



The Royal
Melbourne Hospital

Simon Lau

12 April 2014

MANAGEMENT OF PELVIC TRAUMA IN ED

Trauma Alert!

MVA high speed ? Pelvic fracture ETA
1935

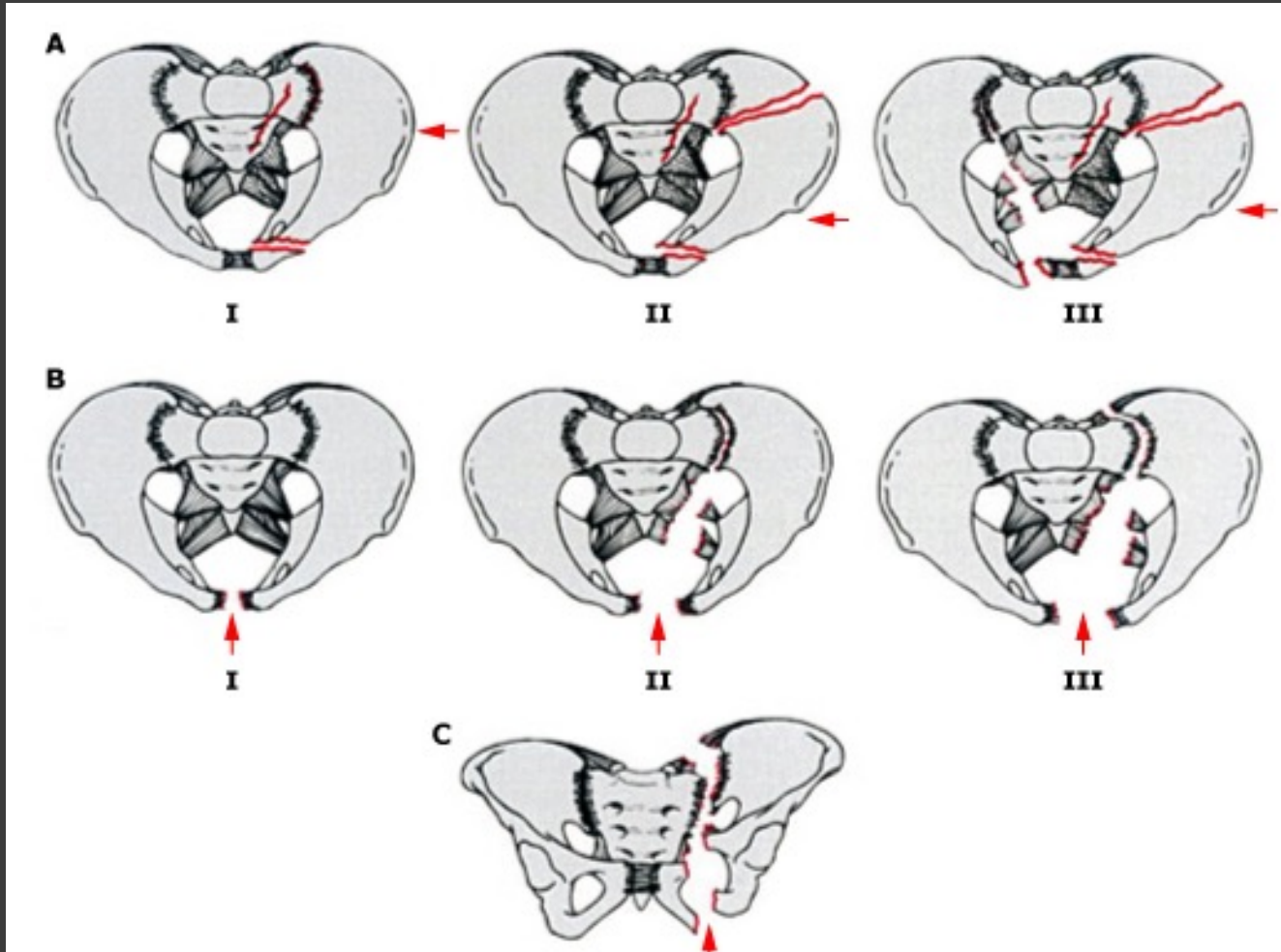
- 25yo M in MBA at 85km/hr
- A: own
- B: RR 15, O2 sat 99% 5L HM, Air entry equal bilaterally on auscultation
- C: HR95, BP 110/75
- D: GCS 15
- E: pelvic binder, able to dorsi/plantar flex both ankles



B



Fracture Types



Burgess AR, Eastridge BJ, Young JW et al., Pelvic ring disruptions: effective classification system and treatment protocols. J Trauma 1990;30:848

Space to bleed....



