

Mitigation of dorsal lithotomy related positioning injuries in super obesity

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Positioning injuries are amongst the most feared of complications. Among patient-injury legal claims made against physicians, obesity has been identified as a leading contributing comorbidity.¹ This “How I do it” from Allen and Streeper succinctly outlines an innovative approach to address the positioning of a super obese patient in dorsal lithotomy position. Given the rising incidence of obesity and its association with nephrolithiasis, most urologists will confront the need to treat stones in obese patients and this manuscript may be of tremendous use.²

Ureteroscopy has been embraced as a preferred method of treating urolithiasis in the obese, obviating the concerns regarding skin to stone distance that may limit the efficacy of other treatment options. Indeed, a multicenter study reported equivalent stone free rates for obese patients compared with non-obese patients undergoing ureteroscopic lithotripsy.³ However, those who are classified as morbidly obese or super obese present unique challenges to the urologist. Morbidly obese patients being treated for urolithiasis have been reported to experience a complication rate two times higher when compared to the obese population.⁴ A multinational report encompassing over 10,000 patients from 32 countries noted that super obesity was independently associated with increased risk of perioperative complications following ureteroscopy.⁵ Thus, although ureteroscopy may be a preferred treatment for this population, the treating urologist must recognize increased potential for perioperative complications.

As noted in this paper, urologists utilizing the dorsal lithotomy position may find that their “standard” equipment does not meet the positioning needs of

some patients. During these situations innovative approaches to modifying current equipment is required. Bariatric OR beds can help support heavier patients and offer additional width. An inflatable patient transfer device should be employed to make transfers safer for both the patient and staff. Ample padding to protect pressure points should be utilized.⁶ A variety of stirrups can be utilized for dorsal lithotomy positioning, ideally heavy duty boot-type stirrups can accommodate the patient’s limb girth. Alternatives include padded Mayo stands, padded bedside tables, or pneumatic patient lifts can be used as stirrups to support the patient’s legs.⁷

With proper planning, the outcomes of ureteroscopic management of kidney stones in those with morbid or super obesity can be successful, and risk can be mitigated. The innovative approach is in accord with the mantra “Do not try to fit the patient into the position; rather fit the position to the patient”. □

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