Is the procedure for lateral positioning an aid or a barrier for surgical team, when positioning an adult patient’s arms for planned thoracotomy?

**Background:** The surgical team experienced difficulty in positioning a patient’s arms. Pain and numbness in patient arms and motion range limitation on operation side shoulder, can be unwanted postoperative consequences due to lateral positioning.

**Purpose:**
1) Did surgical team follow the existing procedure?
2) Did the surgical team document if they didn’t follow the procedure?
3) Did the given positioning of patient’s arms cause unwanted postoperative consequences?

**Method and material:** The study was a prospective quality field study, from May to middle of June in 2007 and included 14 adult patients. Data was collected pre-per- and post-operative.

**Results:**
1) Surgical team didn’t follow the procedure in 10 cases; - Arm on operation side was positioned higher than 90 degree from the body and patient’s head was not in line with the rest of spine.
2) This positioning was not documented.
3) 4 of10 patients got postoperative consequences: 2 patient experienced pain. Both of them had preoperative pain. According to ergo therapist’s analysis of patient’s pre- and postoperative photos, 2 patients had the limitation in movement.

**Conclusion:**
Procedure should be changed to guidelines in order to be more flexible; The surgical team have the possibility to use their clinical experience and, take care of the patient’s individual needs. Documentation is the only “existing way ”to evaluate positioning on our ward. Because of the small study it is hard to conclude if the consequences were caused by the positioning, but this is possible. Several studies are suggested.

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