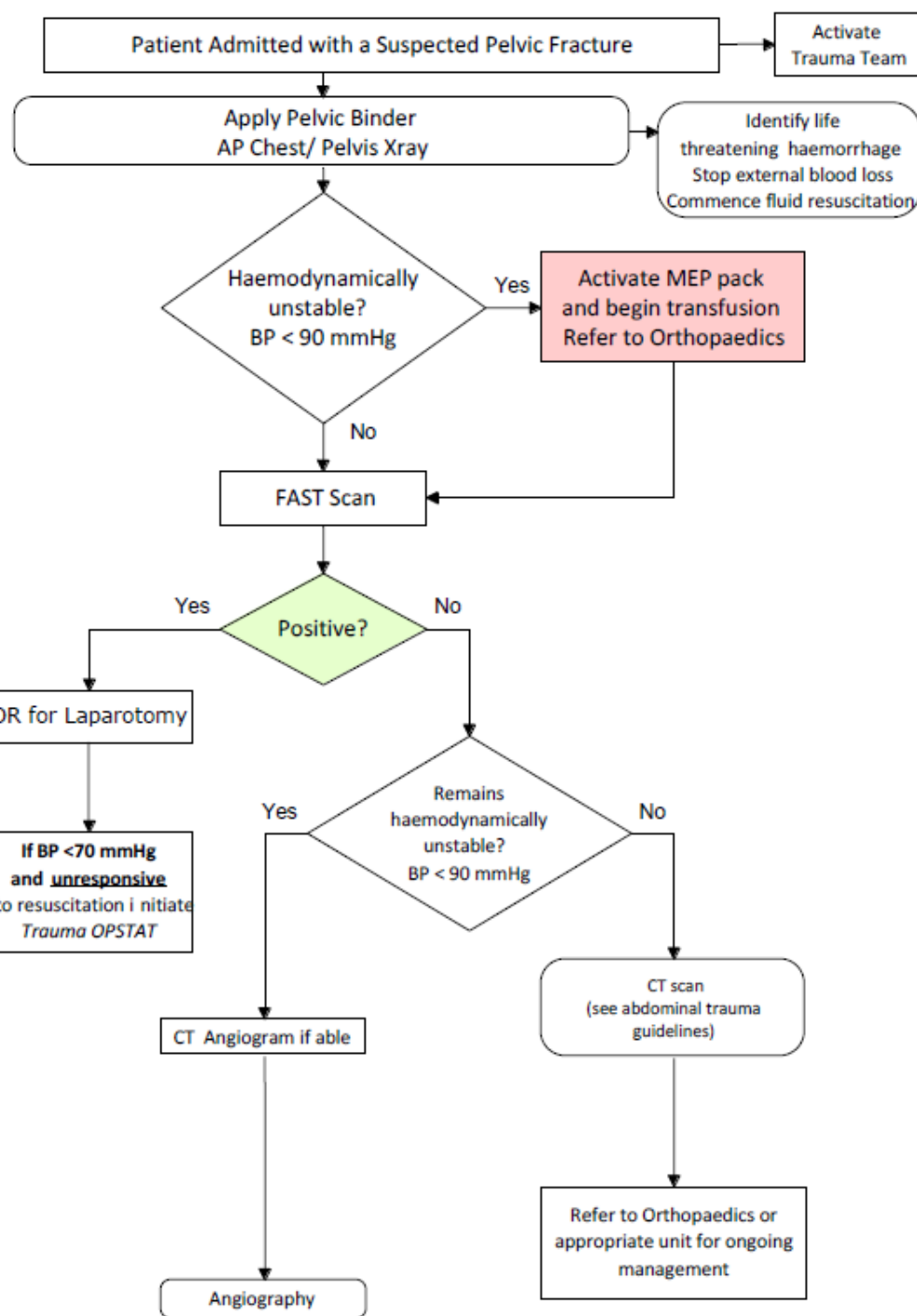
Let's change the case...

