

Wixson Hip Positioner

Designed by R.L. Wixson, MD

Provides stable positioning of a patient during hip surgery

The Wixson Hip Positioner is used for stable positioning of a patient during total hip and revision surgery. It is designed to be placed on top of the operating table.

The base plate is rubber-backed to reduce slipping on the table. The uprights can easily be slid in and out of the multiple slots in the plate for desired positioning and locked into position with the locking bolt. The complete upright assembly is radiolucent.

The upright pads and the base plate pad are made of semi-dense foam to help prevent pressure points and are sealed with a washable coating. The coating also helps to lessen the possibility of skin breakdown.

The hip positioner consists of: One 10" post with double pads, one 6" post with a single pad, one 20" base plate, one base plate pad, two 2" spacers, one 4" screw, and one 6" screw for use with larger patients. The pad assembly can be adjusted for additional height and width. The upright posts are modular. The complete unit is radiolucent and autoclavable except for the foam pads and base plate.



FREE TRIAL ON MOST INSTRUMENTS

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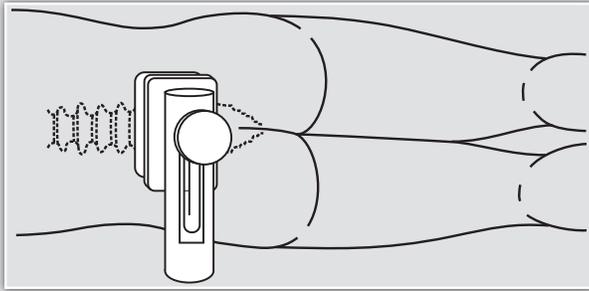
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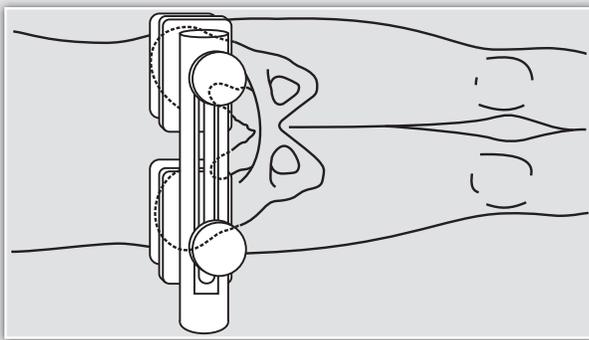
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PATIENT POSITIONING

