in interface on the traction adapter.
- Attach the traction bar to the mounting point on the traction adapter.
- Attach the vertical adjustment to the traction bar and mount the screw tension device.
- **Tip:** Foot plate mount can be used instead of screw tension device and vertical adjustment.
- Attach the traction bar with ball joint to the mounting point on the traction adapter.
- Attach screw tension device to the mounting point on the traction bar with ball joint.
- Attach leg plates, keep leg plates attached during anesthesia induction and patient preparation.
- **Tip:** the configuration can also be done with 2 traction bars.
- Attach the arm supports to the side rails of the table top.

Preparing and positioning the patient

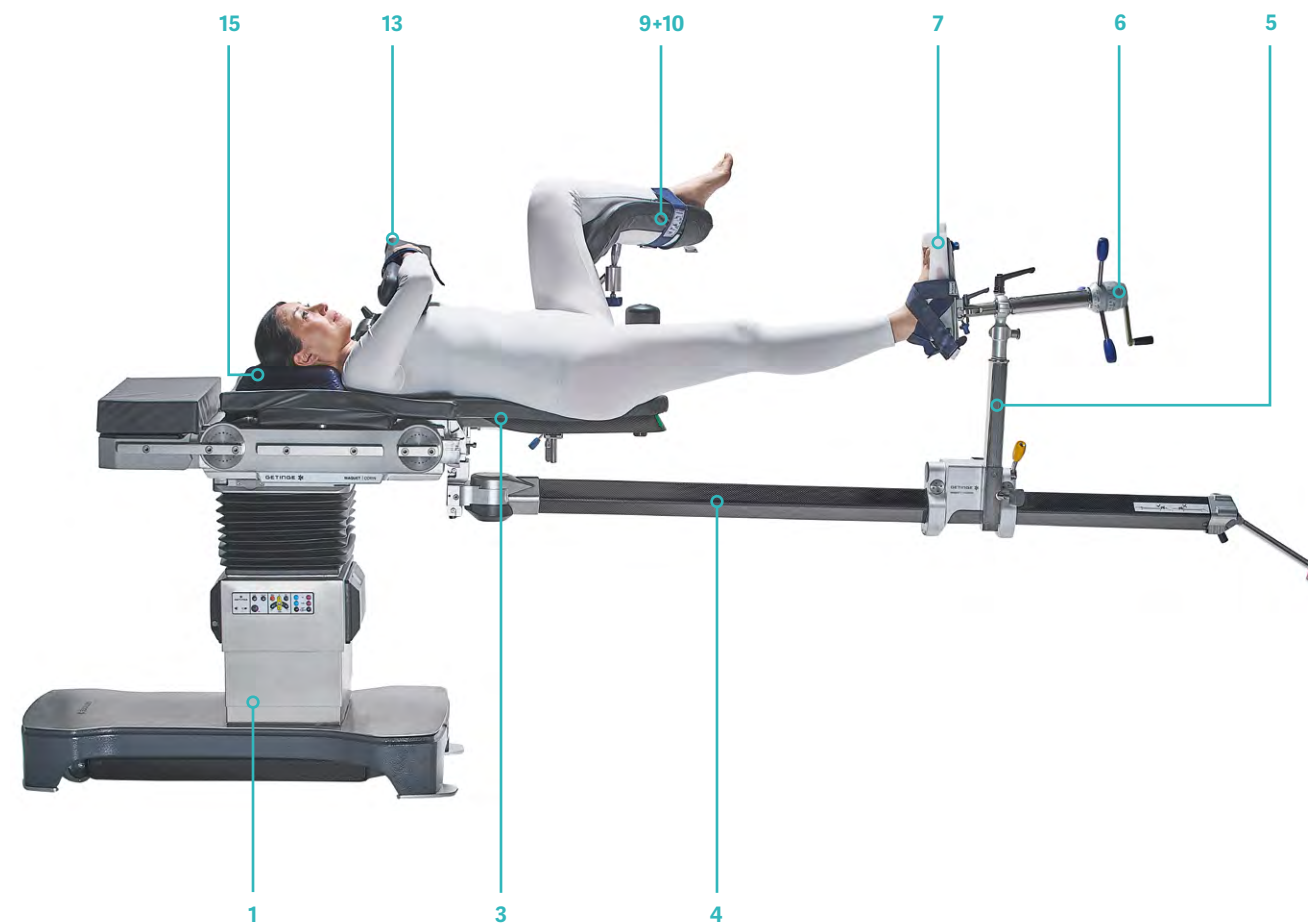
- Place traction boot and foot plate onto the patient's feet.
- Operated leg: Foot plate.
- Non operated leg: Traction boot– alternatively foot plate.
- Axially turn the patient.
- Legs and feet still lying on the leg plates.
- Position the face into a prone gel pad.
- Make sure that no pressure on the eyes is applied.
- Position the arms and hands on the prepositioned arm supports and secure the arms with straps.
- Insert the countertraction post into the hole of the pelvis plate.
- **Tip:** Cover the countertraction post with a padded roll support (1000.24A0).
- **Positioning the legs:**
 - Operated leg: mount the extension frame.
 - Mount the vertical bar of the extension frame to the side rail of the screw tension device.
 - Mount the traction stirrup clamp to the side rail of the horizontal bar of the extension frame.
 - Attach the horizontal bar of the extension frame to the vertical bar of the extension frame, the short side rail hanging flexibly downwards.
 - Connect the foot with the foot plate to the side rail of the vertical bar and fix the position with the blue screw, the side rail itself remains flexible.
 - Remove the leg plate.
 - The traction stirrup (and the Kirschner wire) is applied to the patient's knee by the surgeon.
 - Connect the traction stirrup to the extension frame.
 - Non operated leg: Attach the boot to the screw tension device.
 - **Tip:** The leg can be lying on the leg plate during the surgical procedure also. The leg must be secured with straps then.

