

Capello Patient Positioner

Provides stable positioning of a patient during hip procedures

Optional two-piece board construction allows for easier use and storage. Includes: Board, Gel Pad, (4) 6" Radiolucent Pegs, (4) 9" Radiolucent Pegs, (2) Stabilizing Clamps, (2) Table Clamps. All gel pads, pegs and peg height extensions can be used with existing peg boards. The board is also available in a one-piece design.

PRODUCT NO'S:

4090	[Set with 2-Piece Board]
4095	[Set with 1-Piece Board]
Optional & Replacement Parts:	
4090-PB	[2-Piece Positioning Board]
4095-PB	[1-Piece Positioning Board]
4090-06	[6" (15,2 cm) Radiolucent Peg]
4090-08	[9" (22,9 cm) Radiolucent Peg]
4090-SC	[Stabilizing Clamp]
4090-01	[Large Gel Pad]
4090-EXT	[Peg Extension]
4090-02	[Peg Gel Pad]
9120	[Table Clamp]



Designed by William Capello, MD



Board Dimensions: 47" x 18.75"
(120 cm x 47,6 cm)



*Two-piece board design for easy handling
(Also available in a one-piece design)*

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ISO 9001:2008 • ISO 13485:2003

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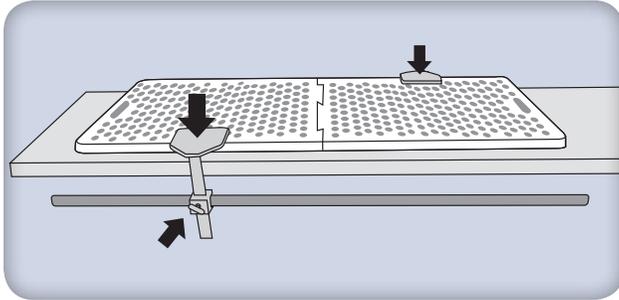
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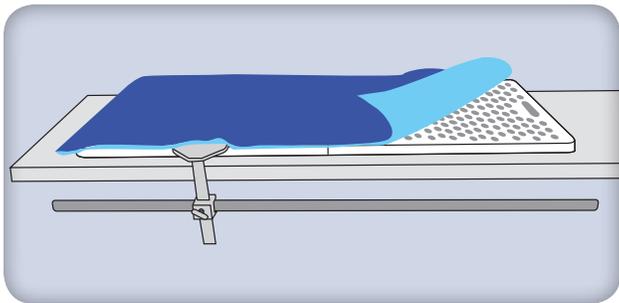
Capello Patient Positioner

Set-up guide for patient positioning in total hip surgery



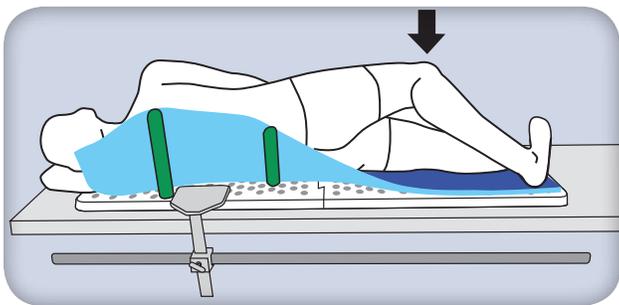
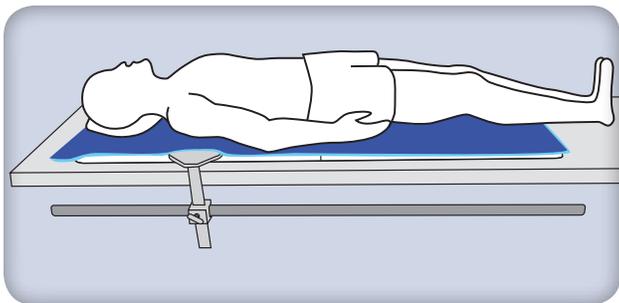
Step 1:

The positioner is placed on the surgical table and secured with the two stabilizing clamps provided – one at the head of the table, and the other at the foot of the positioner on the opposite side of the table. The clamps are secured and locked to the table rails using the two table clamps.



Step 2:

The gel pad is placed on the positioner. A sheet (not shown) can then be placed over the padding to help prevent shifting as the patient is transferred to the table.

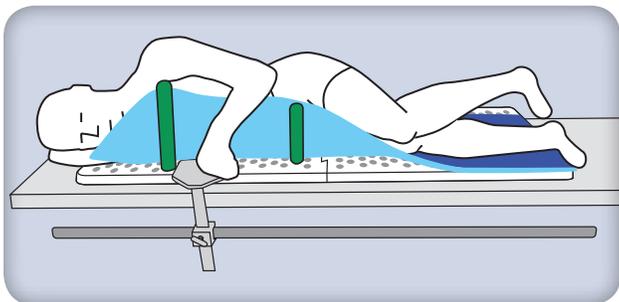


Step 3:

Radiolucent pegs should be positioned as follows:

- 1) A short peg placed in the sacral area. A short peg is used here instead of a long peg in order to maximize the operative area.
- 2) A short peg placed in front of the pubis. Care should be taken to avoid neurovascular structure compression in both femoral triangles.
- 3) A long peg placed in the posterior thoracic region below the scapula.
- 4) A long peg placed directly below the pectoral muscle, keeping in mind the need for adequate ventilation of this area.

Note: More radiolucent pegs, as well as the use of the peg extenders, may be required for larger patients.



CAUTION: The board should not be used as a transport device.

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