CT Scanning
CT Scanning
Radiographs
Extravasation right SMA branches

Severe liver lacerations left lobe

Right L2-L5 TP #

Right SIJ disruption

Extensive soft tissue injury right thigh

Comminuted nasal bone #

Parenchymal Haemorrhages in RUL & LUL

Left humerus #

Peri-splenic haematoma

Left renal lacerations (grade 2/3)

Conservative vs operative treatment

Serial debridements vs watch & wait
Stimulate Erythropoiesis

Erythropoietin

Established in treatment of anaemia secondary to CKD in dialysed patients

Inconclusive in anaemia following trauma

Isolated case studies in Jehovah’s Witnesses – unclear contribution of EPO

Limit blood loss

Medically

Limit blood loss

Surgically

Parenteral Iron

Used in chemotherapy induced anaemia often in conjunction with erythropoietins
Stimulate Erythropoiesis

Limit blood loss
- Medically
- Surgically

Meticulous Haemostasis

Tourniquet

Initial Laparotomy

Use of Cell saver
Cochrane review
- Medically: reduce relative risk by 38%
  - 1x fasciotomy
  - Through knee amputation
  - Delayed surgery

Limit blood loss

Treatment
Delayed Surgery
Stimulate Erythropoiesis

Limit blood loss - Medically

Limit blood loss - Surgically

Limiting blood tests
- Daily blood loss of 60-75 mls
- Accounting for 30% transfusion requiring haemofiltration
- Paediatric sampling reduces blood loss by 40%

Limiting infusions

Limit blood loss

Treatment
Results

1st look Laparotomy
2nd look Laparotomy
Through Knee Amputation
AKA
CARDIAC ARREST
Case Summary

• Severely injured Jehovah’s Witness

• Techniques for limiting effects of severe anaemia
  – Surgical
  – Medical
  – Therapeutic

• Ethical and legal implications of withholding treatment