

Position (Common Procedures)	Common Injuries	Cause of Injuries	Preventive Measures
<b>Supine</b> (Abdominal and pelvic procedures)	Ulnar neuropathy	Stretch and compression	Appropriate padding; limiting arm abduction and elbow flexion to 90° or less; keeping the arms in neutral position if arms are tucked at the side of the patient <sup>4,5</sup>
	Lumbar hyperextension	Breaking the surgical table more than 10° by placement of items under the spine to increase visibility can cause pinching of the spine and vessels and lead to ischemia and paralysis <sup>5</sup>	Do not break the surgical table more than the recommended 10°
<b>Lithotomy</b> (Lower abdominal and pelvic procedures)	Common fibular nerve compression	Nerve wraps around the fibula head and is easily compressed when the leg is flexed against metal supports	Appropriate padding, avoid prolong pressure
	Saphenous nerve compression	Nerve wraps around the medial tibial condyle and is easily compressed when the leg is flexed against metal supports	
	Compartment syndrome and venous thromboembolism	Calf compression	Use foot stirrups alone rather than combined calf and foot supports; reduce duration of compression to less than 5 hours <sup>6</sup>
<b>Lithotomy combined with Trendelenburg</b> (Procedures in the perineum)	Compartment syndrome of lower extremities	Stretching of popliteal vessels as the torso slides down <sup>4</sup>	Reduce duration of procedure to less than 5 hours
	Brachial plexus injury	Stretch and compression when arms are held in place but the body slides down <sup>4</sup>	Appropriate support for the body in addition to the arms
<b>Lateral Decubitus</b> (Hip procedures, nephrectomy, shoulder rotator cuff repair, percutaneous nephrolithotomy, and spine procedures)	Brachial plexus injury (and isolated radial nerve, peroneal nerve, and musculocutaneous nerve injuries) <sup>7</sup>	Stretch and compression	Axillary rolls must be positioned properly so as to prevent, rather than induce, brachial plexus injury <sup>7</sup>
	Femoral artery compromise	Use of hip supports and/or patient obesity	Ensure neutral joint alignment and adequate extremity support
	Injury to nerves at pubis symphysis		

<b>Beach Chair</b> (Orthopedic and neurosurgical shoulder procedures)	Cervical neurapraxia <sup>7,9,10</sup>	Cervical nerve compression	Appropriate cervical-spine alignment, avoiding traction on cervical structures <sup>11</sup>
	Cerebral air embolism		
	Pneumothorax		
	End-organ hypoperfusion	Hypotension	Strict hemodynamic management to prevent end-organ hypoperfusion or desaturation events <sup>12, 13</sup>