

Nov. 4, 1969

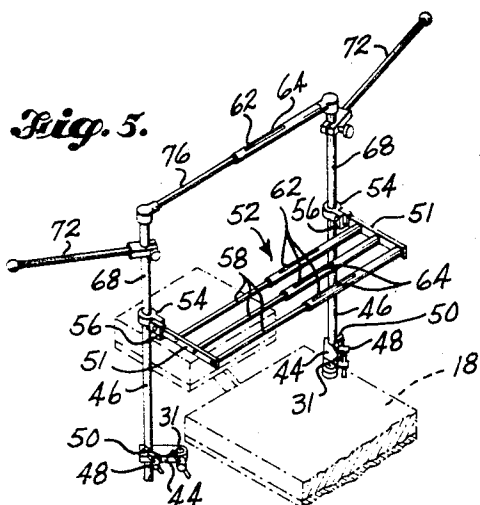
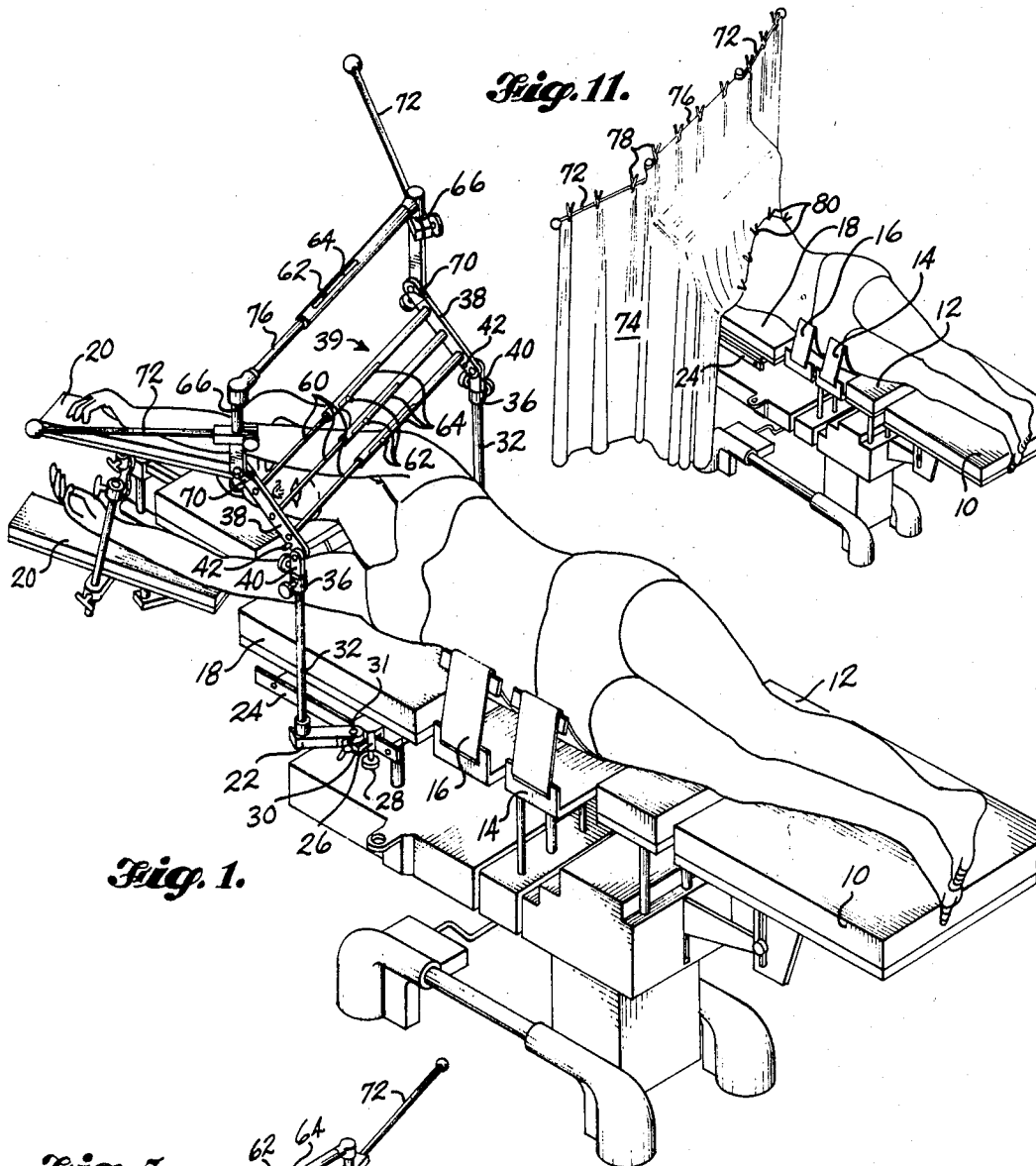
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3,476,256