- ⦿ 25yo M in MBA at 85km/hr
- ⦿ A: ETT (tubed at scene for low GCS)
- ⦿ B: ventilated, equal AE bilaterally, O2 100%
- ⦿ C: HR 130 BP 80/-
- ⦿ D: GCS: intubated, <8 at scene
- ⦿ E: pelvic binder, nil obvious long bone fractures

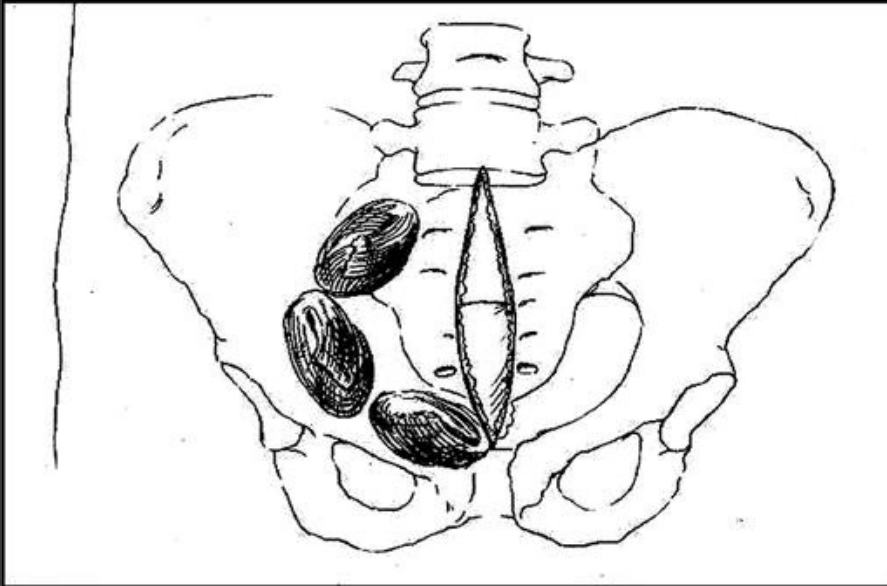


Resuscitate!

