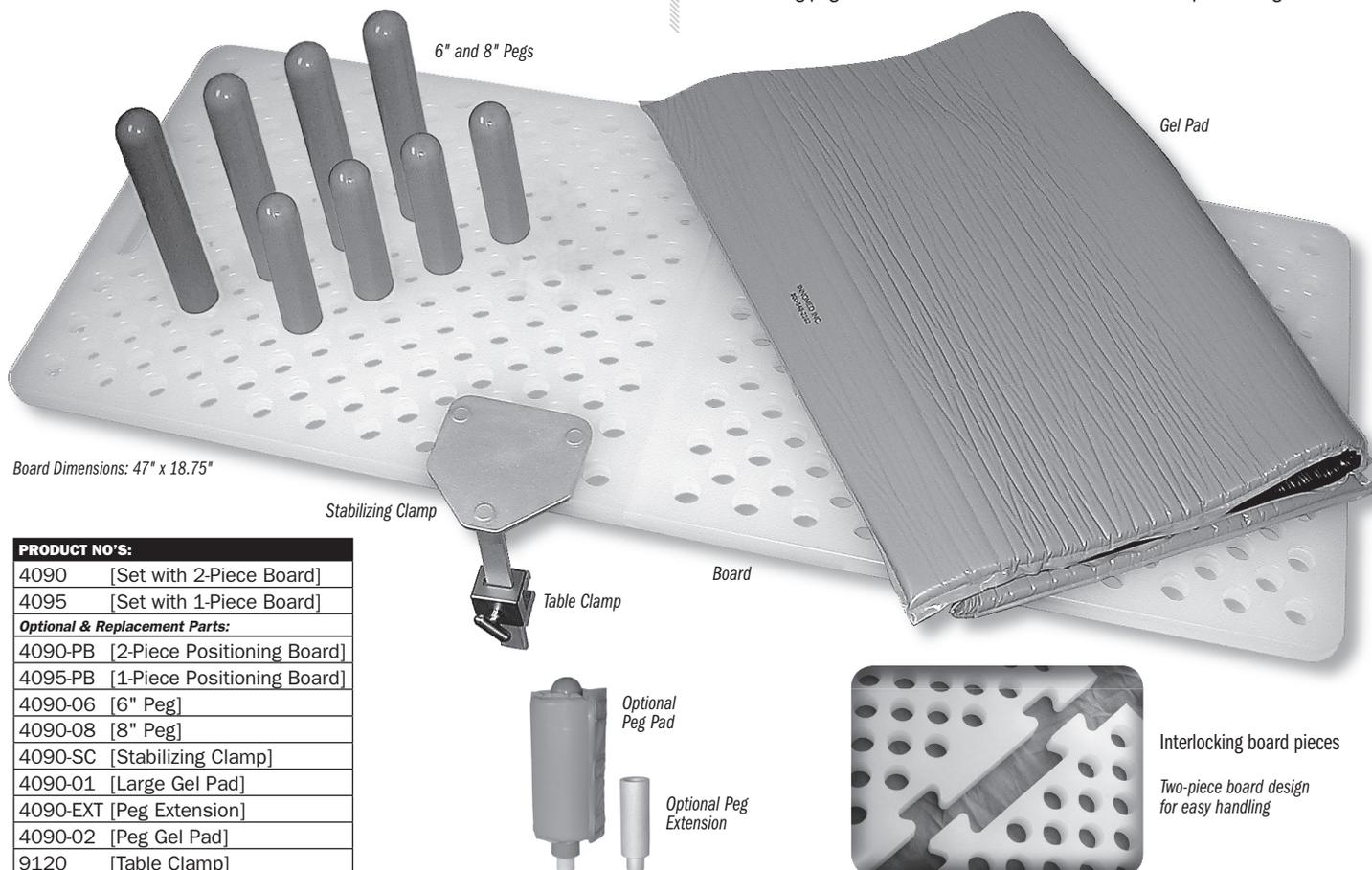


Capello Patient Positioner

Designed by William Capello, MD

Provides stable positioning of a patient during hip procedures

Optional two-piece board construction allows for easier use and storage. Includes: Board, Gel Pad, (4) 6" Pegs, (4) 8" Pegs, (2) Stabilizing Clamps, (2) Table Clamps. All gel pads, pegs and peg height extensions can be used with existing peg boards. The board is also available in a one-piece design.