ANAESTHESIOLOGY DRAPING SCREEN FRAME STRUCTURE

Filed Aug. 8, 1967

3 Sheets-Sheet 1



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ANAESTHESIOLOGY DRAPING SCREEN FRAME STRUCTURE

Filed Aug. 2, 1967

3 Sheets-Sheet 1

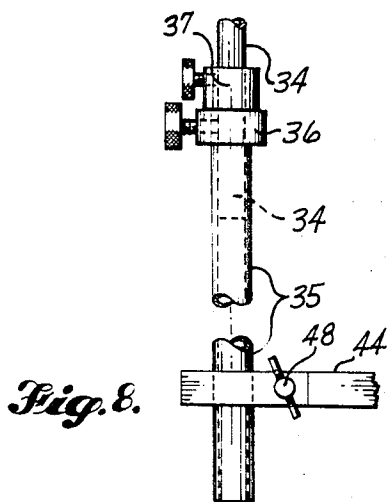
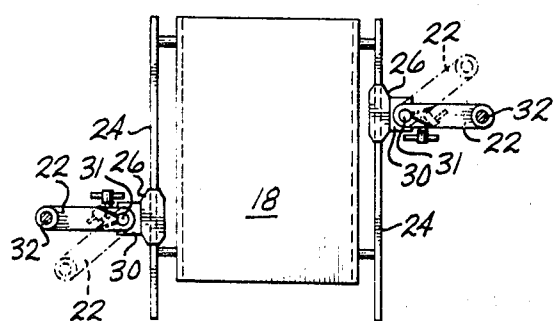
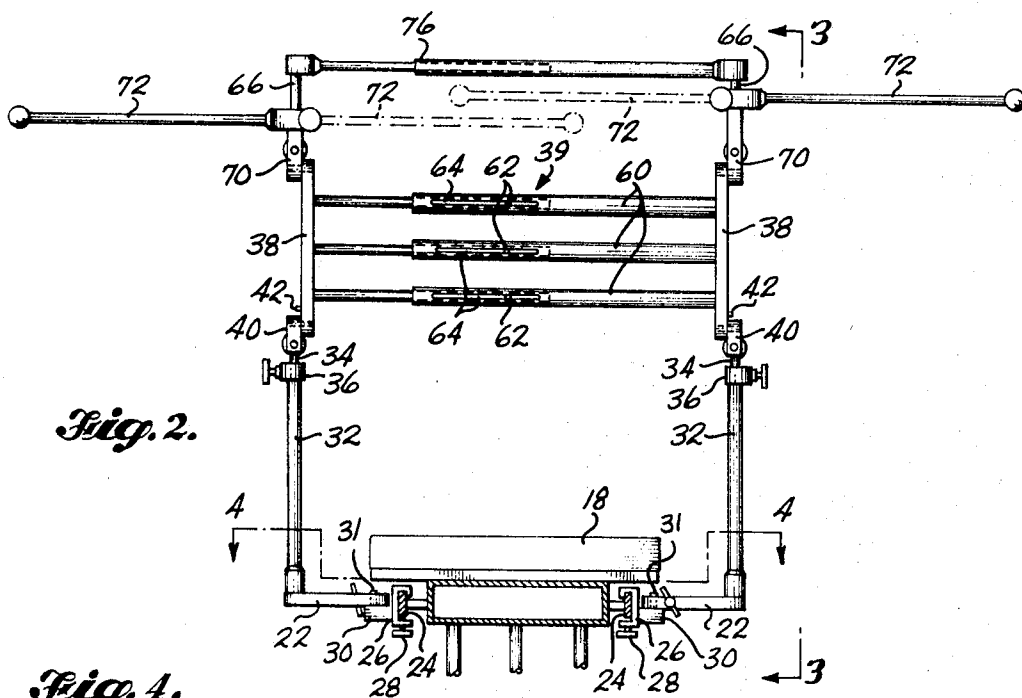
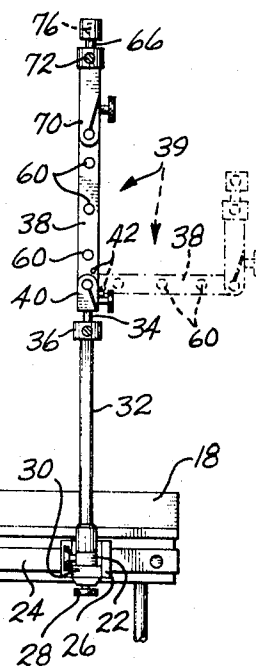


Fig. 3.



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ANAESTHESIOLOGY DRAPING SCREEN FRAME STRUCTURE

Filed Aug. 8, 1967

3 Sheets-Sheet 3

Fig. 6.

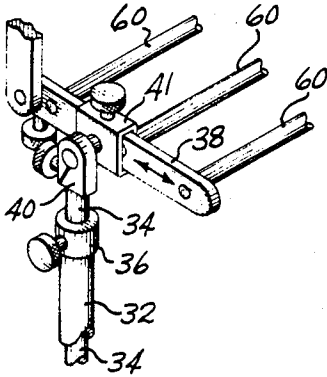


Fig. 9.