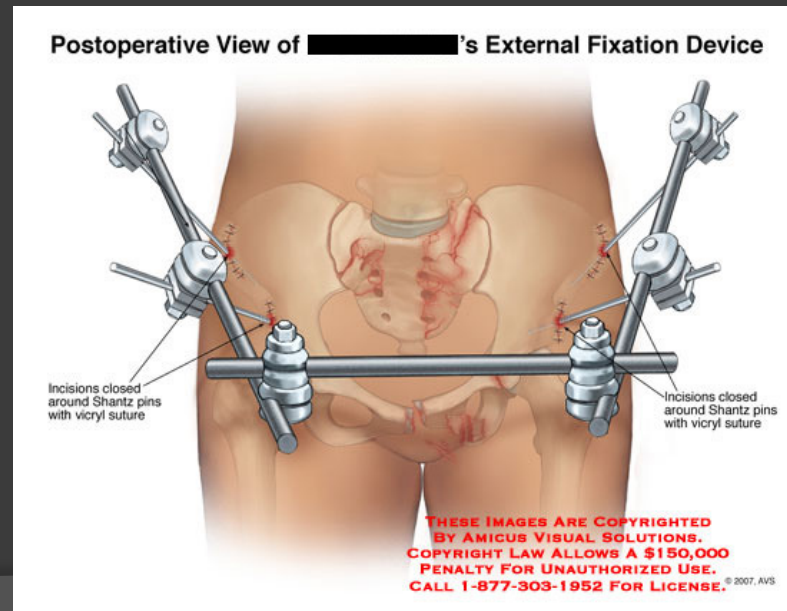




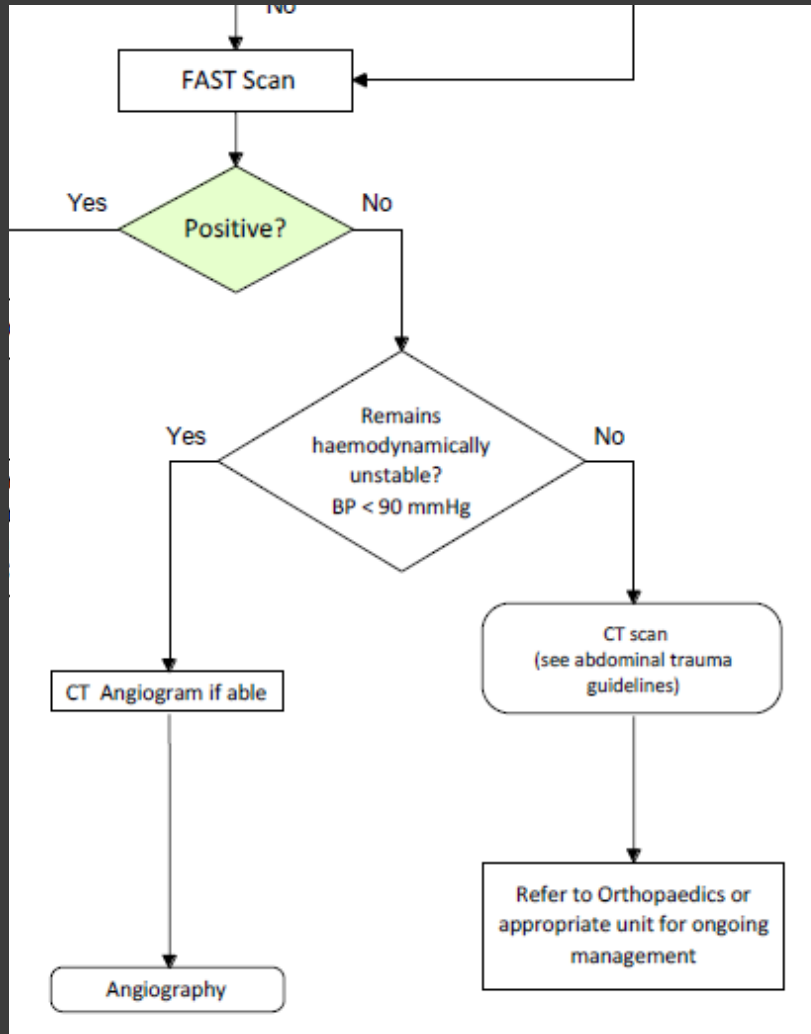
Laparotomy +/- Ex-fix +/- Pelvic Packing



