Pelvic Fracture Management Algorithm

Ensure Pelvic Belt applied, Perform Pelvic X-Ray

Haemodynamically Stable
- FAST + Contrast CT
- Laparotomy and/or Angiography

Haemodynamically Unstable
- FAST scan
- Contrast CT / DPL
- Angiography

ITU / HDU
- Perform PR, PV, cystogram
- Document Turning Restrictions
- Monitor Sepsis markers, IAP, ongoing haemorrhage
- Consider defunctioning colostomy if bowel injury, bowel management system if open pelvic fracture
- Consider early IVC filter if prophylactic anticoagulation contraindicated

Unresponsive to resuscitation ➔ Consider REBOA

Laparotomy +/- Pelvic packing

Positive

Negative

Evidence of Intra-abdominal bleeding

Confirms Negative FAST scan
Pelvic trauma algorithm notes

1) Negative Fast scan is not sensitive enough to exclude an abdominal source of bleeding. In the haemodynamically unstable patient, choices are:
   a) to perform DPL
   b) to perform contrast CT looking for arterial extravasation and/or Haematoma
   c) go straight to theatre for laparotomy / pelvic packing

2) Signs of arterial bleeding on contrast CT include active arterial extravasation and Haematoma size > 500ml

3) Patients > 60yrs with unstable pelvic # who are haemodynamically unstable are at very high risk of having a primary pelvic arterial bleed and should go straight for angiography

4) Non selective embolisation of both internal iliac arteries associated with lower incidence of re-bleeding than selective embolisation

5) Post angiography, if patient has re-bleed, repeat angiography and embolisation is always warranted

6) Emergent Ex-fix / C-clamp is not more effective than temporary pelvic binder at stabilising pelvic haemorrhage

7) Iliac artery embolisation is not associated with sexual dysfunction later in life

8) Insertion of REBOA ( Resuscitative Endovascular Balloon Occlusion of Aorta ) via the femoral artery in Resus may be indicated to stabilise a patient with massive haemorrhage unresponsive to resuscitation and buy time to definitive Rx via angiography ( max continuous occlusion time 1 hour )