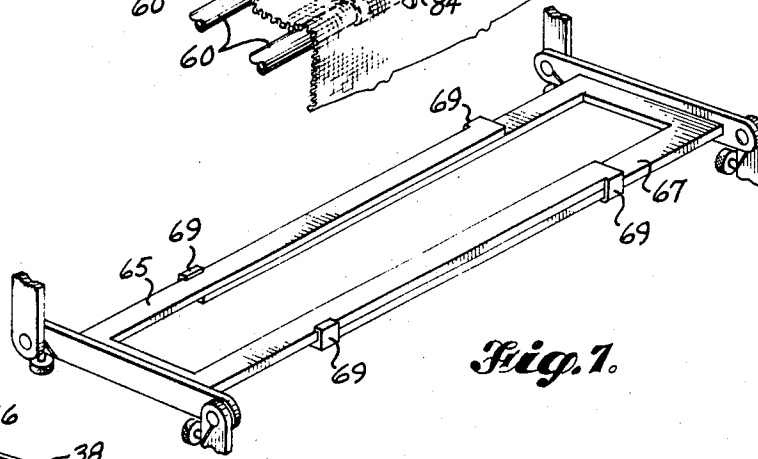
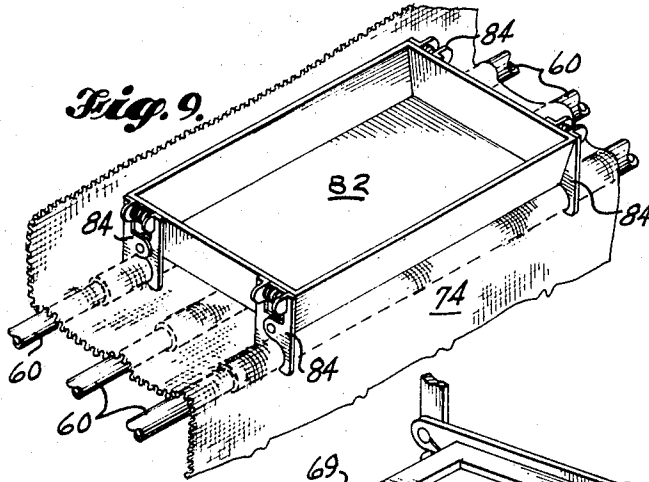
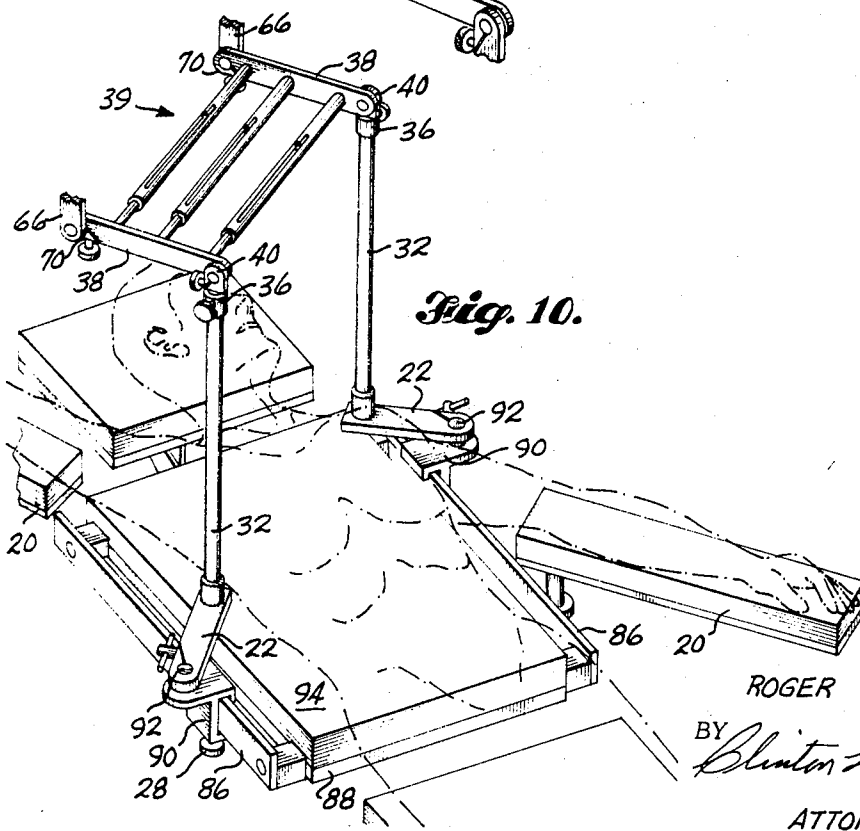


Fig. 7.

Fig. 10.



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ANAESTHESIOLOGY DRAPING SCREEN FRAME STRUCTURE

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Filed Aug. 8, 1967, Ser. No. 659,106

Int. Cl. A47f 5/00; F16m 11/38

U.S. Cl. 211—86

6 Claims

ABSTRACT OF THE DISCLOSURE

This invention relates to an anaesthesiology draping screen structure. Generally, my invention relates to such supporting frame wherein the frame is secured to a surgical table at the two spaced side portions thereof and with angularly movable horizontally extending frame parts connecting the said frame to such table. The said frame parts provide individual support for spaced vertically extending, relatively rotatable, frame means connected therewith. Other outstanding features include cross frame parts which are extensible and retractable in length and which interconnect the frame portions connected with the side portions of the table, the cross frame parts provide an adjustable shelflike portion which is positionable over the head of a patient, and the frame structure is adjustable and positionable to provide a minimum of interference with the activities of the surgeon and will still provide for isolation of the surgeon, his aides and equipment on one side of a draping screen supported by such frame structure and isolation for the head of the patient, the anaesthesiologist, his aides and equipment on the other side of such draping screen.

This invention relates to an anaesthesiology draping screen supporting frame. More particularly, this invention relates to such a frame to locate the draping screen relative to a patient on a surgical table to the best advantage of the patient, the attending surgeons and others necessarily present for an operation.

