QUEENSLAND HEALTH

OFFICE BUNDABERG BASE HOSPITAL
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BUNDABERG DISTRICT HEALTH SERVICE

INCORPORATING - Bundaberg, Gin Gin, Mount Perry and Childers Hospitals and Community Health Services

Dr Mark Ray Vascular Reg
RBH

1.1.05

Dear Mark

Thankyou for accepting P26 15 year old male, who presented to the Bundaberg Base Hospital on 23/12/04 from a helicopter transfer from the site of the accident. He had a motorbike accident on a property and hit a stump and sustained a laceration to his left groin area.

He arrived in a critical condition, peripherally shut down and hypotensive with extensive bleeding from the left inguinal region. He was immediately transferred to the operating theatre and transfused with O NEG blood.

At 1345 he had a femoral vein repair and debridement/washout and primary wound closure. The 1 cm laceration was at the saphenofemoral junction. He also had a completely transacted rectus femoris, incomplete laceration of adductors and muscle contusion. These were approximated together. The femoral artery and nerve were intact.

He was transferred to ICU, intubated, post-operatively.

At 1700 he returned to theatre with left leg compartment syndrome with a pulseless left leg with upper and lower fasciotomies performed. He had a lateral thigh incision with both compartments decompressed and lateral and medial incisions in the calf with all compartments released.

Again returned to ICU.

At 2100 he returned to theatre with acute left lower extremity ischaemia despite thigh and leg fasciotomy. Bedside duplex USS showed no flow distal to the CFA. This was found to be secondary to an intimal injury of the common femoral artery. He then had an exploration and arteriotomy with a Goretex bypass graft. He had a good posterior tibial pulse at the end of the procedure. It was also noted at the time of surgery that the femoral vein appeared patent with no thrombosis.

Imaging:

1) CT head: normal CT with no evidence of contusion or haematoma .No skull fracture.
CT chest : No pneumothorax or pleural effusion
3) Ct abdomen no organ injury. Pneumoperitoneum and surgical emphysema in lower half of abdomen and pelvis. Lower half of transverse abdominals and

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internal oblique muscles appear disrupted. Fracture pelvis and foot of left

He has been transfused with 12 units PRC's and FFP 6 U.

In the days after the surgery P26 was alert and oriented. His left foot had a mottled appearance which has improved slightly over the past week with some sensation lateral foot, but an inability to dorsi-/plantar flex the ankle. Blistering has developed over the past 4 days. The foot is cool from midfoot distally, and mottled appearance is evident on the dorsolateral surface of the foot. The posterior tibial and popliteal pulses are palpable and present on Doppler's. Dorsalis pedis is not palpable and not present on Doppler's.

He has now got a good urine output. He has been slow to start eating but this has been encouraged by the family. He has passed flatus. His abdomen is soft and non-tender. An IDC is in-situ since admission.

He started to develop temperatures from 27.12.04 to >38. He has been tachycardic (P 110) with increasing WCC and platelets in the past 3 days. (WCC 23.1 neut 20.7 coags normal). CXR showed some right lower lobe collapse/consolidation, blood cultures are negative to date, urine mcs was normal, CVL was removed and no growth as yet. He has been on IV Keflin since OT, and Timentin was started 31.12.04. There has been serous oozing at the inguinal wound and swab mcs showed mixed enteric bacteria and skin flora. Fasciotomy site was reviewed yesterday by the surgical team and there was some patchy superficial necrosis. Dressing changes to these sites have been with Midazolam 3 mg.

He had a pressure area on the scrotum which has resolved. This was secondary to swollen left groin area.

The left foot has been in 90 degree splint to minimise flexion contractures.

Analgesia has been with morphine PCA with ketamine added 31.12.04.

Thankyou for accepting the care of this young man,

Kind Regards
Sincerely

David Risson
Orthopaedic PHO
Bundaberg Base Hospital

QUEENSLAND GOVERNMENT

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