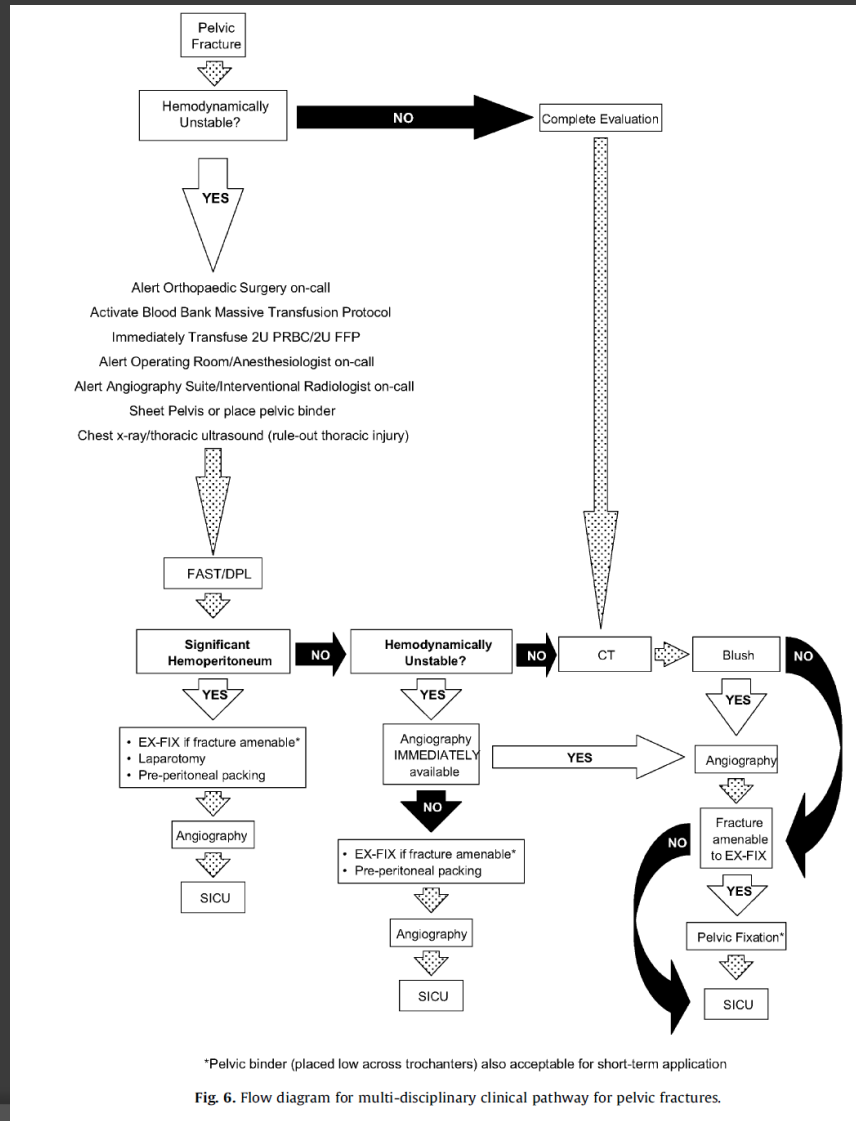
White CE, Joseph RH,
Holcomb JB.
Haemodynamically
unstable pelvic fractures.