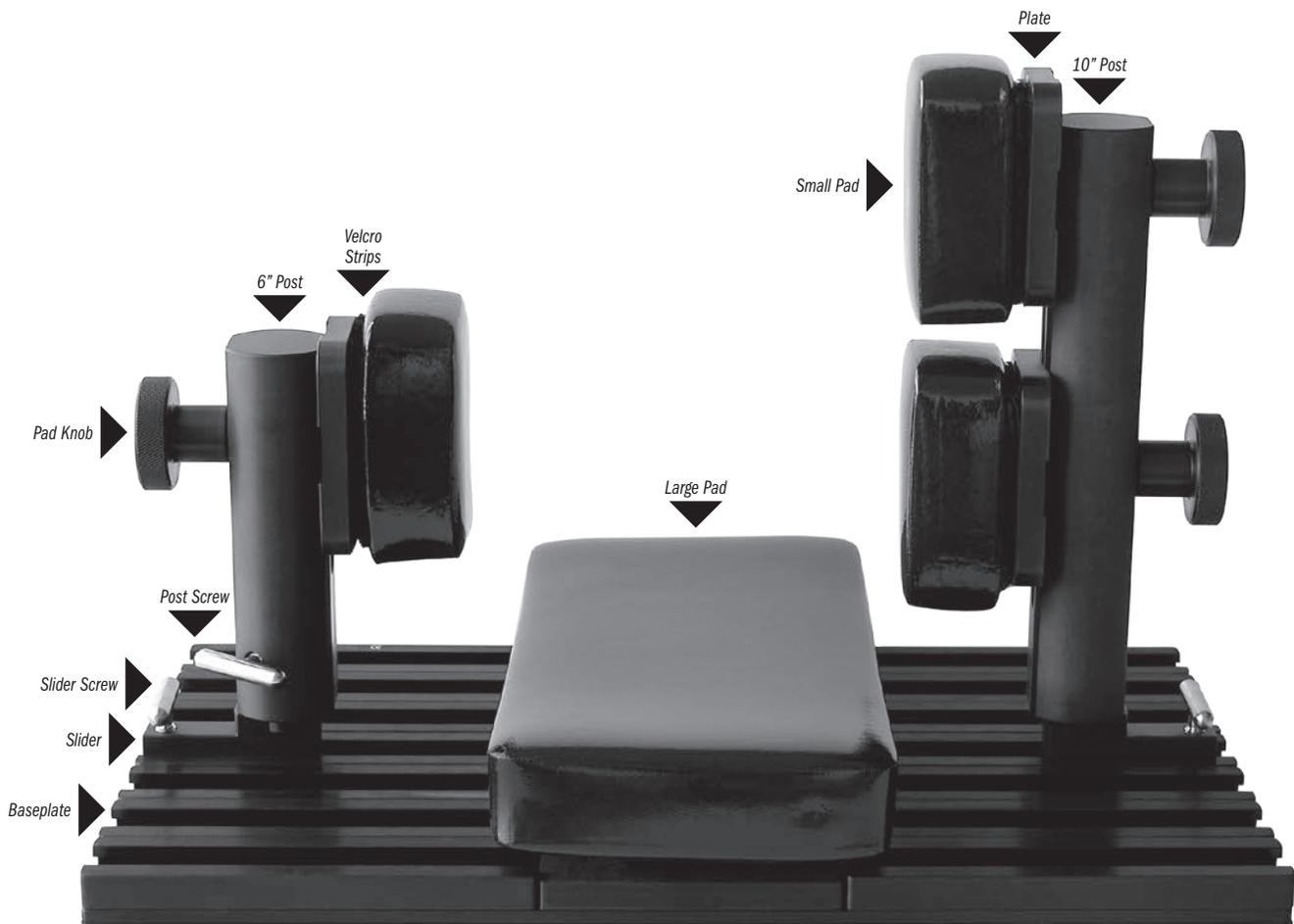
- 1) The patient is turned and placed with the greater trochanter of the opposite hip resting on the center pad of the bottom plate or table pad.
- 2) The patient is held so that the pelvis is straight (a line across the anterior or posterior superior iliac spines is perpendicular to the floor).



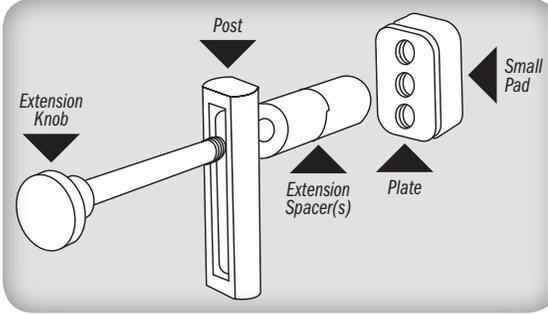
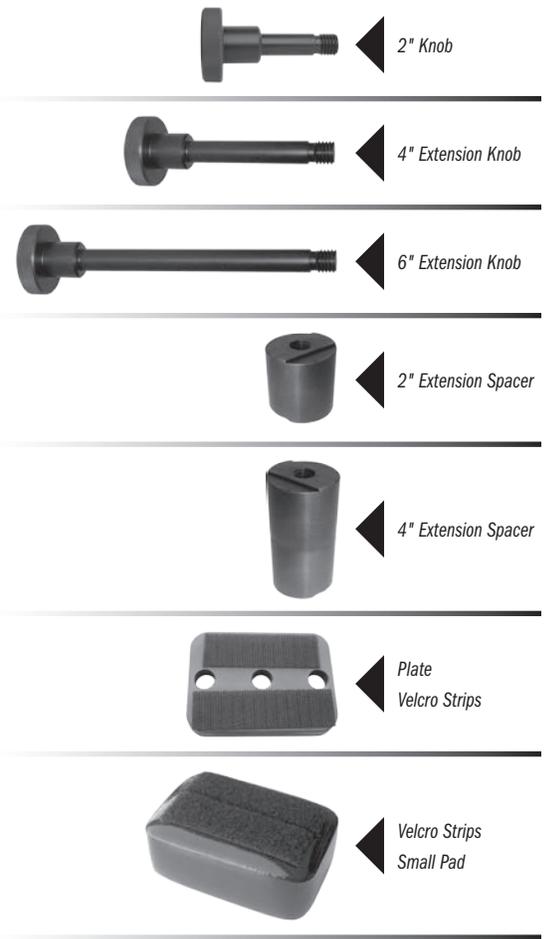
- 3) The posterior support post (shortest one) with the pad attached, is slid into place against the posterior sacrum and locked. The height of the pad should be just above the midline.



