MEMO

Date: August 31, 2015

To: Trauma Multidisciplinary Committee Members

From: Dennis Ashley, MD
       Chairman, Trauma Multidisciplinary Committee

The Trauma Multidisciplinary Review committee met Tuesday, August 24, 2015, 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.

- Splenectomy versus embolization for management of blunt splenic trauma – Patients with spleen injury and hypotension require exploratory laparotomy and splenectomy or splenorrhaphy. Although many patients are managed nonoperatively the unstable patient should receive immediate surgery. If the patient is hemodynamically stable but has a contrast blush or other signs of hemorrhage, splenic embolization may be considered. It is important to note that the splenic embolization is not a rapid therapy and that time from diagnosis to definitive hemorrhage control may be prolonged. This should be considered and part of the decision algorithm when considering embolization versus surgery.