Note: To achieve sufficient padding, make sure the padded tongue is properly folded. An unfolded tongue may result in inadequate cushioning. Carefully position the foot in the extension shoe, ensuring it is seated firmly. For optimal fit, fold the padded tongue over and place it in a doubled position.

5.20 Supine position

on 1 carbon fiber traction bar and leg holder

For intramedullary nail surgery



Basic configuration		
1	Maquet Corin OR Table	7700.01XX
Positioning specific accessories		
2	Traction adapter (not visible, see page 165)	1003.72AC
3	Carbon fiber extension plate with 1 hole	1433.66BC
4	Traction bar	1007.41B0

Positioning specific accessories		
5	Vertical adjustment short	1007.51B0
6	Screw tension device	1007.43A0
7	Foot plate	1001.97A0
8	Leg plates (not visible, see page 165)	1007.42AC
9	Leg holder	1001.65A0
10	Radial setting clamp for leg holder (not visible)	1003.23A0
11	Side rail extension (not visible)	1004.91A0

Positioning the patient

Preparing the OR table in the OR:

- Mount the traction adapter to the hook-in interface on the table top.
- Fix the blue screws of the traction adapter.
- Attach the carbon fiber extension plate to the hook-in interface on the traction adapter.
- Position the table into the transfer height for attachment of the CF bars.
- Attach the traction bar to the mounting point on the traction adapter.
- Mount the vertical adjustment short to the traction bar.
- Attach screw tension device to the vertical adjustment short.
- Mount the side rail extension to the table top.
- Mount leg holder (1001.65A0) with the help of a radial setting clamp.
- Tip: A leg holder with pneumatic support can be used instead of the leg holder.
- Attach leg plates.
- Insert the countertraction post into the hole of the carbon fibre extension plate.
- Position the patient's pelvis (genital area) close to the countertraction post.
- Tip: Cover the counter traction post with a padded roll.

