MEMO

Date: July 25, 2017

To: Trauma Multidisciplinary Committee Members

From: Dennis Ashley, MD
Chair, Trauma Multidisciplinary Committee

The Trauma Multidisciplinary Review committee met Tuesday, July 25, 2017 for our monthly review. Please find the following teaching points and synopsis of the discussion. Please share this information with physicians from your Department who participate on the Trauma Call schedule.

- Complications of iliac artery injury embolization: Pelvic fracture with artery injuries can be difficult to manage and may lead to death or significant complications. When arterial embolization is needed, selective embolization should be considered. This will preserve blood flow to the pelvis and decrease the incidence of necrosis. Pelvic binders are a good initial stabilizing modality that may be applied in the ER. They should be removed as soon as possible to prevent skin breakdown and necrosis. The combination of a pelvic binder and pelvic artery embolization may increase the risk of skin necrosis of the buttocks and thigh. These patients should be watched closely for any complications. Another technique has been described by Burlew, et al from The trauma service at Denver Health. It is Preperitoneal Pelvic Packing/External Fixation with Secondary Angioembolization: Optimal Care for Life-Threatening Hemorrhage from Unstable Pelvic Fractures. This article is posted on the IEP website. [Http://w3.mccg.org?TS_IEP/index.asp](http://w3.mccg.org?TS_IEP/index.asp). This article will be posted on this website in 2 weeks.