Relton-Hall Scoliosis Operating Frame

**Product Overview**
- Designed to support the patient in the prone position during corrective operative procedures for scoliosis
- Provides lateral stability
- Reduces blood loss by keeping the anterior abdominal wall pendulous and free from external pressure
- Positioning on the antero-lateral supports facilitates correction of the scoliosis deformity
- Radiolucent supports allow for intra-operative imaging

**Product Details**

**Frame Assembly**
- The frame consists of four well padded vertical supports which are arranged in two V-shaped pairs
- The supports are set at a 35 degree inward tilt and are individually adjustable for length and width
- The frame is manufactured using both welded stainless steel for maximum patient support and radiolucent fiber-reinforced resin pad supports in order to allow for unobstructed visualization under imaging
- Full adjustability is achieved with three-point phenolic knobs with welded positioning attachments

**Support Pads**
- The support pads are removable with a dual density foam core and double stitched anti-bacterial vinyl covering
- Additional padding is provided by optional dry polymer pads specifically moulded for the Relton-Hall Frame to assist with the prevention of decubitus ulcers and necrosis which may result from procedures of extended duration
**Product Selection**

<table>
<thead>
<tr>
<th>Model #</th>
<th>Description</th>
<th>Dimensions (L x W x H)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR-6050</td>
<td>Relton-Hall Operating Frame c/w Vinyl Pad Supports</td>
<td>Overall: 24 in x 22 in x 6 1/4 in (610 mm x 559 mm x 159 mm)</td>
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<tr>
<td>OR-6050-P</td>
<td>Vinyl Pads (Set of four) for OR-6050 Operating Frame</td>
<td>Length Adjustment: 3 1/4 in to 24 in (83 mm to 610 mm)</td>
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<td>Width Adjustment: 5 1/2 in to 14 1/2 in (140 mm to 368 mm)</td>
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<tr>
<td>OR-6050-A</td>
<td>Action® Products Pressure relief pads (set of 4). To be applied over vinyl pads.</td>
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</tbody>
</table>

**Product Application**

- The frame has been designed to properly support patients weighing up to 275 lbs / 125 kg

**Frame Preparation**

- The positioning knobs should be tested for proper operation and securely fastened prior to positioning the patient to ensure total frame stability throughout the procedure
- Ensure that the cushioned pads are securely fastened to the support frame in order to prevent patient movement during the procedure
- The operating table mid-section mattress should be removed from the operating table in order for the operating frame to be positioned firmly on the table metal or radiolucent surface
- It is recommended that the operating frame be securely fastened to the operating table using straps or velcro fasteners to prevent the possibility of frame movement during the procedure

**Patient Positioning**

- The rostral pair of supports are applied to the lateral aspects of the upper thoracic cage, below the clavicles and as far above the xiphisternum as is practicable
- Position the patient so that the nipple line is in the middle of the upper support pad
- Female patients should have the breasts re-adjusted inward after being positioned on the operating frame to ensure that pressure is applied to the lateral chest area and not directly on the breast tissue
- The supports should not encroach on the epigastrium
- The caudal pair of supports are applied to the antero-lateral aspects of the pelvic girdle between the iliac crests and the greater femoral trochanters ensuring that they do not encroach on the lower parts of the anterior abdominal wall
- All potential pressure points should be well padded including the elbows, forearms, knees and lower legs to avoid complications from localized pressure
- The head should be well supported; it is essential to avoid any external pressure on the orbits
- The tendency towards hyperextension of the vertebral column is partially counteracted by lowering the legs, and, at the same time ensuring that the knees remain in a semi-flexed position
- Adjusting the vertical supports as outlined above will assist with improved patient positioning and prevent external pressures from being applied to the anterior abdominal wall during the procedure
- The use of the Relton-Hall Operating Frame is not recommended during laminectomy for disc protrusion due to the lordotic position of the lumbar vertebrae resulting from this method of patient support

**Reference:**