Injury. 2009;40:1023-
1030



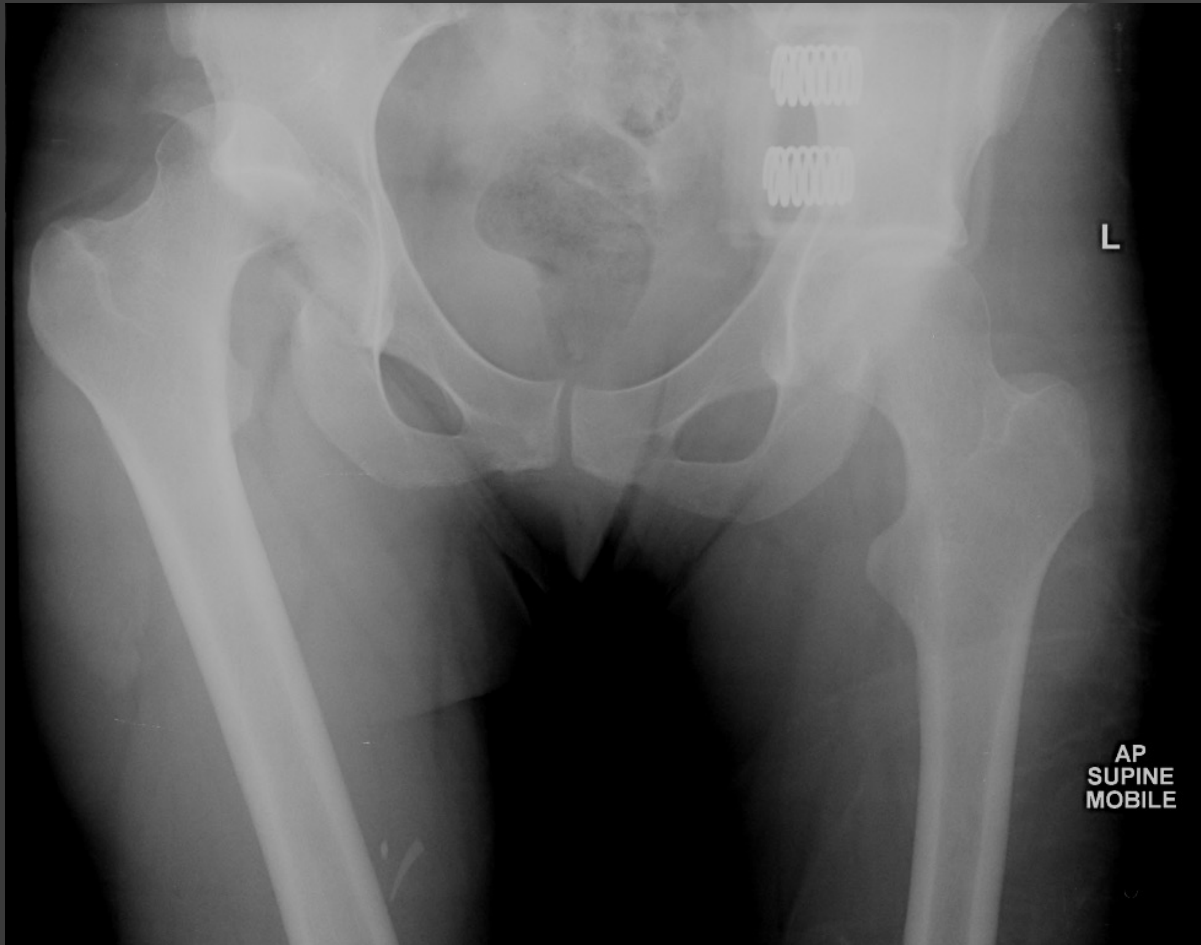
What about Angiography?



