



## Panel Discussion

Fast Track Abdominal Injury with Shock  
Chonburi hospital

# History

- ◇ A Thai male 33 years old
- ◇ CC : He was stabbed at epigastrium for 1 hour





# Primary survey

- ◇ A : Patent airway, no stridor, can talk, no C-spine injury
- ◇ B : Lung clear equal both
- ◇ C : BP 76/46 PR 117
  - ◇ FAST positive at CDS, hepatorenal, splenorenal  
negative at pericardium
  - ◇ Oozing bleeding per wound slowly
- ◇ D : E4M6V5, Pupil 3mm RTLBE
- ◇ E : No stab wound at other area

# Resuscitation

- ◇ 2 large bore IV fluid by LRS
- ◇ Load LRS 2000 ml → BP 96/60 PR 95
- ◇ Hct stat 34%
- ◇ Uncross PRC 2 u
- ◇ G/M PRC 4 u, FFP 6 U, Platelet 10 U (30 min)
- ◇ About 10 min later BP 85/50 PR 105

# Adjunct to primary survey

- ◇ NG → fresh blood
- ◇ Foley → minimal amount of clear yellow urine

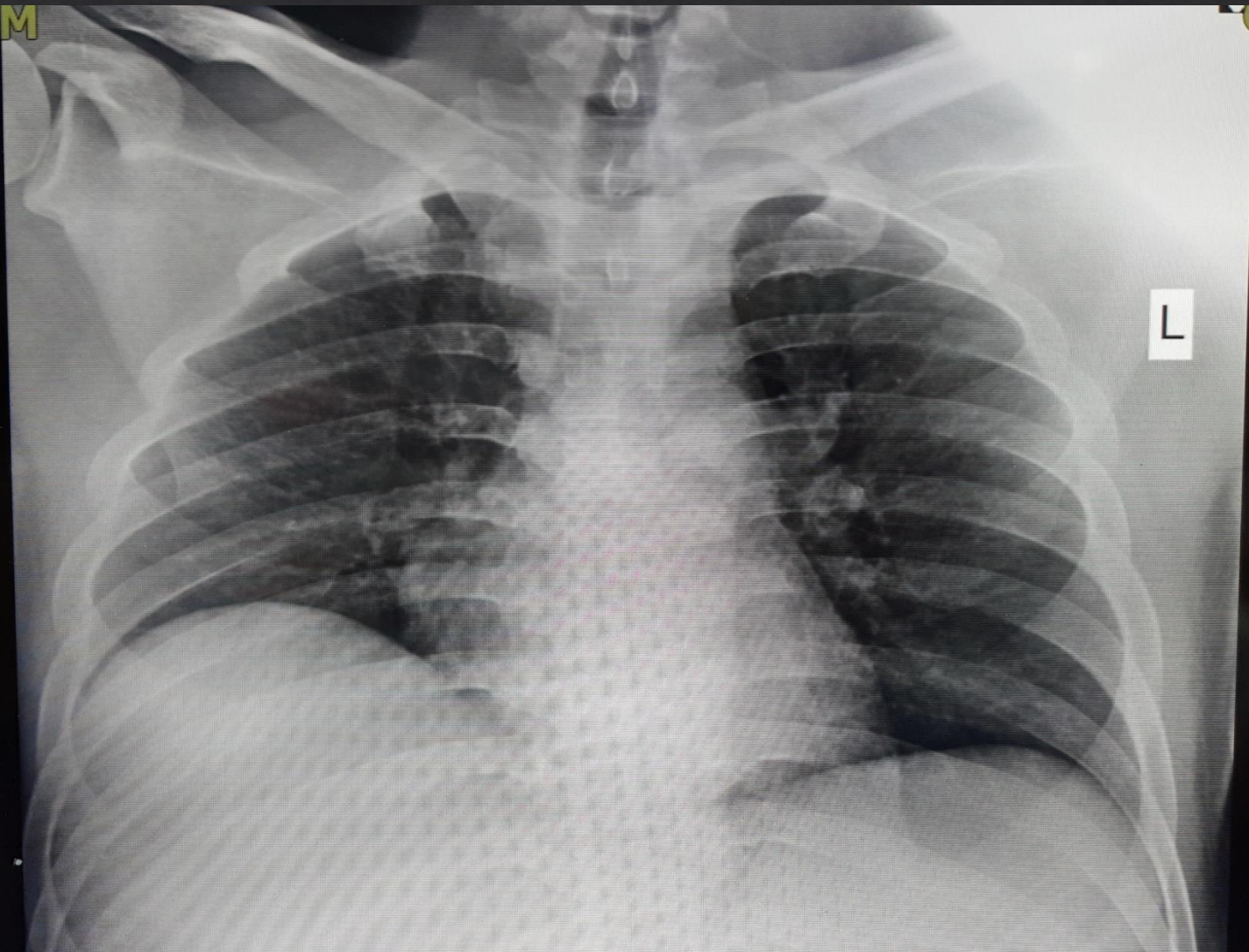


# Adjunct to primary survey

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CHONBURI

Acc:5918



# Secondary survey

- ◇ From head to toe examination
  - ◇ Old midline surgical scar
  - ◇ No other body region abnormality
- ◇ Previous history
  - ◇ Surgery due to stab at his abdomen for 10 years ago (bowel injury)

