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New approach in managing pelvic gunshot injuries

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Penetrating pelvic injury (PPI) is one of the most difficult to trauma surgeons, patients who have this condition have highrisk of visceral injury (rectum, bladder, distal ureters, Internal genitalia, iliac vessels, sacral plexus and autonomic nerves). It carries high mortality and morbidity. We present a patient 26 years old having severe gunshot injury of the pelvis resulting in extensive fracture of the sacrum with injury of the rectum and pelvic major vessels namely internal iliac vein patient was shocked with sever hypotension, taken immediately to the theatre, where immediate laparotomy done. during laparotomy, there was massive bleeding from a pelvic hematoma which was penetrated. We directly attacked internal iliac arteries as a first step with in continuity ligation, then when the bleeding from pelvic hematoma slowed down, we explored it for the source of continued bleeding we found a1cm longitudinal tear of the internal iliac vein on the left side for which we ligated internal iliac vein. Colostomy done for the sever rectal injury after which bleeding from pelvic vessels was completely controlled. patient survived and discharged after 5 days with colostomy for reoperation after 2 months. We found that planned rapid ligation of both internal iliac arteries very helpful initial step for exploring pelvic hematoma with suspected vessel injury. Colostomy further add to vascular control by dividing superior rectal artery.

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