



Response to Letter to the Editor: Patient Positioning in Spine Surgery: What Spine Surgeons Should Know?

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Dear Editor,

We thank the authors for their interest in our article [1] and kind words of appreciation. The point wise reply for the concerns raised is as follows:

(1) Perioperative vision loss (POVL) has been reported in lateral and prone spine surgeries. However, we could not find any literature on its reporting in supine position. Further studies are need in this regard to check if surgeries in supine position also cause POVL.

(2) Postoperative nausea and vomiting are a common complication in the postoperative period after spine surgery. While sudden changes in position of head have been postulated as risk factor for PONV [2], there is no major studies available examining the effect of different positions or use of head rest on the incidence of PONV. We also examined multiple studies related to risk factors of delirium in postoperative period following spine surgery [3-5]. However, no studies are available examining the effects of patient position on delirium in spine surgery.

(3) Nutritional indices such low serum protein concentration have been shown as causes of increased risk of pressure ulcers [6]. We have stated the same in our review in the following text under the heading pressure ulcers with the following text quoted from the manuscript “Pre-

vious skin problems, myelopathy, and a lower preoperative plasma protein concentration are all risk factors for the development of pressure ulcers.” On further analysis of literature, we could not find any studies available examining the role of other nutritional indices with respect to risk of pressure ulcers.

(4) We are aware that certain centers try to alter position during long surgeries to negate the risk of complications due to positioning. However, we do not follow this practice. This is because this alters the workflow of the surgery, increases risk of lapse in sterility and because the position is altered in less visibility due to the drapes. We recommend that one should ensure the best physiological position before the start of surgery, to avoid position related complications.

Conflict of Interest

No potential conflict of interest relevant to this article was reported.

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All authors provided the same amount of effort for preparation of this commentary.

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