



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

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Dear Editor,

We were intrigued by the article by Garg et al. [1], which discussed position-related complications associated with the prone position. However, we still have some concerns about the article.

First, we aim to prevent perioperative vision loss. While it is commonly associated with the prone position, this study reported occurrences in the side-lying position. Given the mechanisms and risk factors, it may also occur in the supine position. However, what is the actual prevalence?

Second, postoperative nausea and vomiting warrants to be avoided, particularly in cases that require a resting postoperative position, such as in anterior cervical spine surgery. Is there any difference in the incidence of postoperative nausea and vomiting based on the patient's position or use of a headrest? Likewise, is there any variation in the occurrence of postoperative delirium based on the patient's position?

Third, various nutritional indices are now available [2,3], and their association with postoperative infections is being examined. Is there any connection between nutritional indices and pressure ulcers resulting from body positioning?

Finally, some facilities perform decompression every few hours during prolonged surgery to prevent pressure ulcers and upper extremity peripheral neuropathy. Do the authors use a similar management? Furthermore, is this management considered effective in the literature?

To improve our understanding of your excellent research, we look forward to hearing from you regarding our submission. We would be glad to respond to all your questions and comments.

## Conflict of Interest

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

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### Author Contributions

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

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