In locating and positioning a patient on a surgical table, the position of the patient on the table will obviously vary in accordance with the operation to be performed. Some of the positions in which the patient may be placed on the surgical table will include prone, supine, on one side or the other, or intermediate positions therebetween. Also, the arms of the patient may be extended downwardly alongside the body of the patient, upwardly, or laterally relative to the body of the patient. The various positions of the body of a patient on the operating table will depend to a large degree upon the operation to be performed, and to a degree, the particular preferences and techniques of the operating surgeon. In addition to the requirements of the surgeon relative to the arm positions of a patient, often arm positions obtain because of requirements of the anaesthesiologist for intravenous injections of anaesthetics, blood, and other fluids.

To limit complications which may arise from airborne germs present during surgery, the surgeon and his aides and assistants will wear suitable face masks to prevent their exhalations from contaminating the surgical area and the ambient air. These are in addition to the usual requirements, such as: such parties wear sterile gowns, they are "scrubbed," the instruments or other equipment employed by them are sterile, and the like.

However, it is not possible to obtain sterile conditions regarding the head of the patient, the anaesthesiologist and his equipment and aides. Contaminates exist which must be isolated by the draping screen from the surgical area. One reason is that the anaesthesiologist may be wiping the face of the patient and removing ejected saliva,

2

blood, and other substances from around the nose and mouth of the patient. Also, some of the equipment used by the anaesthesiologist may not be maintained sterile. Generally, it is not desirable to use a face mask on a patient as it is desired to maintain such face readily visible and available to the anaesthesiologist and further, often tubes are located through the mouth or nose of the patient to accomplish processes desired during the operation.

For reasons, somewhat generally described in the foregoing, it has become the general practice to employ anaesthesiology draping screen during operations which isolate the patient's head along with the anaesthesiologist, his equipment, and aides on one side of said anaesthesiology draping screen and isolate on the other side of said anaesthesiology screen, the surgeon, his aides and equipment and the operative or surgical area.

The ultimate desired in an anaesthesiology draping screen structure is to isolate contaminates which are present adjacent the head of a patient, and with the greatest possible comfort and protection to the patient, on one side of the draping screen. On this same side of the screen are isolated the anaesthesiologist, his aides and equipment. On the other side of the draping screen are isolated the surgical area and the surgeon, and his aides and equipment, and this with a minimum of physical interference with the surgeon and his aides and equipment. It must be remembered that the patient and the particular operation to be performed are primary and all other activities must be coordinated therewith. Many present-day operations require the utmost in technique, precision, and skill by the surgeon and thus any interference with the movements of the arms or hands or position of the surgeon could be reflected adversely in the resulting operation on the patient. Thus, it is desirable to locate all supporting structure for an anaesthesiology draping screen in non-interfering positions as respects the surgeon.

The prior art anaesthesiology draping screens had supporting frame structure which tended to limit the activities of the surgeon and particularly the hand and arm and shoulder movements of the surgeon and significantly when the operative area was adjacent and proximal to the neck, shoulder and chest areas of the patient. Other prior art supporting structures for anaesthesiology draping screens were supported in a way and at locations so that it was not uncommon for a surgeon, in utilizing normal arm and elbow movements during an operation, to make contact with the anaesthesiology screen, the patient's head and the anaesthesiologist—the latter both being isolated on the other side of the anaesthesiology draping screen.

It is an object of this invention to provide an anaesthesiology draping screen supporting structure for attachment to a surgical table having the following specific characteristics, absent in the prior art, of: having vertical, spaced apart, supports which are attachable to the sides of a surgical table and which are adjustable relative to each other longitudinally of the table permitting adjustability angularly to a plane normal to the longitudinal axis of an operating table; and having a shelflike portion extending toward and over the head of a patient, which is adjustable angularly to the horizontal, which is slidable relative to its vertical supports, and which is of desired elevation, all of which contribute to minimize any interference with physical movements of the surgeon in the area isolated by an anaesthesiology draping screen for the surgical area, and the surgeon, his aides and equipment. All this, even though a patient's body position on the surgical table may be that selectively desired.

Another object is to provide such a draping screen structure which is readily adapted for use on various exist-

ing operating tables and is readily positionable as desired regardless of the size of the patient—some patients are relatively small and some are relatively large in body size.

Another object of my invention is to provide an anaesthesiology draping screen frame comprising spaced apart supporting frame means adapted to be positioned vertically and on opposite sides of, and supported by, a surgical table and which frame means are interconnected by cross supports in combination with a shelflike supporting means pivotally and/or slidably connected with said frame means. Such shelflike, supporting frame means is adapted to be positioned over and in relatively close proximity to the head of a patient lying on the surgical table.

Another object of my invention is to provide second, spaced apart, vertical supporting frame means extending upwardly from said cross supports to provide frame means of a desired height so that a screen draped thereover will have the desired vertical height.

Another object of my invention is to provide said cross supports, between spaced apart, vertical supporting frames of a construction so that they are extensible and retractable in length, permitting relative longitudinal adjustment of the locations of said spaced apart, vertical supporting frame means of the surgical table.

Another object of my invention is to rotatively mount each of said spaced apart, vertical supporting frame means on or with respect to a horizontally extending support which in turn is rotatively carried by a surgical table so that upon selected rotation of the parts, each of the spaced apart, vertical supporting frame means is adjusted in location longitudinally with respect to the surgical table.