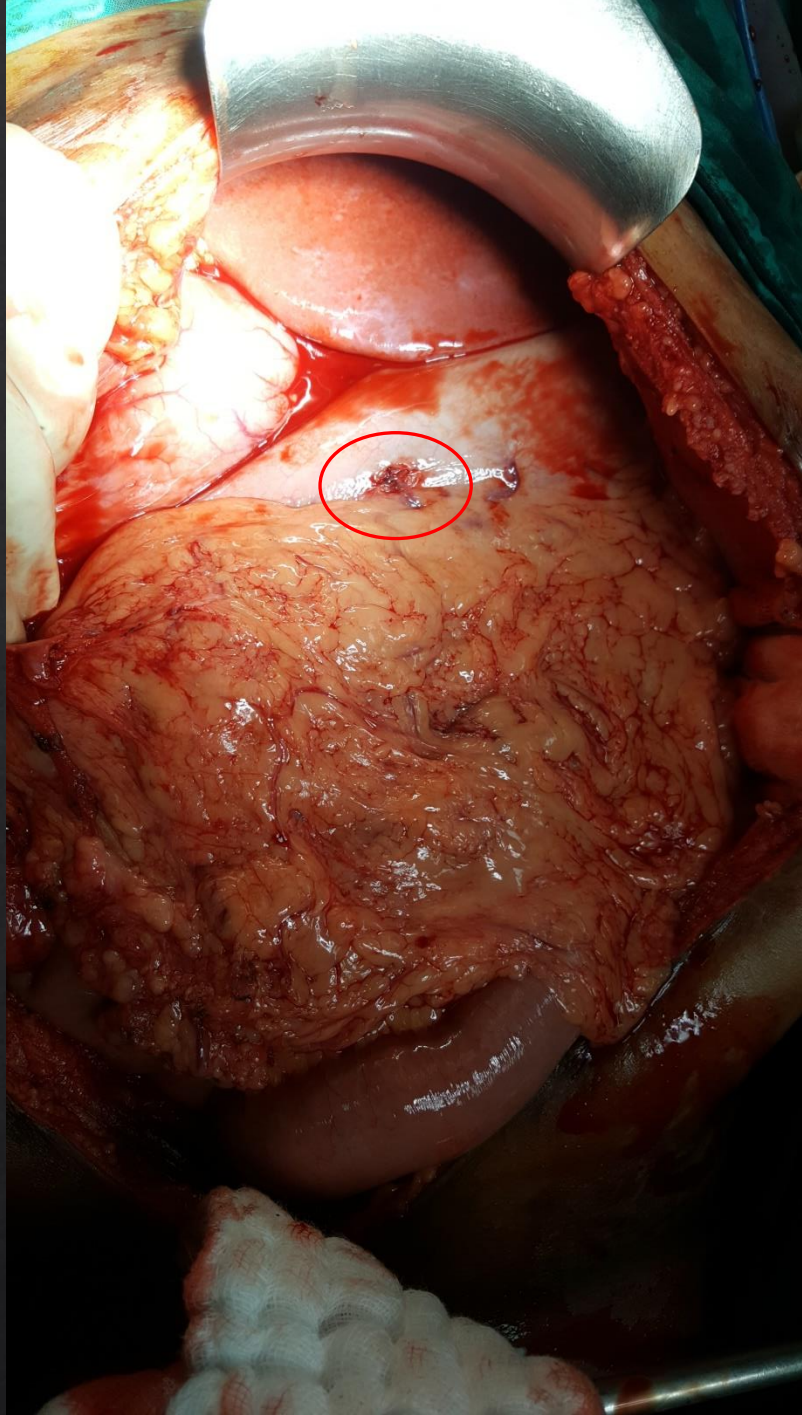


# Secondary survey

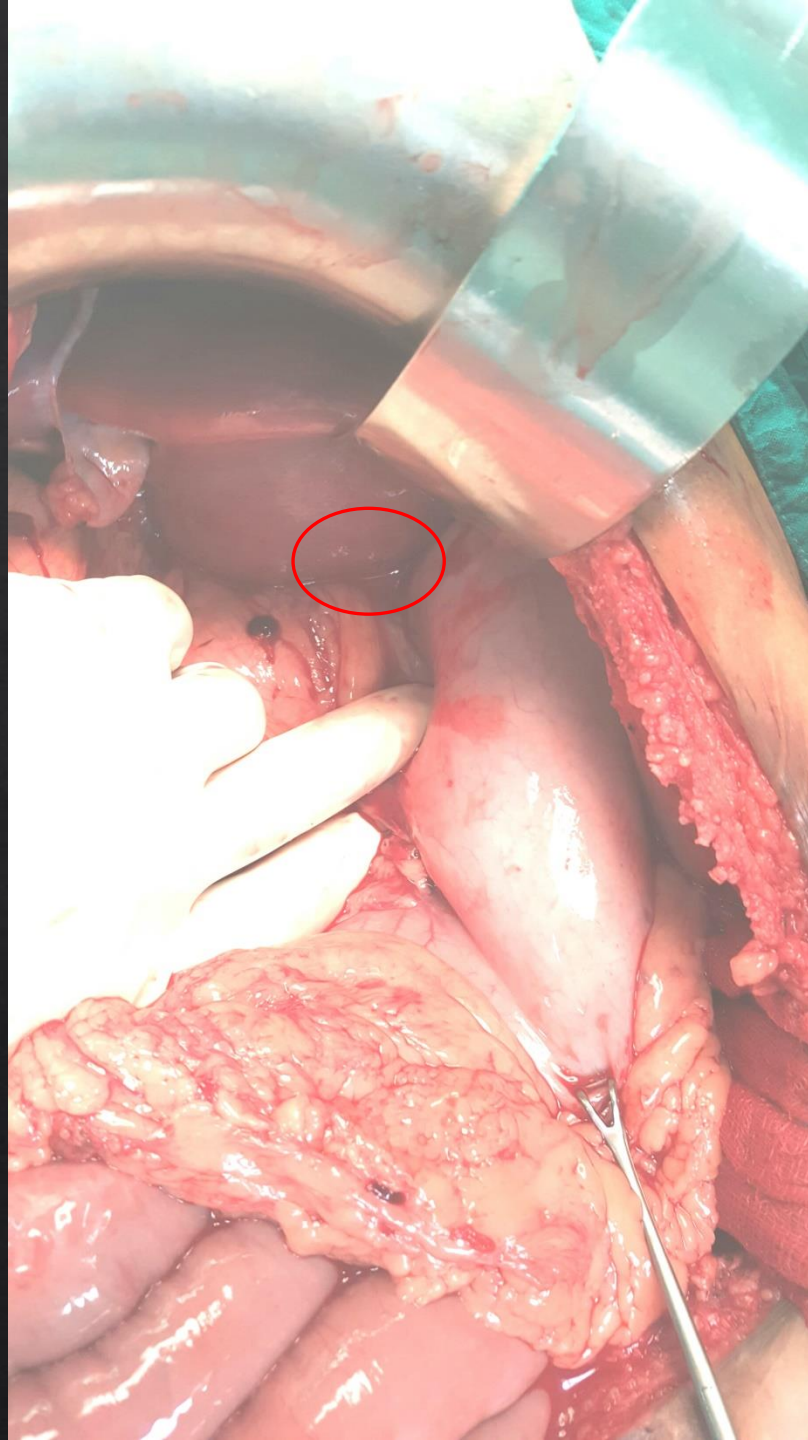
- ◇ No allergy no any medication
- ◇ No medication used
- ◇ Previous history
  - ◇ Surgery due to stab at his abdomen for 10 years ago (Patient told that bowel injury)
- ◇ Last meal 1 hour ago
- ◇ Situation body assault

# Management

- ◇ Set ER to OR
- ◇ Finding
  - ◇ Hemoperitoneum 1500 ml







# Intraoperative Finding

- ◆ Adhesion entire bowel to abdominal wall
- ◆ Stomach perforation through and through from anterior surface to lesser curvature
- ◆ Tear right gastric artery at lesser omentum
- ◆ Tear liver segment 3

# Management

- ◇ Lysis adhesion
- ◇ 4 quadrants packing
- ◇ Stop bleeding at lesser omentum and liver
- ◇ Repair stomach by PDS 3/0
- ◇ Check bleeding at liver