

Head table may provide nonslippery additional working space during abdominal surgery

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DEAR EDITOR

The head table has been used within the cardiovascular surgery department for the last 5 years (Figure 1a). The head table provides additional space for the cardiovascular surgeons especially in coronary bypass surgery. The head table also provides a separate working zone for the anesthesiologist without disturbing the ongoing surgery. However, the head table has not been used in another kind of surgery rather than cardiac surgery within this period. Hereby, we suggest using the head table during abdominal surgery.

The stainless-steel head table has a rhomboid flat surface with two long arms, which can rotate around the c-shaped handle, and four legs. The c-shaped handle forms the support for the covering of the patient with surgical drapes. The four sides of this rhomboid table are 38, 40, 40, 48 cm respectively (Figure 1b,c). The height of the c-shaped handle attached to the table is 18 cm. Each rotatable arm is 50 cm long. The head table is placed on the operating table, just above the head of the patient (Figure 1d,e).

During abdominal surgery, surgeons often need additional space for the surgical equipment, thus it is a common practice to use the covered flat parts of the patient's chest or abdomen to place tools such as pincettes. However, these surfaces are generally slippery, mostly sloping down because of the body curvature, and they are generally affected by the respiration of the patient or by the unintentional hit of the surgeon's hands; both of which make the equipment fall onto the operation room floor. If the fall and loss of the surgical tool from the surgical scene is not noticed immediately, the last count of the surgical equipment after the operation would be wrong, thus it would bring great concern whether the surgical tool would be left within the abdominal cavity, which would cause a tense search effort within the surgical theater. Therefore, a safe, smooth and nonslippery additional workspace

to place surgical equipment would ease the surgeon's stressful job (Figure 1f,g) (1). Moreover, catheters and suction drains which are used for the administration of hyperthermic intraperitoneal chemotherapy after cytoreductive surgery can be passed over the head table, without disturbing the surgeon and nurse (2). Furthermore, head table can be used not only in abdominal transplant surgery such as liver and pancreas, but also in esophagus, stomach and robotic surgery to provide an extra room to place surgical equipment (3). In addition, legs of the table can be used to attach additional equipment needed by the anesthesiologist such as intravenous line, arterial line and central venous pressure manometer set.



Figure 1. Head table. a,b,c. Front, side, rear view, respectively. The head table has a rhomboid flat surface with two long arms and four legs. The length of each arm is 50 cm. The arms of the head table can rotate around the c-shaped handle. d. The head table is placed on the operating table, just above the head of the patient. e. The head table provides a separate working zone for the anesthesiologist without disturbing the ongoing surgery. f. Head table may provide nonslippery additional working space during abdominal surgery. g. Gauze pad with a blue radiopaque thread and a scalpel were placed on the head table.

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However, organization and usage of the head table demands another operating room nurse. The equipment used during surgery should be controlled and counted carefully during and after the procedure. The operating room nurse who controls the main operating table would not be sufficient to control both tables. Therefore, a second nurse would be mandatory.

In the light of this information, we recommend general surgeons to consider the usage of head table, which provides nonslippery additional working space during abdominal surgery.

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