Another object of my invention is to mount wing-like, supporting frame means from said spaced apart, vertical supporting means to provide a maximum width of supporting frame means during use of the structure and minimum width thereof during storage.

Another object of my invention is to vertically offset said winglike supporting means from each other to eliminate interference between the same in changing from use positions to storage positions and vice versa.

Other objects of my invention, together with others inherent in the same, are accomplished by the structure illustrated in the accompanying drawings throughout which like reference numerals indicate like parts:

FIG. 1 is a perspective view showing a form of my invention in combination with one form of surgical table, showing in outline a position a patient may assume thereon, and showing a selected position of my structure relative to said table and a selected position of a patient thereon;

FIG. 2 is an elevational view of the structure of my invention and with only a fragment of the table of FIG. 1 shown;

FIG. 3 is an elevational view taken substantially on broken line 3—3 of FIG. 2;

FIG. 4 is a plan view on a smaller scale, taken substantially on broken line 4—4 of FIG. 2;

FIG. 5 is a perspective fragmentary view of a modified form of my invention;

FIG. 6 is an enlarged detail view showing the rotatable and slidable connection between one of the vertical supporting means and a portion of a cross frame member;

FIG. 7 is a perspective view of an alternative construction of interfitted frame members forming a shelflike cross frame member extensible and retractable in length;

FIG. 8 is a fragmentary view, showing an alternative construction, for providing rotary movement between a vertically disposed supporting means and a horizontally extending support therefor;

FIG. 9 is a perspective view of a tray member which may be utilized with my invention;

FIG. 10 is a fragmentary perspective view of my invention illustrating a patient outlined in a supine posi-

tion on a surgical table, of another design than the table of other views; and

FIG. 11 is a fragmentary perspective view illustrating in general the application of the draping screen to the structure of my invention and more particularly in connection with the structure of FIG. 1.

Referring now to FIG. 1 of the drawings, the surgical table with which this invention may be used can take many forms and designs. In general, the table illustrated best in FIGS. 1 and 11, is a highly efficient and desirable surgical table having such advantages as vertically adjustable: leg support means 10, thigh support means 12, sling hip support means 14, sling waist support means 16, chest and shoulder support means 18, and arm support means 20. The position of the patient illustrated on the table is one often used for heart surgery. In such position, as much of the left side of the patient from the neck down is presented to the surgeon as is practically possible. Such presentation is particularly desirable for many operations, such as, but not limited to, relatively new heart surgery, including therein reconstruction of blood vessels or arteries, utilizing reaming processes or the substitution or resectioning of "rusted" arteries and replacement by plastic prostheses.

Spaced apart horizontally extending supports 22 are adapted to be rotatably connected with opposite sides of the surgical table. In the event that the surgical table has side rails 24 (shown in the table depicted in FIGS. 1 to 4 and 11), then a suitable type of C-clamp 26 (see FIG. 2) is connected with each side rail 24. Each such C-clamp 26 is releasably secured to a side rail 24 by a cap screw 28. In view of the fact that the C-clamps 26 are releasably connected to the side rails 24, the same may be connected directly opposite each other or in a plane normal to the longitudinal axis of the surgical table, or they may be offset relative thereto as desired, and my anaesthesiology draping screen support frames will be operative under such circumstances as will be hereinafter explained. Each of the C-clamps 26 carries a portion of a rotatable support, such as bracket 30 terminating in a suitable upwardly projecting pin 31. The other portion of the rotatable support is provided in each horizontally extending support 22. Thus, by the said construction illustrated and described, each horizontally extending support 22 is adapted to be rotatively connected with a side portion of a surgical table and at desired locations longitudinally considered of the surgical table.

Also if the surgical table is not of the construction shown having side rails 24, suitable C-clamp-bracket constructions (not shown) may be obviously employed and which will connect the horizontally extending supports 22 rotatively with the side portions of a surgical table and may function similarly to the connections illustrated and described. Also, the side rails may be otherwise located as is described in connection with FIG. 10.

Spaced apart vertically disposed supports 32, 34 are rotatively connected with horizontally extending supports 22 as shown in FIGS. 1 to 4 and similar results obtained with the construction of FIG. 8. In said FIGS. 1 to 4, each horizontally extending support 22 may be angularly moved as the end portions thereof may turn as respects its C-clamp 26 and its vertical support 32, 34. By angularly moving a support 22, the vertical support 32, 34, carried thereby, will move longitudinally of the surgical table without relocation of a C-clamp 26. Also, by having said supports 22 angularly movable, the vertical supports 32, 34, carried thereby, may be disposed in a position of least interference to the surgeon.

In the alternative construction of FIG. 8, a horizontally extending support 44 is the counterpart of the support 22 of FIGS. 1-4 and is connected to the surgical table in the same manner. The support 44 may be identical with the support 44 of FIG. 5 and is given the same number. Vertical shaft 35 is slidably mounted in an opening in

the outer end portion of support 44 and an adjusted vertical position of shaft 35 is obtained and maintained by connector 48—again, a part so shown and numbered in FIG. 5. Shaft 35 slidably receives vertical support 34 and set screw clamp 36 is utilized to obtain and maintain a desired total vertical height of shafts 35, 34. A collar 37 is slidable on vertical support or shaft 34. After a desired vertical position is selected for vertical support 34 relative to shaft 35 and held by tightening of the set screw of set screw clamp 36, the collar 37 may be slid into contact with the set screw clamp 36 and then the set screw of collar 37 tightened. Then if the set screw of set screw clamp 36 is loosened, the vertical support 34 is rotatable as respects shaft 35 and in turn the outer end portion of support 44. The end function of either FIGS. 1-4 or 8 is that the vertical support 34 is rotatable relative to a horizontal support, as 22 of FIGS. 1-4 or 44 of FIG. 8.