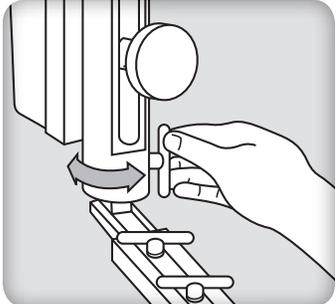
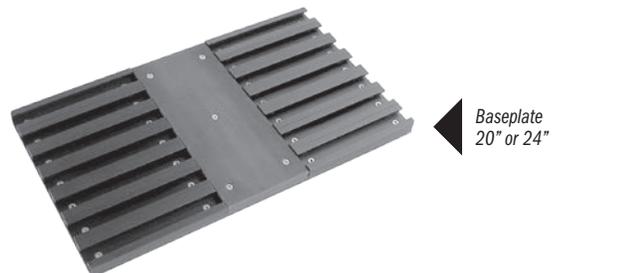
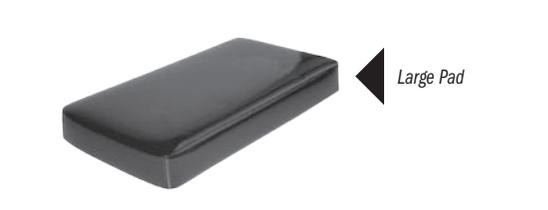
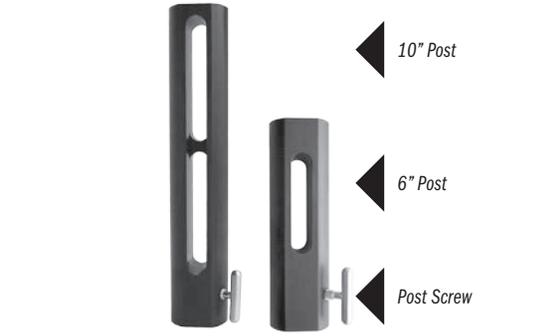
- 4) The anterior support post is then slid into place so that the pad contacts the anterior superior iliac spine. Ideally, the pad is placed as proximal as possible while still supporting the anterior pelvis at the level of the spine. This minimizes any block to flexion from the pad and post. The height of the post and pad position are dictated by the patient's anatomy.
- 5) Because some patients will still rotate inside the soft tissue envelop, the leg to be operated can be placed over the anterior side of the table to duplicate the position the hip would be in during the placement of the acetabulum. (With any of the common lateral approaches, an anterior retractor is generally used for exposure which will pull the pelvis forward.) With the leg in this position, any forward rotation of the pelvis can be compensated for by rolling the operating table to the posterior side until a line across the posterior superior iliac spines is perpendicular to the floor. It is recommended that all patients be checked to determine the amount of forward roll that can occur.
- 6) To help protect the skin, a draw sheet underneath the patient can be brought up and placed between the pads and the skin during the positioning. Care should be taken to be sure that the pressure on the skin areas is not excessive and that any interposed material is smooth without local pressure points.
- 7) In obese patients, during the positioning, the bulk of the belly can usually be pulled proximally and the anterior post with its pads placed across the lower abdomen while still at the level of the anterior superior iliac spines.
- 8) At the conclusion of the positioning, the hip flexion is checked to be sure it is not blocked by the position of the pads and post. Any tilting of the pelvis and how level the operating room table is, can also be checked prior to prepping and draping the patient and hip.