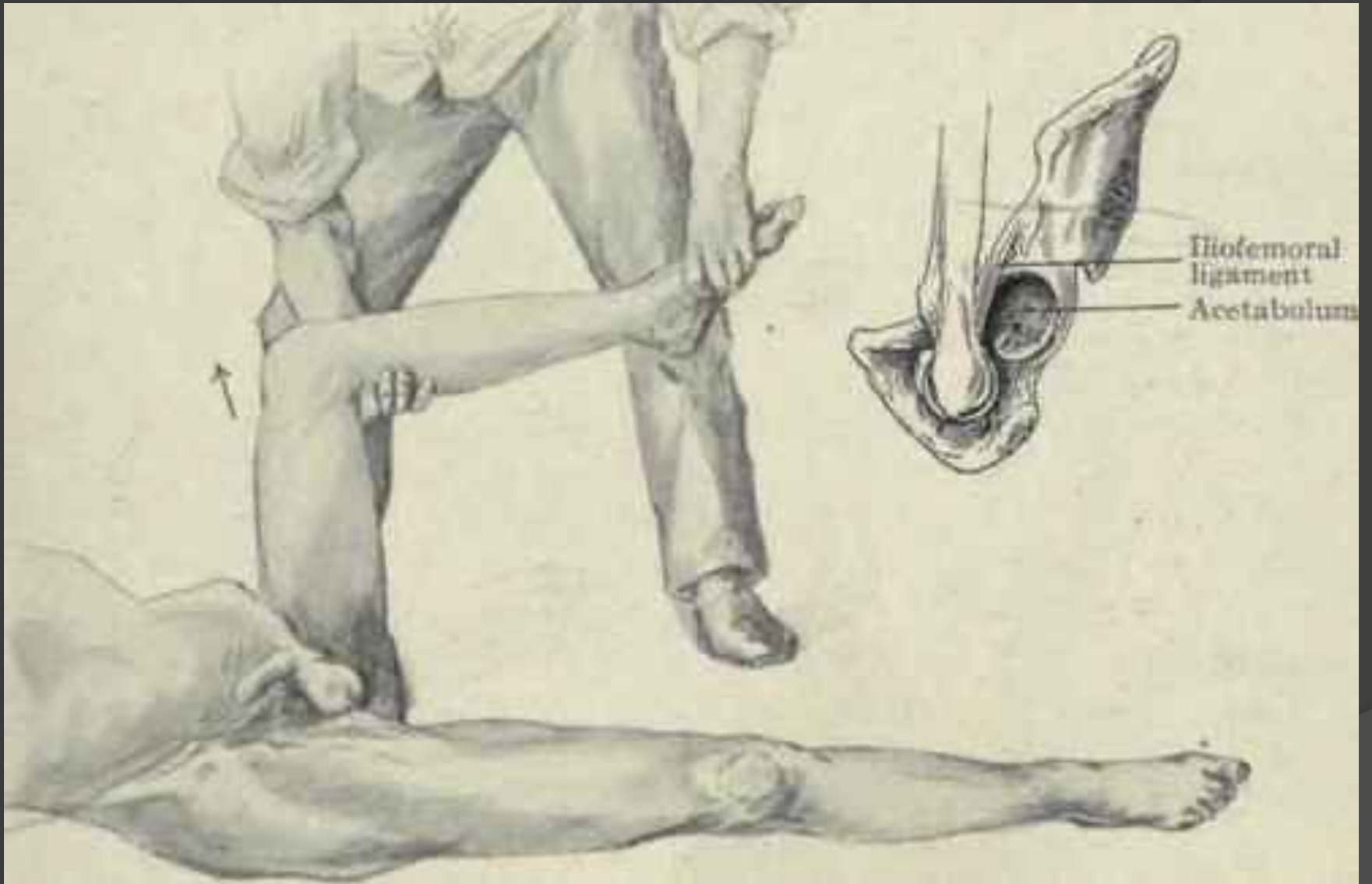
Alternative Pathways

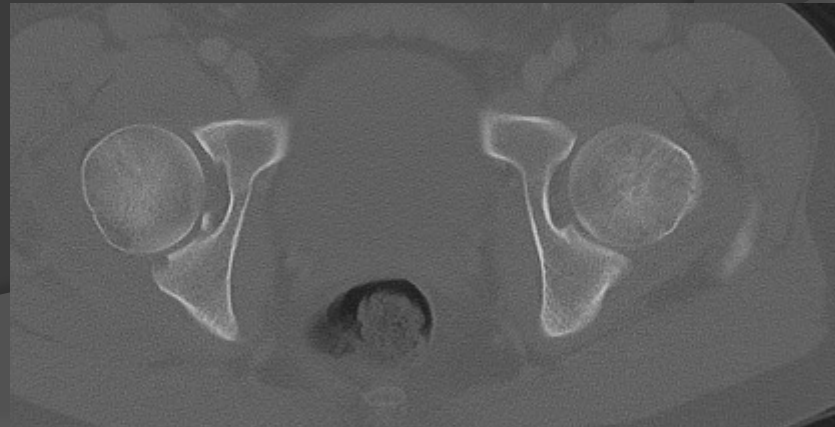


Hip Dislocations

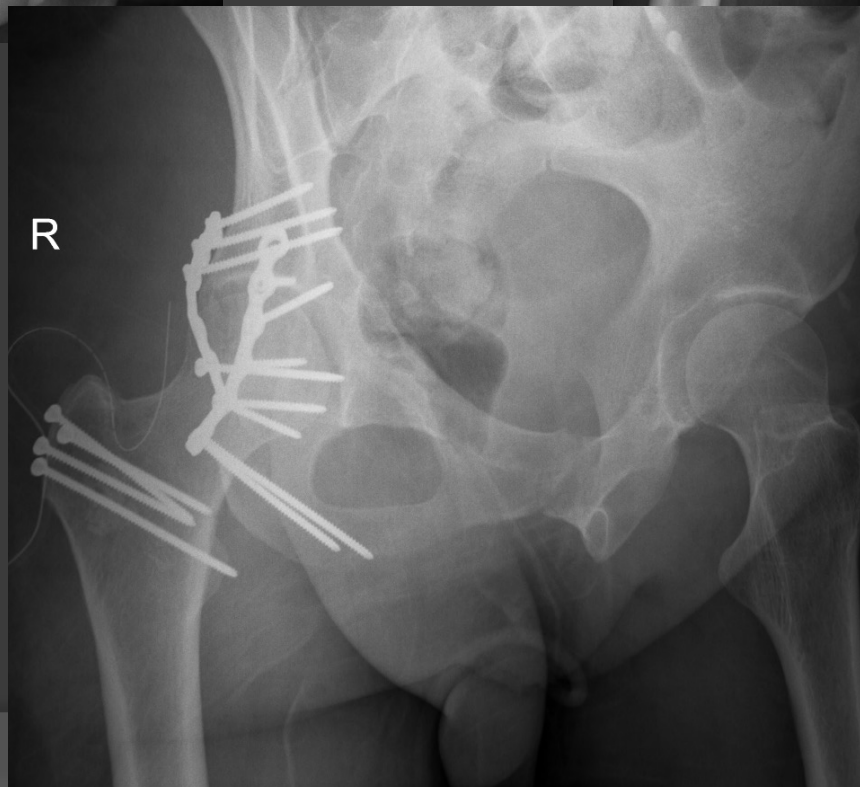
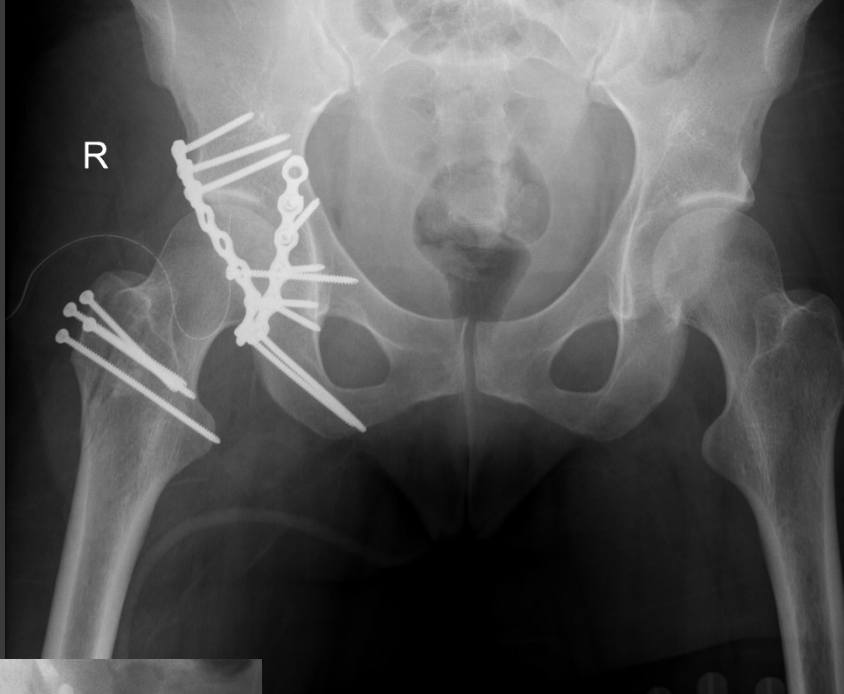