It is desired that the vertical supports 32 and 34 or 35 and 34 shall have a total length, which is retractable and extensible, as they support shelflike constructions, hereinafter described, and which must be raised and lowered relative to the head of a patient to obtain the greatest benefits of my invention. As an example of means to provide for such retractable and extensible features, each support part 34 is slidable and telescopically received in a support part 32 or 35, and any selected length is obtained and maintained by set screw clamp 36. Also, each vertical support 32, 34 or 35, 34 may include a construction (similar to the construction of FIG. 5) wherein a single vertical support is rotatively and slidably supported by a horizontal support 44, having features functioning similar to connector 48 of FIGS. 5 and 8.

In the form of my invention shown in FIGS. 1-4 (see also FIG. 6), each of the vertical supports 32, 34 is rotatively and slidably connected with an arm 38 forming with frame bars 60 (hereinafter described), a shelflike supporting frame means generally numbered 39. Any selected angular position of an arm 38 to a support 32, 34 may be obtained and maintained by use of a lockable pivot means 40. Also, each pivot means 40 is provided with a channel guide 41 slidably receiving therein an arm 38, so that each arm 38 is pivotally and slidably connected with a vertical support portion 34.

As a safety means and precaution to prevent inadvertent excess angular movement of the arms 38 so that they might contact a patient's head, stop pins 42 (FIG. 3) are shown as carried by arms 38 movable into contact with lockable pivots 40, so that angular movement of the arms 38, in one direction, is limited to a given desired position, as the horizontal position shown by the dot and dash line in FIG. 3 of the drawings.

In the form of my invention shown in FIG. 5 of the drawings, the arms 44 are the counterparts of the horizontally extending supports 22 and are supported by the surgical table functionally in the same way (a fragment part 18 of the table being shown in FIG. 5). Each of the vertically disposed supports 46 is the counterpart of a vertically disposed support 32, 34 or supports 35, 34. The said supports 46 are rotatively connected with and slidable relative to the arms 44 by connectors 48. The stop pins 50 limit the extent of downward travel of vertical supports 46 relative to connectors 48 and, in turn, limit the extent of downward travel of the arms 51, forming the shelflike arm supporting frame means, generally numbered 52, the latter being the counterpart of the frame means 39. Also, the arms 51 of the frame means 52 are rotatively connected with the supports 46 by the connectors 54 to provide angular selected positioning of the frames 52 to that of supports 46. Stop pins 56 function to prevent frame means 52 from excess downward turning movement to avoid inadvertent contact of cross frame bars 58 with the head of a patient.

Spaced apart arms 38 (FIGS. 1-4) and spaced apart arms 51 (FIG. 5) are respectively interconnected by

cross rods 60 and 58. The cross rods 58 and 60 must be extensible and retractable in length to maintain connection with the spaced vertical supports 32, 34 (FIGS. 1-4) or 35, 34 (FIG. 8) or 46 (FIG. 5) as the relative positions of said spaced vertical supports are changed. Thus, in FIGS. 1-4, 5, and 8, the cross rods 60 and 58 are each formed of telescopically interfitting parts (as tubes) so that the length of each cross rod 58 or 60 is retractable and extensible. As a horizontally extending support 22 (FIGS. 1-4) or a support 44 (FIGS. 5 and 8) is angularly moved or longitudinally moved relative to the surgical table, the distance between spaced apart vertically disposed supports 32, 34 or 35, 34, or 46 will increase or decrease and hence, the length of cross rods 60 and 58 will increase or decrease by reason of the telescopic construction just described. To increase stability to the structure, the two parts of each cross rod 58 and 60 are limited to relative sliding movement therebetween and rotary movement is prevented by a pin and slot construction (shown and numbered in FIGS. 1, 2 and 5) and illustrated by a pin 62 carried by the smaller tube and the slot 64 in the larger tube of the telescopic tube construction illustrated.

As an alternative construction for the shelflike supporting means 39 or 52, I have shown two frames 65 and 67 (FIG. 7) mounted for sliding movement relative to each other by ears 69 carried by said frames. The end edge portions of frames 65 and 67 function as arms 38 or 51 and thus shelflike portions, extensible and retractable in length, are provided by this alternate construction. While the frames 65 and 67 are shown with two spaced apart longitudinally extending portions, obviously more may be used, if desired, or plates may be used.