Board Dimensions: 47" x 18.75"

PRODUCT NO.'S:	
4090	[Set with 2-Piece Board]
4095	[Set with 1-Piece Board]
Optional & Replacement Parts:	
4090-PB	[2-Piece Positioning Board]
4095-PB	[1-Piece Positioning Board]
4090-06	[6" Peg]
4090-08	[8" Peg]
4090-SC	[Stabilizing Clamp]
4090-01	[Large Gel Pad]
4090-EXT	[Peg Extension]
4090-02	[Peg Gel Pad]
9120	[Table Clamp]

INSTRUCTIONS FOR USING THE CAPELLO PATIENT POSITIONER

Step One

The board should be placed on the surgery table and connected to the table with two table attachments; one at the head of the table and one at the foot of the table on opposite sides. The table attachments must be secure before placing the patient on the table to prevent possible injury.

Step Two

A cushioning device i.e., egg crate or gel pad, should be placed on the table so that the patient is sufficiently padded to prevent trauma to unoperative areas.

Step Three

A draw sheet is then placed over the padding to keep the padding in place while transferring the patient from the bed to the table. The patient should be placed in the supine position on the table.

Step Four

After the patient is anesthetized, positioning is completed by lifting and turning the patient as a unit into a lateral position.

Step Five

Fixation pegs should be positioned as follows:

- A short peg should be placed in the sacral area. The short pegs are used instead of the long pegs so that the operative area is maximized.
- A short peg should also be placed just in front of the pubis. Care must be taken to avoid compression of the neurovascular structures in both femoral triangles.
- A long peg should be placed in the posterior thoracic region below the scapula.
- A long peg should be placed directly below the pectoral muscle. Care should be taken when placing this peg to allow adequate ventilation.

NOTE: The number of pegs may increase with larger patients.

Step Six

The board and pegs can be cleaned with antiseptic and water. All prepping agents and body fluids should be removed before re-using.

CAUTION: The board is not to be used as a transport device.

FREE TRIAL ON MOST INSTRUMENTS

© 2012 Innomed, Inc.

INNOMED 



103 Estus Drive, Savannah, GA 31404
www.innomed.net info@innomed.net

912.236.0000 Phone
912.236.7766 Fax

Innomed-Europe Tel. +41 41 740 67 73
Fax +41 41 740 67 74

1.800.548.2362

CLEANING PROCEDURE

Capello Patient Positioner

Product No: 4090/4095

Made of delrin.

This product should not be sterilized. Drape during use.

Please use the following guidelines when cleaning this product:

Innomed recommends that the cleaning and decontamination of instruments follow the guidelines set forth by AORN/HIMA and AAMI. Both physical and chemical (detergent) processes are necessary to minimize the bioburden on all soiled items. Chemical (detergent) cleaners alone cannot remove all soil and debris, therefore a careful manual cleaning of each item with a soft sponge or cloth is essential for maximum decontamination. Carefully inspect hidden areas such as cannulations and recesses to assure any residual materials are removed. Once the items have been cleaned and decontaminated they should be thoroughly rinsed with clean water to remove any detergent or chemical residue before sterilization. Innomed recommends the use of a mild enzymatic detergent with a low pH. Do not use multipurpose detergents to wash or soak your instruments. Use a specifically compounded low-suds detergent for all instruments. Detergents designed for surgical instruments, pads and straps are specifically formulated to remove protein, organic debris and blood. The neutral pH balance will not damage stainless steel or tungsten carbide inserts. The solution is gentle enough for manual (hand) as well as ultrasonic cleaning.

INSTRUMENT CARE PROCEDURE

1. Visually inspect instruments before cleaning for cracks, tears and chipped areas.
2. Clean instruments thoroughly after use.
 - a. If you use a pre-soak solution; be certain that it has a neutral pH balance.
 - b. Clean instruments in an open position by either hand or ultrasonic cleaner.
 - c. Use a non-metallic brush (toothbrush) to remove stubborn debris. DO NOT use abrasive cleaning solutions or scouring pads.
 - d. DO NOT expose instruments to bleach.

Detergents designed for surgical instruments are specifically formulated to remove protein, organic debris and blood. The neutral pH balance will not damage stainless steel or tungsten carbide inserts. The solution is gentle enough for manual (hand) as well as ultrasonic cleaning.

Revised 1/1/12

FREE TRIAL ON MOST INSTRUMENTS

© 2012 Innomed, Inc.

INNOMED 



103 Estus Drive, Savannah, GA 31404
www.innomed.net info@innomed.net

912.236.0000 Phone
912.236.7766 Fax

Innomed-Europe Tel. +41 41 740 67 73
Fax +41 41 740 67 74

1.800.548.2362