Dynamic lateral semisitting position

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In many studies using the semisitting position, it is aimed to increase venous pressure by keeping the patient's legs above the head level.

In the dynamic lateral semisitting position, it is not possible to raise the legs above the head level, but Durmuş et al. increase the venous pressure by placing the patient in the lateral decubitus position in the extradural part of the operation $^{1)}$

It has always been a matter of debate which position is ideal for the supracerebellar approach. Venous air embolism risk factors are the major deterrent for surgeons and anesthesiologists, despite the fact that sitting and semisitting positions are commonly used in these operations.

Durmus et al. demonstrated a reduction on the risk of VAE and tension pneumocephalus throughout the operation period while taking advantages of the semisitting position.

In this study, 11 patients with various diagnoses were operated using the supracerebellar approach in the dynamic lateral semisitting position. They used end-tidal carbon dioxide and arterial blood pressure monitoring to detect venous air embolism.

None of the patients had clinically significant VAE in this study. No tension pneumocephalus or major complications were observed. All the patients were extubated safely after surgery.

The ideal position, with which to apply the supracerebellar approach, is still a challenge. They presented an alternative position that has advantages of the sitting and semisitting positions with a lower risk of venous air embolism²⁾

1) 2)

Durmuş YE, Kaval B, Demirgil BT, Gökalp E, Gurses ME, Varol E, Gonzalez-Lopez P, Cohen-Gadol A, Gungor A. Dynamic Lateral Semisitting Position for Supracerebellar Approaches: Technical Note and Case Series. Oper Neurosurg (Hagerstown). 2023 May 31. doi: 10.1227/ons.00000000000758. Epub ahead of print. PMID: 37255298.

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