

Operating table failure and suggested safety precautions

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To the editor: The Jackson Spine Table has been introduced to facilitate spine surgery involving fusion and instrumentation [1]. A recent paper has documented a patient falling from a Jackson Table (MIZUHO OSI, Union City, CA, USA) during anesthesia when the indicator lights on the bed were lit, confirming rotational locked status [2]. However, it has not been confirmed whether one can intentionally rotate this table in the condition in which the 180° rotation lock indicator is illuminated. As shown in Fig. 1a, the addition of some weight (80 kg) at the right side was capable of producing rotation of



a



b



c

A gap between the 180° rotation lock lever and the head end base surface

Fig. 1. **a** The OSI Jackson Table model #5843 can rotate in a condition in which the 180° rotation lock indicator is illuminated (*red arrow*). **b** A gap between the 180° rotation lock lever and the head-end base surface (between the *blue arrows*). **c** A 5-mm-thick rubber board (*black arrow*) is placed between the 180° rotation lock lever and the head-end base surface to ensure that the lever is safely secured

the table when we turned the rotation lock lever clockwise until the lock indicator was lit, but the lever was not fully rotated. This is apparently contradictory to the operating manual, which describes that when the 180° rotation lock indicator is illuminated, the light indicates the lock is engaged and the table cannot be rotated 180° [1]. We found the gap between the 180° rotation lock lever and the head-end base surface was 8 mm upon the table rotation and the gap was 5 mm when the lock lever was secured (Fig. 1b). It is also crucial to note that the 180° rotation lock lever does not simply act as a lever switching to the left or right, and that upon the rotational locked status, the operator has to rotate the lever clockwise more than 360° until it is secured. These shortcomings appear to be the reasons for the operating failure of a Jackson Table. Accordingly, we prepared a 5-mm-thick rubber board and adopted it to show the correct direction of the 180° rotation lever to lock the Jackson Table, as well as appropriate degree of the locking crank rotation (Fig. 1c). We decided to put this board between the 180° rotation lock lever and the head-end base surface, and to turn the lever clockwise until it was attached to the indicator board to ensure that the lever was

safely secured (Fig. 1c). The safe security of the lever was successfully achieved without any malfunction of the table. Our simple device may play a role as a temporary tool to enable the safe use of the Jackson Table in ongoing clinical practice, although we are awaiting appropriate modifications of the design and instructions from the manufacturer, which should have priority over all other considerations. Indeed, familiarity with the pitfalls in the use of the Jackson Table is necessary for all anesthesia personnel involved.

References

1. MIZUHO OSI. Owners manual of the Model 5803 advanced control base for the modulator table system. Union City: MIZUHO OSI; 2007.
2. Dauber MH, Roth S. Operating table failure: another hazard of spine surgery. *Anesth Analg.* 2009;108:904–5.

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