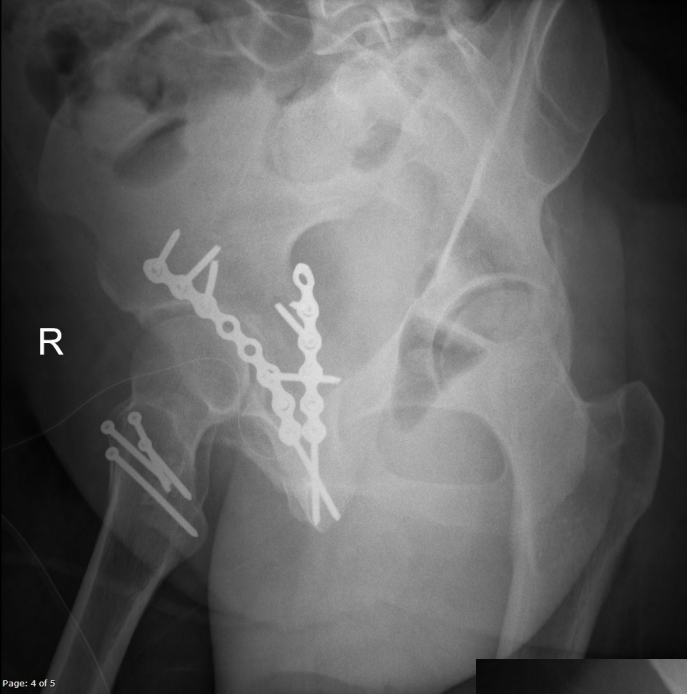


PRE REDUCTION





POST REDUCTION



Questions?

- ◉ Acknowledgements: Dr Dan Fisher, Dr Rudi Ambi & Dr Mike Mullen (Ortho Reg's)