Preparing and positioning the patient

Positioning the legs

- Operated leg: place the foot in the foot plate ensuring the heel is placed firmly to the heel area and secure with the straps of the foot plate.
- Alternatively place the foot in a traction boot.
- Attach the foot plate to the mounting point of the screw tension device.
- Non-operated leg: position the leg in the leg holder, adjust accordingly and fix the leg with a strap.
- Remove the leg plates.

Positioning the arms

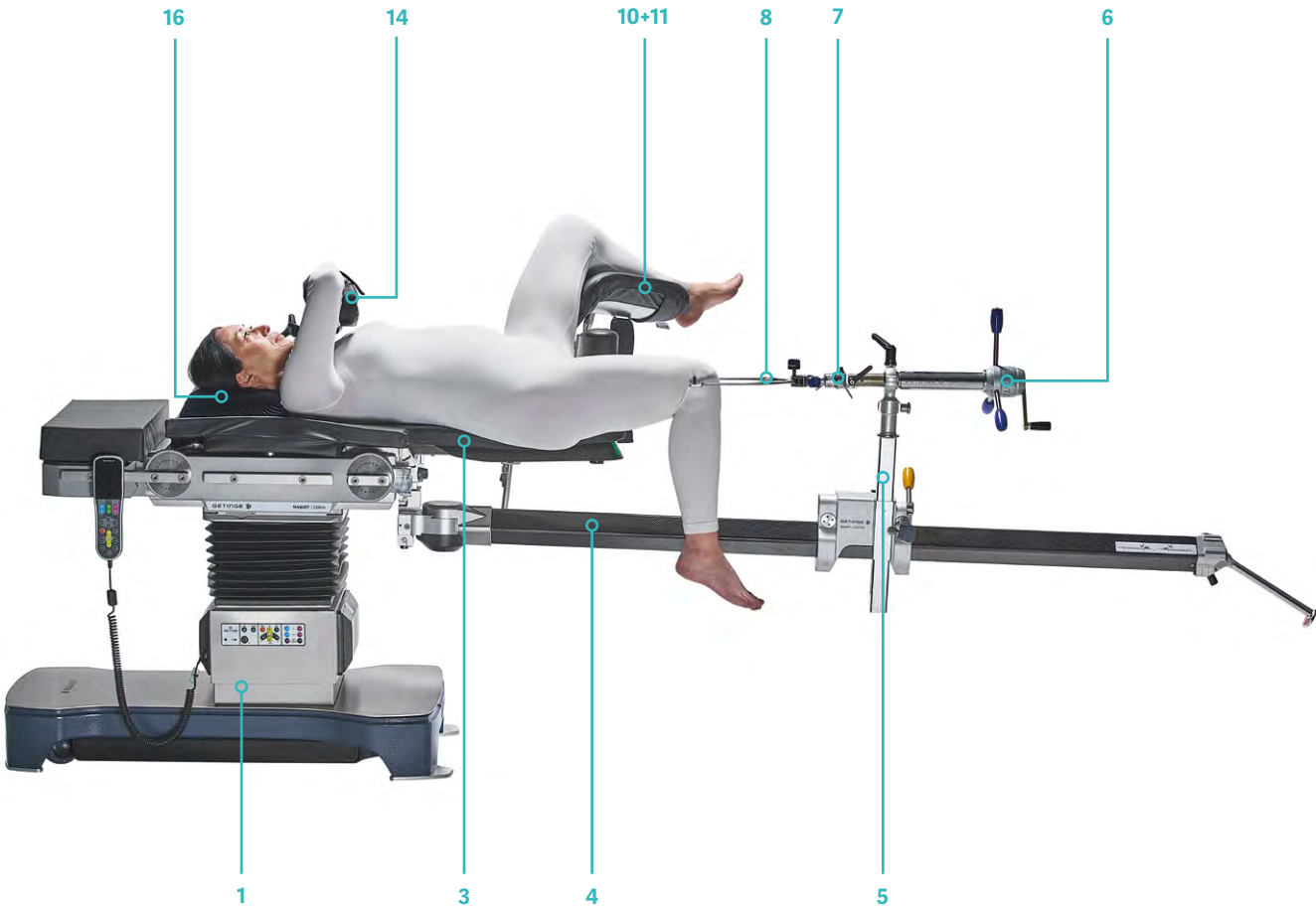
- Operated side: Elevated arm position to enable good access to the operated side.
- Mount arm rest to the side rail of the contralateral side and position the arm.
- The lower arm should be supported by the padded arm board, the elbow close to the padded corner of the arm board. Secure the arm with the strap.
- Non-operated side: position the arm on the arm support.
- The head is positioned on a positioning aid.

