



## LETTER TO THE EDITOR

*Carta ao editor*

### INTRODUCTION

Dear editor,

I appreciate the publication of the article entitled "**Profession-related postural changes in surgeons**" (Brazilian Journal of Plastic Surgery. 27(2):195-200). The publication of articles related to the well-being of plastic surgeons is rare; therefore, I am pleased about Prof. Bozola's initiative. In fact, postural changes may lead to loss of quality of life and decreased work capacity among surgeons. Shortly after completing my residency, at 32 years of age, I experienced two herniated disks and their painful consequences. Fortunately, with clinical treatment and postural reeducation, based on the principles set forth by McKenzie<sup>1</sup> and Gokhale<sup>2</sup>, I managed to achieve rehabilitation success. Since then, I religiously started adopting three simple measures to improve ergonomics during surgeries:

1. Observation and height adjustment of the operating table before starting surgery. Use of a platform to reduce the difference in height between team members.
2. Use of a cautery pedal with an auxiliary/scrub nurse whenever possible.
3. Switching sides with the auxiliary nurse to operate on the left side of the body during mammoplasties and blepharoplasties or at the time of suturing in all other operations, especially in abdominoplasties.

These are simple measures, applicable in any plastic surgery unit. In my work as a tutor of plastic surgery at the Hospital das Clínicas of the UFMG, I clearly realize that postural habits begin during medical residency. Therefore, I suggest that tutors start observing and correcting the posture of their residents during operations, and follow the three points mentioned above.

**Keywords:** Posture. Physicians. Workload.

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### LITERATURE CITED

1. McKenzie R. Treat your own back. Raumatiki Beach: Spinal Publications; 2011.
2. Gokhale E. 8 Steps do a pain-free back. Stanford: Pendo Press; 2008.

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