

## Hard Signs

Very serious, need surgical intervention.

- Pulsatile bleeding
- shock
- thrill on palpation
- bruit
- absent distal pulse / distal ischemia.
- hematoma

Hard signs	Soft signs
Active arterial (pulsatile) bleeding	Minor bleeding
Pulseless/ ischemia	Injury in proximity to major vessel
Expanding pulsatile hematoma	Small to moderate size hematoma
Bruit or thrill	Associated nerve injury
	ABI < 0.9
<b>Operation Mandatory</b>	<b>Further W/U admission + investigations</b>

## Investigations

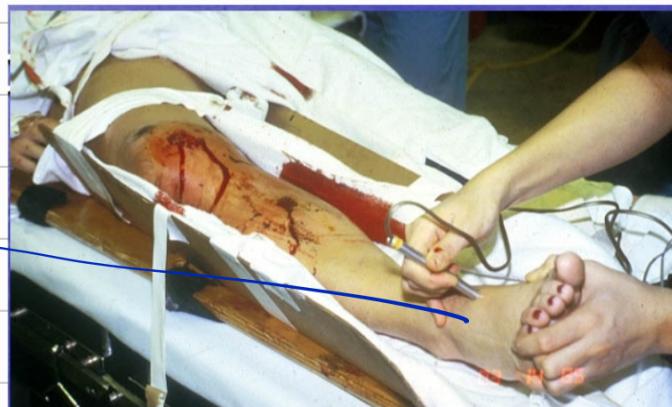
### 1 - Doppler Ultrasound

Cheapest, simplest

ABPI < 0.9 → vascular injury.

normal : 1 / 1.1

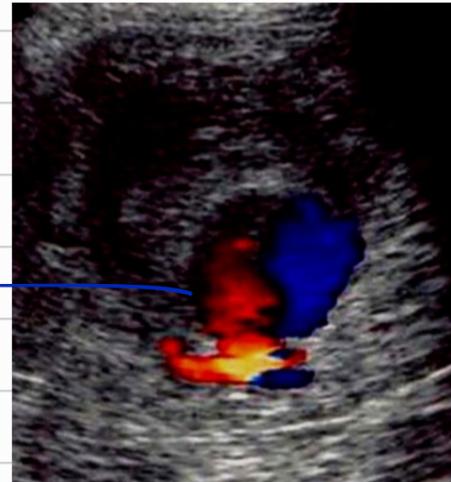
on dorsalis pedis/  
post. tibial ←



## 2- Duplex US

more accurate than doppler, duplex: sound + photo  
<sup>only sound</sup>

A-V fistula



## 3 - CT angiograph

test of choice , localizes the injury and its extent

SE: spasm , give vasodilators

diagnostic + therapeutic

indication: stable , multiple injuries , PAD.

+ limitation: doesn't

differentiate occlusion from

spasm.