General side rail accessories		
12	Arm support (not visible)	1001.6000
13	Arm rest, not visible	1002.49A0
14	Radial setting clamp for arm rest (not visible)	1003.23A0
Positioning aids		
15	Oasis Elite supine head rest adult	4006.21A0*

* Manufactured by Trulife

5.21 Supine position with transcondylar traction using 1 carbon fiber traction bar and 1 leg holder

Transcondylar traction on the operated leg, non operated leg on leg holder (Femoral nail procedures, Dynamic hip screw, lower limb amputated patients)



Basic configuration		
1	Maquet Corin OR Table	7700.01XX
Positioning specific accessories		
2	Traction adapter (not visible, see page 165)	1003.72AC
3	Carbon fiber extension plate with 1 hole	1433.66BC
4	Traction bar	1007.41B0

Positioning specific accessories		
5	Vertical adjustment short	1007.51B0
6	Screw tension device	1007.43A0
7	Traction stirrup clamp with rotation	1003.35A0
8	Traction stirrup***	

Positioning the patient

Preparing the OR table in the OR:

- Mount the traction adapter to the hook-in interface of the table top.
- Fix the two blue screws of the traction adapter.
- Mount the carbon fibre extension plate to the hook-in interface on the traction adapter.
- Position the table into the transfer height for attachment of the CF bar.
- Attach the traction bar to the mounting point on the traction adapter.
- Attach the vertical adjustment to the mounting point of the traction bar.
- Mount the screw tension device to the vertical adjustment.
- Attach leg plates, keep leg plates attached during anesthesia induction and patient preparation.
- Mount side rail extension, radial setting clamp and leg holder to the non operated side (possibly attach only after the leg plates have been detached).

Preparing and positioning the patient

- **Positioning the legs:**
 - Operated leg: The traction stirrup (and the Kirschner wire) is applied to the patient's knee by the surgeon.
 - Insert countertraction post into the hole on the carbon fiber plate.
 - Remove the leg plate.
 - Connect the traction stirrup to the traction stirrup clamp with rotation.
 - The lower leg is hanging freely.
 - Non operated leg: possibly mount side rail extension, radial setting clamp and leg holder now.
 - Place the lower leg on the leg holder. Secure the leg with a strap and adjust accordingly.
- **Positioning the arms**
 - Operated side: Elevated arm position to enable good access to the operated side.
 - Mount arm rest to the side rail of the contralateral side and position the arm. The lower arm should be supported by the padded arm board, the elbow close to the padded corner of the arm board. Secure the arm with the strap.
 - Possibly attach a lateral support to secure the patient.
 - Non-operated side: Position the arm on arm support and secure with the straps.
 - The head is positioned on a positioning aid.

Positioning specific accessories		
9	Leg plates (not visible, see page 168)	1007.42AC
10	Leg holder	1001.65A0
11	Radial setting clamp for leg holder (not visible)	1003.23A0
12	Side rail extension (not visible)	1004.92A0

General side rail accessories		
13	Arm support (not visible)	1001.6000
14	Arm rest	1002.49A0
15	Radial setting clamp (not visible)	1003.23C0

Positioning aids		
16	Oasis Elite supine head rest adult	4006.21A0*


* Manufactured by Trulife
** Manufactured by Condor
*** Not a Getinge product

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