In order to provide a screen drape construction of suitable height for the isolation purposes previously mentioned and to provide additional vertical supporting means, I provide, in connection with the construction of FIGS. 1-4, spaced apart vertical supports 66 rotatably connected with the frame means 39 and in connection with FIG. 5, the spaced apart vertical extension portions 68 of spaced vertically disposed supports 46. Each support 66 (FIGS. 1-4) is rotatively connected to a shelf supporting frame means 39, and a selected position obtained and maintained, by a set screw clamp means 70. Thus, after the shelflike arm supporting means 39 have been positioned at the desired elevation and at the desired angle relative to the head of a patient, the supports 66 of FIGS. 1-4 may be secured in a substantially vertical position. The portions 68 of the vertical supports 46 (FIG. 5) will be in a substantially vertical position. Winglike supporting frame means 72 are shown and the same are applicable to the construction of either FIGS. 1-4 or FIG. 5 and they are shown in connection with the support 66 of FIGS. 1-4 and the vertical extensions 68 of FIG. 5. In mounting said winglike frame means 72, they are vertically offset from each other (best shown in FIG. 2) so neither thereof interferes with the free swinging motion of the other. Also, the supports for said frame means 72 (support 66 of FIGS. 1-4 or portion 68 of FIG. 5) is in a substantially vertical plane when said frame means 72 are in use so that said frame means 72 will each swing in a substantially horizontal plane to best support draping means as will be described in connection with FIG. 11 of the drawings. Thus, if said frame means 72 are turned and while they are supporting the drape or curtain 74 (FIG. 11) there will be no vertical movement of said frame means 72 tending to dislodge the drape 74. Also, the said frame means 72 provide support for an extremely wide drape 74 when they are extended and provide a narrow frame for storage when they are folded inwardly.

The vertical supports 66 (FIGS. 1-4) are each pivotally connected to a cross support frame 76, which cross frame support 76 is formed of two slidably interconnected parts so that the said cross frame 76 is extensible and retractable in length. The said extensions 68

(FIG. 5) are similarly interconnected by a cross support frame and as the cross frame support so interconnecting the extensions 68 may be identical with the said cross support frame 76, the cross support frame of FIG. 5 bears the same number 76. Also, as it is desired to limit movement between the two parts of the cross support frame 76 to sliding movement and to prevent rotary movement, the pins 62 and slots 64 previously described are employed in connection with the cross support frame 76 and the parts are appropriately numbered.

Now referring more particularly to FIG. 11 of the drawings, any conventional drape or screen 74 may be employed and have its upper edge portion supported by the cross support frame 76 of either FIGS. 1-4 or FIG. 5 and also by the winglike supporting frame means 72 of either construction. Preferably, at such time the said winglike supporting frame means are disposed in extended position as indicated. In order to secure the said drape 74 to the said parts, preferably detachable and conventional clips 78 (somewhat similar to clothespins) are employed. The curtain 74 will be appropriately draped or folded at the top and such position held by the clips 78 so as not to provide undesirable dependent portions for interference on either side of the screen 74. The lower edge portion of the screen contacting the body of the patient will be appropriately held in place by the use of conventional skin clips 80. Also, the curtain 74 will be appropriately draped and positioned to follow closely over the shelflike portion provided either by the frame portions 38, 60, of FIGS. 1-4, or the frame portion 51, 58 of FIG. 5, or frames 65, 67 of FIG. 7.

In the showing in FIG. 1 of the drawings, the patient is outlined as lying on the right side, with both arms extended upwardly (as indexed from a normal standing position) and the draping screen structure disposed to provide a maximum availability to the surgeon of areas of the patient's body, such as under the left armpit, left chest area, etc. The vertical posts 32 are positioned longitudinally of the surgical table at locations least interfering with normal arm and elbow movements of the surgeon. The shelflike structure (as 39, or 52, or 65, 67) has been positioned in elevation so that the surgeon's elbows can operate over the same. At the same time, the patient's arms and face are isolated by the draping curtain 74 from the surgeon's side of the said curtain.

A tray member 82 (FIG. 9) has clips 84 so the same may be detachably secured to cross supports, as rods 58 or 60, or frames 65, 67. This tray 82 may be secured in place and preferably after the draping curtain 74 has been draped and the clips 84 are of a size and spring loaded so that they will hold the drape 74 to rods, as 58 or 60, and also hold the tray 82 to said rods. The length of tray member 82 is less than the minimum length of shelflike structure 39 or 52 so as to eliminate interference with the extensible and retractable length features of said shelflike structures 39 or 52. Also, said tray member 82 will be maintained sterile as it is located on the surgeon's side of the draping curtain 74. The said tray 82 may be utilized for supporting instruments, as a surgeon's elbow rest, or the like, as desired.

In FIG. 10, the patient is outlined as lying supine on the surgical table. The right arm is extended upwardly and the left arm is extended downwardly (upwardly and downwardly indexed from a normal standing position of the body). One vertically disposed support 32 is aligned under the armpit of the right arm of the patient, the other support 32 is above the left shoulder and the draping screen structure extends obliquely crosswise of the surgical table, i.e., angularly to a plane normal to the longitudinal axis of the surgical table. This will expose to the surgeon and isolate on his side of the draping screen, such areas of the patient's body as the left side of the patient from the neck downwardly of the body. This figure and FIG. 1 illustrate in part the versatility possible

of positioning of a draping screen structure of my invention.

Also, in FIG. 10 another type of surgical table is fragmentarily illustrated. Such table has rails 86 which are at the sides of the table and which are substantially flush with the metal top parts 88 of the table. Such types of tables are generally wider than the type of table illustrated in FIG. 1, and C-clamps 90 are employed to provide pivot pins 92 for supporting horizontally extending supports 22 at an elevation above any pads 94 on metal top parts 88 so that supports 22 may rotate 360°. Thus, even though the table shown in FIG. 10 is much wider than the width of a child or a relatively narrow patient, the vertical supports 32 may be moved inwardly or close together, upon angular movement of supports 22, or otherwise disposed out of the way of the surgeon.