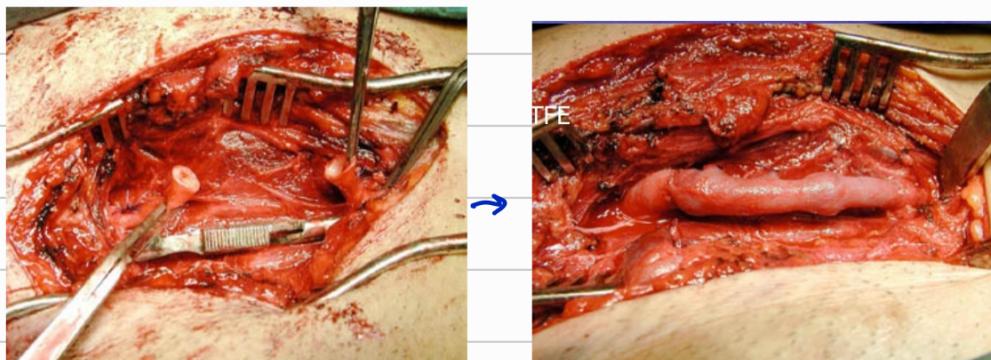
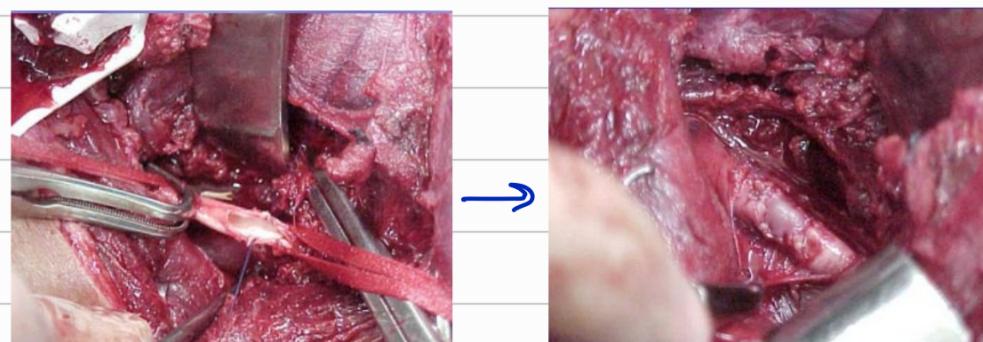
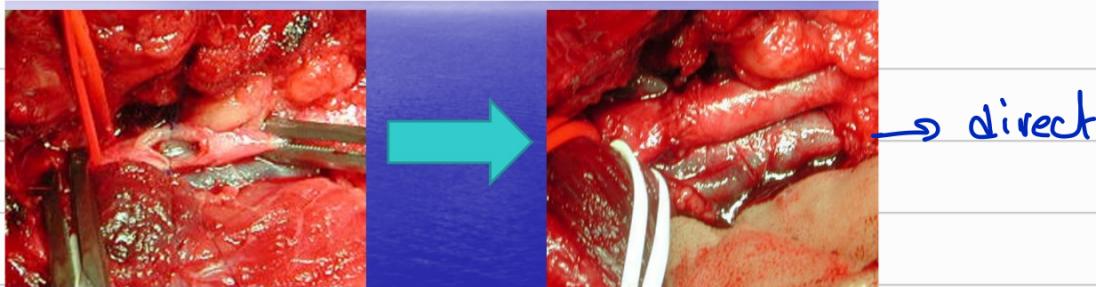
## Vascular repair

1- direct : end to end ( 1 - 2 cm)

2- patch (arterial or venous) : one wall patch suturing

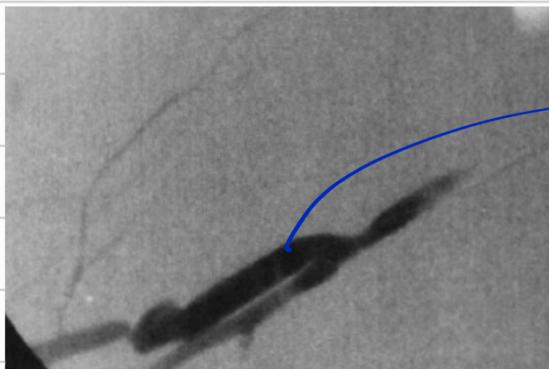
3- graft (natural = saphenous v. / synthetic)

if multiple fractures and injuries → can't repair → amputation  
(non-viable, non-salvageable)



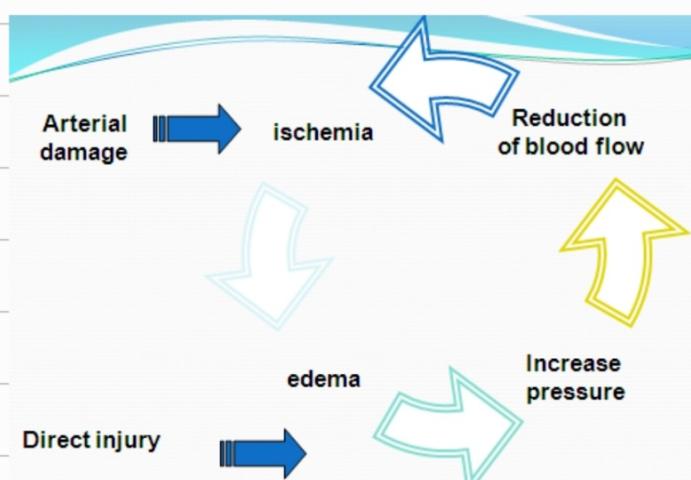
## Complications

bleeding, thrombosis, infection, stenosis, wrong diagnosis



too long graft → twisting

## Compartment syndrome



early manifestations

- \* Pain aggravated when stretching muscle
- \* Paresthesia

Late

- \* Pt. can't move his limb
- \* Pulselessness

## Diagnosis:

- intracompartment pressure  $> 40$  mmHg
- Myoglobin

Mc affected arteries in vascular injuries:

Femoral > popliteal

trauma,  
YA males

> Ant. tibial + Post. tibial

- ligation / graft
- You push the muscles away no need to cut them.

treatment of choice:  
interposition graft  
(saphenous vein)

Popliteal a. is deep,

You need to cut muscles to reach it.