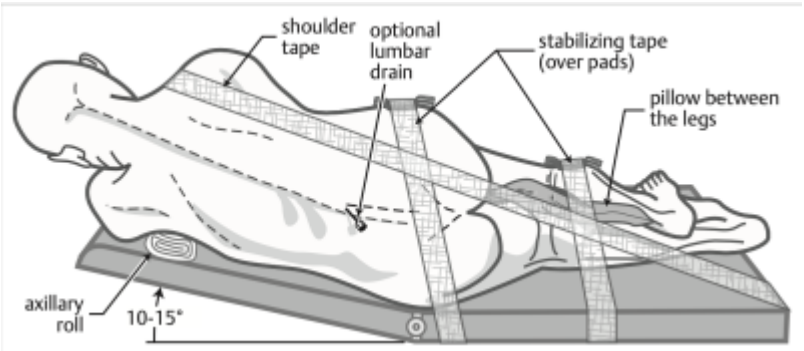
Park Bench Position

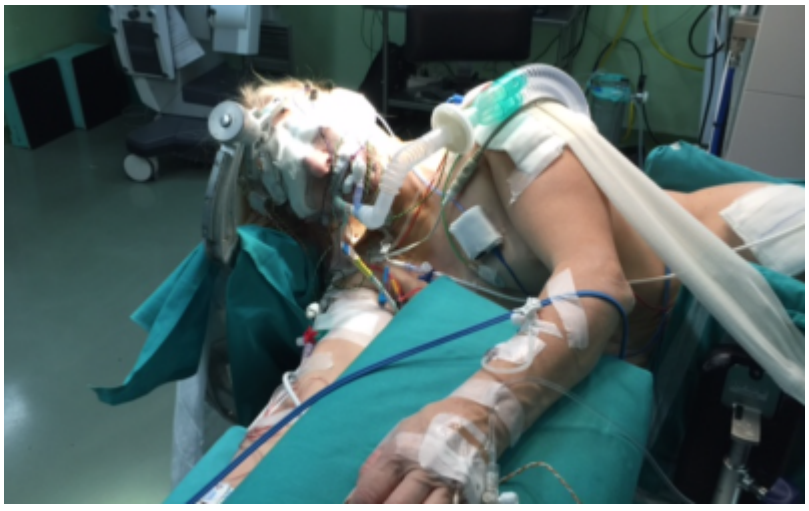


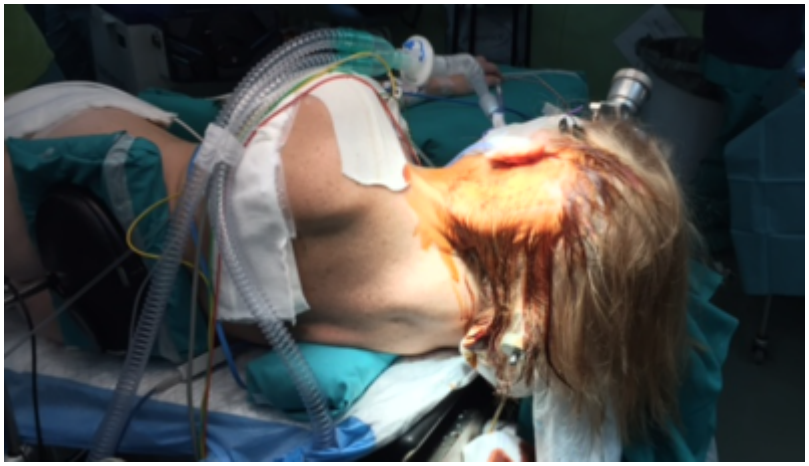
It is a type of position where the patient is positioned in a park bench. The head is flexed until the chin is one centimeter from the sternum, rotated contra-laterally to the lesion, and flexed 30-degree laterally toward the contralateral shoulder, allowing to increase the angle between the atlas and foramen magnum.

The most common position for posterior fossa operations in adults is the lateral decubitus or “park bench” position; this approach has largely replaced the use of the sitting position for most procedures.

After intubation and placement of a three-point head fixation device, the patient is turned on his side and the shoulder contralateral to the lesion supported by a roll in the axilla; the ipsilateral shoulder is rolled forward and pulled down with tape.

The dependent arm can be suspended by a sling in the crook of the Mayfield attachment. All pressure points are carefully padded. In lesions of the cerebellopontine angle, the head is kept in a relatively neutral position and the body is slightly elevated (reverse Trendelenberg).





Marotta et al. describe a technique for positioning obese patients in the park bench position, which is referred to as the “Arrowhead technique,” along with a literature review of positional complications and considerations in the setting of obesity [1].

1)
Marotta DA, Brazdzionis J, Fiani B, Duong J, Noel J, Siddiqi J. Perioperative Positioning in Neurosurgery: A Technical Note on Park Bench Positioning for the Obese Patient Using the “Arrowhead” Technique. Cureus. 2021 Aug 6;13(8):e16932. doi: 10.7759/cureus.16932. PMID: 34513502; PMCID: PMC8412889.