It will now be apparent that the spaced apart horizontally extending supports 22 (FIGS. 1-4) and their counterparts, horizontally extending supports 44 (FIGS. 5 and 8) may be pivotally connected to and at desirable locations longitudinally of a surgical table. The units of each pair of spaced apart horizontally extending supports may be connected to the surgical table at locations directly opposite each other, or at locations longitudinally offset from each other. Such horizontally extending supports provide arms which extend laterally of the surgical table and their function of laterally extending arms obtains whether they are disposed entirely in a horizontal plane, or are disposed angularly or arcuate thereto. Also, said laterally extending arms 22 and 44 are pivotally connected with vertically extending supports (laterally extending supports 22 of FIGS. 1-4 supporting spaced apart vertically disposed supports 32, 34 and laterally extending supports 44 of FIGS. 5 and 8 supporting respectively spaced apart vertically extending supports 34 and 46). Obviously, said vertically extending supports need not be disposed entirely in vertical planes. Upon angular movement of said laterally extending arms 22 and 44, the vertically extending supports, respectively rotatively connected therewith, will have a component portion of their travel in a direction longitudinally of a surgical table and they will have a component portion of their travel in a direction laterally or crosswise of the said table. All such traveling movements can be utilized in positioning and locating the said vertically extending supports 32, 34, 35 or 46 and the supporting frame structure and draping screen carried thereby to the greatest advantage of the surgeon. At the same time, said vertically extending supports 32, 34, 35 or 46 are being located as desired, cross frame structure, such as 52 (FIGS. 5) or 39 (FIGS. 1-4) or 65, 67 (FIG. 7) are extensible and retractable in length maintaining the rigidity of the structure despite said movements. Further, a shelflike structure 39 is provided with arms 38 and cross frame bars 60 (FIGS. 1-4), arms 51, a shelflike structure 52, and cross frame bars 58 (FIG. 5), and a shelflike structure with frames 65, 67 (FIG. 7), so that a screen 74 (FIG. 11) can be draped over the shelf so provided and which shelf can be positioned over the head of a patient and the surgeon may move his arms and elbows and otherwise utilize the space above and over such shelf. Also, a tray member 82 (FIG. 9) may be detachably secured over a shelflike structure (as 39 or 52).

The surgeon, his aids and equipment and the incision area of the patient are isolated on one side of the drape 74 which will be to the right as respects the showing in FIGS. 1 and 11 of the drawings. The clothing, equipment, faces, hands, arms, and so forth of the surgeon and his aids, on such side of the drape 74 can be maintained sterile. On the other side of said drape 74, to the left as respects said figures, and underneath the shelflike structure covered by the drape 74, will be isolated the head of the patient. Also, the anaesthesiologist, his aids and equipment will be isolated on said other side of the drape 74. With a patient in the positions shown in FIGS. 1,

10, and 11 of the drawings (i.e., with at least one arm extending parallel to the body and upwardly and away from the body as respects an index position of a person standing), one arm is readily available to the anaesthesiologist for the now commonly used intravenous anaesthetic injections, such as sodium pentothal, and other intravenous injections, such as blood, liquids, etc. Also, the face of the patient is readily available to such person for appropriate observations and the mouth and throat are available for administrations which are desired.

Obviously, the foregoing described methods of operation of my invention may be extended and changes may be made in the forms, dimensions and arrangements of the parts of my invention without departing from the principle thereof, the foregoing setting forth only preferred forms of embodiment of my invention and, in part only, detailing the mode of operation thereof.

I claim:

1. An anaesthesiology draping screen frame structure for use on a surgical table comprising two spaced apart, horizontally extending arms, having their inner end portions adapted for pivotal engagement with a side portion of a surgical table, and having said arms extending laterally from opposite sides of said surgical table; two laterally spaced apart, vertically extending supporting rod means, each pivotally connected with an outer end portion of one of said arms, providing spaced apart, axially movable, and vertically extending rod means; slidably interconnected frame members forming a cross frame member, extensible and retractable in length, and having its opposite end portions connected with said spaced apart rod means; and shelf means carried by and angularly disposed to said spaced apart rod means.

2. The combination of claim 1, wherein said shelf means comprises a plurality of slidably interconnected rods forming a cross frame member, extensible and retractable in length, and having its opposite end portions connected with said spaced apart rod means.

3. The combination of claim 1, wherein each of said vertically extending rod means comprises a lower rod section and an upper rod section pivotally connected with the lower rod section; and said shelf means comprises slidably interconnected frame members forming a cross frame member, extensible and retractable in length, and having its opposite end portions connected with said upper rod sections.

4. The combination of claim 3, wherein said vertically extending rod means comprises third vertically extending rod means disposed above said shelf means.

5. The combination of claim 1, wherein said spaced apart rod means each carries a winglike supporting frame means.

6. The combination of claim 5, wherein said winglike supporting frame means comprise two means disposed at different elevations permitting free movement of each thereof without interference of the other.

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U.S. Cl. X.R.

108--49; 248--173