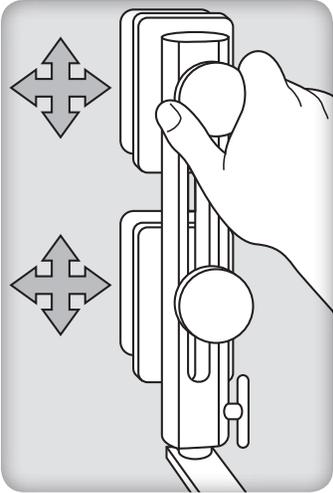
PRODUCT NO'S:	
4050	[Wixson Hip Positioner with 20" Baseplate]
Optional & Replacement Parts:	
4050-100	[Wixson Hip Positioner with 24" Baseplate]
4150-PD3	[Small Pad Set (Set of 3)]
4050-LPD	[Large Pad]
4050-PDS	[Pad Set (One large & three small pads)]
4150-PA	[Pad Assembly (Pad knob, plate & pad)]
4150-PS	[Post Screw (Small wingnut on post)]
4150-SS	[Slider Screw (Small wingnut on slider)]
4150-P	[Plate (Small pad attaches to this plate)]
4150-PB	[2" Pad knob (Attaches pad to post)]
4150-EXT	[2" Extension (2" spacer & 4" knob)]
4150-EK	[4" Extension knob (Used with 2" spacer)]
4150-C	[2" Extension spacer (2" cylinder)]
4150-EXT4	[4" Extension (4" spacer & 6" knob)]
4150-EK4	[6" Extension knob (Used with 4" spacer)]
4150-C4	[4" Extension spacer (4" Cylinder)]
4050-S	[Slider (Connects post to baseplate)]
4050-BP	[Baseplate (20")]
4050-BP24	[Baseplate (24")]
4150-V	[Velcro strips (Extra velcro/for 30 pads)]
4150-06	[6" Post only]
4150-06B	[6" Post with pad assembly]
4050-06C	[6" Post with pad assembly and slider]
4150-09	[9" Custom post/post only]
4150-10	[10" Post only]
4150-10B	[10" Post with pad assembly]
4050-10C	[10" Post with pad assembly with slider]
4150-12	[12" Custom post/post only]
4150-14	[14" Custom post/post only]



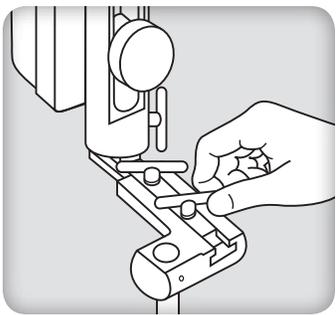
Extension spacer assembly.



The upright assembly can be rotated and locked in place.



The pads can be adjusted for height and width.



The upright assembly adjusts by a sliding track to accommodate various sized patients. It is locked in the sliding track by tightening one or two locking bolts.

CLEANING AND STERILIZATION PROCEDURE

Wixson Hip Positioner

Product No: 4050

Made of aluminum, delrin, and stainless steel. The Wixson Hip Positioner, including the pads, does not contain any trace of latex.

Normally, this positioner is used under a drape in a non-sterile area. If you choose to sterilize it, this product can be pre-vacuum steam sterilized **wrapped or unwrapped**.

Please use the following guidelines when sterilizing this product:

Sterilizer Type:	Pre-vacuum Steam Sterilizer
Minimum Temperature:	132 degrees C / 270 degrees F
Minimum Cycle Time:	4 minutes
Minimum Dry Time:	30 minutes

The pads should not be sterilized. They should be cleaned with rubbing alcohol. Steam sterilization will melt the coating on the foam pads and will weaken adhesive on the Velcro strips. Periodic replacement of the pads is recommended when pads become soiled or adhesive becomes weakened.

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.

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Revised 1/10/17

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