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Management of  
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R. G. Cunningham and  
Mary Cushman.

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Despite a nationwide  
55 mph speed limit,  
and amid rising  
interpersonal violence,  
vascular injuries exact  
a great toll in morbidity  
and mortality. The  
identification, anatomic  
diagnosis, and repair of  
civilian traumatic

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vascular injuries still present a challenge.

## **Management of Vascular Trauma**

Any victim of trauma can be at risk for vascular injury and must be evaluated if the mechanism warrants a high suspicion 1,2,3  
Vascular injuries to the extremities are relatively low (5%) in civilian populations but much more common in

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warfare conditions 1 , 2  
, 3

## **Vascular Trauma of Extremities - Emergency Management**

Management of  
peripheral vascular  
injuries with  
endovascular  
techniques has  
increased in frequency  
during the last decade  
as trauma surgeons  
have become more  
familiar with

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endovascular capabilities and operating rooms (ORs) have been adapted to permit endovascular interventions in acute trauma patients.

## **Endovascular Management of Peripheral Vascular Trauma**

The role of the vascular or trauma surgeon is to communicate the need for and treatment length of any medical

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management to the primary care physician as well as the planned follow-up intervals. Signs of treatment failure must be described to colleagues who will see these patients more frequently to prompt earlier follow-up or admission.

**From Trauma to  
Treatment:  
Optimizing Vascular  
Trauma ...**



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Some common symptoms of vascular trauma are bleeding, bruising, and fractured bones. The experts in the UPMC Division of Vascular Surgery provide the latest treatments for vascular trauma, from minor injuries to emergencies. Vascular trauma can go away on its own, but severe instances may require surgery.

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## **Vascular Trauma Symptoms and Treatment | UPMC Heart and ...**

Endovascular techniques in trauma surgery are becoming increasingly important in patient management.

Procedures such as pelvic and splenic angioembolization have become the standard of care for several conditions and an endovascular

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capability is considered essential for any hospital that manages major trauma.

## **Safety and efficacy of radial access in trauma in 65 ...**

The Society for Vascular Surgery® pursued development of clinical practice guidelines for the management of traumatic thoracic aortic injuries with thoracic endovascular

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aortic repair. In formulating clinical practice guidelines, the Society selected a panel of experts and conducted a systematic review and meta-analysis of the literature. They used the Grading of Recommendations Assessment ...

## **Endovascular repair of traumatic thoracic aortic injury ...**

J Vasc Surg, 2010; 51  
*Page 12/27*

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(3): 565-571. Kasirajan K, Heffernan D, Langsfeld M. Acute thoracic aortic trauma: a comparison of endoluminal stent grafts with open repair and nonoperative management. Ann Vasc Surg. 2003; 17 (6): 589-595. Kauvar DS, White JM, Johnson CA, Jones WT, Rasmussen TE, Clouse WD.

**Blunt Aortic Injury,**

*Page 13/27*

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## **Evaluation and Management of ...**

The Eastern  
Association for the  
Surgery of Trauma's,  
"Utilizing Evidence  
Based Outcome  
Measures to Develop  
Practice Management  
Guidelines: A Primer"  
was used as the quality  
assessment instrument  
applied in the  
development of this  
protocol. [5]

**Blunt**

*Page 14/27*

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## **Cerebrovascular Injury - Practice Management Guideline**

All patients underwent full physical examination and resuscitation according to the principles of the advanced trauma and life support guidelines of trauma management.

Depending on the mode of presentation, patients were either taken immediately to

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the operating room for vascular or orthopedic/vascular management or were assessed by preoperative computed tomography (CT) angiography.

## **Management of Vascular Trauma: A Single Center Experience ...**

Traumatic vascular injury is caused by explosions and projectiles (bullets and



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shrapnel); it may affect the arteries and veins of the limbs, and is common in wartime, triggering bleeding, and ischemia. The increasing use of high-energy weapons in modern warfare is associated with severe vascular injuries.

## **Diagnosis and treatment of traumatic vascular injury of ...**

Further management

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of spinal trauma Give analgesia for pain e.g. morphine 1-10 mg IV For agitated patients who are unable to cope with immobilisation, every effort should be made to relieve the cause of agitation e.g. analgesia for pain; sedation with or without intubation and ventilation may be necessary

**Spinal trauma -  
Imaging and**

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## **management - Oxford Medical ...**

Management of vascular injuries, especially when they occur in combination with fractures, soft tissue loss, and nerve damage, is extremely challenging. Successful approach requires setting clear priorities, a logical plan of interventions, and close coordination between various subspecialty services.

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## **Management of Lower Extremity Vascular Trauma | SpringerLink**

Management of vascular trauma begins with the initial triage, evaluation, and resuscitation of the trauma patient.

Appropriate attention must be paid to the airway, ventilation, and external hemorrhage control, and circulating blood volume should

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be restored.

## **Management of Civilian and Military Vascular Trauma ...**

Background. According to the surgical and trauma literature, prompt repair of arterial injuries to the extremities improves outcome in terms of limb function and mortality related to blood loss (, 1-, 4).Conventional arteriography was

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developed in the 1970s, allowing for accurate diagnosis of arterial injury with a less invasive procedure than open surgical exploration of the vessels.

## **Diagnosing Traumatic Arterial Injury in the Extremities ...**

Evaluation and  
Management of Blunt  
Solid Organ Trauma  
Trauma is a leading

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cause of death in patients under the age of 45 and generally associated with a high kinetic energy event such as a motor vehicle accident or fall from extreme elevations.

## **Evaluation and Management of Blunt Solid Organ Trauma**

MANAGEMENT

ADJUVANT

TECHNIQUES FOR LIMB

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## SALVAGE •

Intraluminal shunts during orthopaedic stabilization •

Extraanatomic bypass around associated soft tissue injury •

Intraarterial vasodilators, such as papaverine or tolazoline, to reverse spasm • Intravenous low molecular weight dextran, 500 mL every 12 hours

## **REASONS FOR**



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## **DIAGNOSTIC STUDIES**

Do not apply clamps or hemostats to vascular structures, since this may make definitive repair more difficult and damage surrounding tissues. A vascular surgeon must be consulted whenever a major...

## **Peripheral Vascular Injury Management in the Emergency ...**

Patients with blunt

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thoracic trauma within the highest injury severity score (ISS) range (61-75) had a significant survival advantage when observation was compared with endovascular management ( $P < .05$ ). In the carotid trauma cohort, those with the highest ISS range (61-75) had a significant survival advantage with open surgery compared with

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