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The Preferred Position of Surgeon during Open Colorectal Surgeries

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Abstract

Surgeons' position during colorectal operations is quite variable. The responses from questionnaire sent to consultant colorectal surgeons in the region demonstrated their preference for standing on patient's right side for splenic flexure mobilisation and on patient's left side for anastomosis.

There was no preference observed for surgeons position during hepatic flexure mobilisation. This variation in technique might have some implications on training which is uncertain.

Keywords: Colorectal; Surgeon; Position; Open Operation; Surgical Training.

Introduction

The position where a surgeon stands during an operation has received little systematic study. It is generally considered based on training and past experience [1] and ultimately a matter of personal preference. Any implications for training or surgical outcomes remain uncertain.

Methods

A questionnaire (Annex) was sent to all consultant colorectal surgeons in the Wessex Deanery in UK regarding their preferred position during different steps of common open colorectal resectional operations.

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Results

Twenty out of 29 consultant surgeons responded the questionnaire.

All of them were right handed. In right hemicolectomy 14 surgeons reported standing on the left of the patient for both mobilization and anastomosis, whilst 6 stand on the right. For the left colonic operations 11 surgeons prefer to stand on patients right side for both mobilization and anastomosis, while 5 surgeons prefer to stand on patient's left side. Four surgeons prefer to stand between patient's legs for the same. In left hemicolectomy most of the surgeons (n=16) mobilize splenic flexure from patient's left, while four surgeons prefer to stand between patient's leg. No side preference was observed for ileo-transverse colon anastomosis, while 16 surgeons prefer to stand on patient's left side for left colonic anastomosis.

The surgeon's position in total colectomy is variable. For the hepatic flexure mobilization 8 surgeons stand on patient's right side, while 10 surgeons vary their position from right to left. For the splenic flexure mobilisation 16 surgeons stand on patient's right and 4 prefer between the legs. Twelve surgeons do the ileorectal anastomosis whilst standing on patient's left, while six stand on patient's right. Two surgeons expressed no preference.

For anterior resection and sigmoid colectomy 14 surgeons prefer to stand on patient's right for the splenic flexure mobilization, while four stand between patient's leg. Two surgeons stand on either

side to complete this stage of operation. For anastomosis in anterior resection all the surgeons stand on patient's left side but no side preference was observed for sigmoid anastomosis.

For Hartmann's procedure 16 surgeons' report standing on patient's right during the entire operation, while four surgeons stand between the patient's legs for splenic flexure mobilization.

Discussion

The response from surgeons showed large variation in their position during certain steps of colorectal operations, but trends have been observed for other steps, for example 70- 80% surgeons (n=14-16) prefer to stand on patient's right side for splenic flexure mobilization, irrespective of type of operation, while rest of the surgeons prefer to stand between patient's leg.

For the operation on right colon, most surgeons (n=14) prefer to stand on patient's left, while a few (n=6) operate from patient's right side for both mobilization and anastomosis.

For the left colonic operations 11 surgeons prefer to stand on patient's right side for both mobilization and anastomosis, while 5 surgeons prefer to stand on patient's left side. Four surgeons prefer to stand between patient's legs for the same.

To conclude, the present study showed variation in surgeon's position during colorectal operations. This variation observed in this study raises implications for training. Should training offer different techniques and surgeons then adopt the most comfortable position for themselves or should it be standardised? Should the training be different for left handed trainees? [2].

There is also remains uncertainty as to whether such differences in technique might affect outcomes.

Appendix

Proforma

The Preferred Position of Surgeon during Colorectal Surgeries

Surgeon's handedness: right/ left

Operation:	Step	Position
Right hemicolectomy:	Hepatic Flexure mobilization	L/R/B'L
	Anastomosis	L/R/B'L
Left hemicolectomy:	Splenic flexure mobilization	L/R/B'L
	Anastomosis	L/R/B'L
Total/subtotal colectomy:	Hepatic flexure mobilization	L/R/B'L
	Splenic flexure mobilization	L/R/B'L
	Anastomosis	L/R/B'L
Sigmoid colectomy:	Colonic mobilization	L/R/B'L
	Anastomosis	L/R/B'L
Anterior resection:	Colonic/ Rectal mobilization	L/R/B'L
	Anastomosis	L/R/B'L
Hartmann's procedure:	Colonic mobilization	L/R/B'L
	Colostomy	L/R/B'L

Comments:.....

Any other position.....

Abbreviations

L: Patient's left

R: Patient's right

B'L: Between patient's legs

For the left colonic operations most of the surgeons (n=16)

References

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