



# Prone positioning for paediatric spinal surgery:

## How good are we at consenting our patients?

## How good are we at documenting what we do to keep them safe?



### Introduction

Prone positioning during anaesthesia is associated with well-documented complications. {1}

When parents consent for their child's spinal surgery, are they aware of the risks associated with intraoperative positioning? Furthermore, who is responsible for consenting them?

In the United Kingdom, there is currently no standard consent process for prone positioning or national guidance on the required intraoperative safety measures and documentation.

### Method

We performed a retrospective audit of 100 case notes of paediatric patients undergoing spinal surgery in the prone position between June and December 2013 in order to examine:

- 1)The consent process for prone positioning by the surgical and anaesthetic teams.
- 2)The intraoperative documentation of safety measures undertaken.

### Results

The main reason for prone positioning intraoperatively was scoliosis correction. A total of 100 case notes.

Variables measured	Results (n = 100)
Age	10 – 18yrs
Duration of surgery	90 - 360 minutes
Surgical consent documenting prone position	0
Surgical consent documenting risk of visual loss	14
Anaesthetist documenting prone position	96
Anaesthetist not documenting position	4
Regular intraoperative checks documented	17

Additional anaesthetic documentation:

- > PRONE view used : 73%
- > Montreal Mattress used: 70%
- > Eye care : 62%
- > Pressure points padded: 63%
- > Position of limbs and padding: 26%
- > Neutral head/ neck : 21%

### Discussion

Consent and documentation for prone positioning was inadequate in the majority of the case notes examined and when present was very varied.

Procedural consent and intraoperative positioning is a multidisciplinary responsibility. Therefore, both surgeons and anaesthetists must be encouraged to document the process of communication and safety measures undertaken.

We are in the process of redesigning our anaesthetic chart in order to improve and standardise both consent and safety precautions performed for prone positioning.

#### References

- 1.Edgecomb H et al. Anaesthesia in the prone position. BJA. (2008) 100 (2): 165-183
- 2.Adams J. Quality and outcomes in anaesthesia: Lessons from litigation. BJA (2012) 109 (1): 110-122