



AB161. Damage control surgery: a powerful tool in blunt abdominal trauma

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Background: Damage control surgery (DCS) facilitates management of immediately life-threatening injuries whilst definitive repair of non-life-threatening injury is delayed until the patient has been adequately resuscitated.

Methods: We present a case report of successful implementation of DCS in management of a 29-year-old male in extremis following blunt abdominal trauma.

Results: A 29-year-old male suffered blunt abdominal trauma due to malfunction of a digger bucket. The incident occurred one hour from the nearest emergency department but he was transported to hospital by a family member. While haemodynamically stable on arrival, he soon demonstrated the lethal triad of acidosis, hypothermia and

coagulopathy. After acute trauma and life support (ATLS) management, DCS was performed (30 min operative time). He was peri-arrest on induction of anaesthesia and received 9u (RCC) and platelets and fibrinogen at 1:1:1 ratio. Laparotomy revealed a transected jejunum, haemoperitoneum secondary to mesenteric bleeding and a sigmoid colon tear. Intestinal injury was cross-stapled, bleeding controlled and the abdomen was irrigated and covered with a temporary closure device. He was ATLS returned to intensive care unit (ICU) for physiological correction. Twenty-four hours later, he underwent relaparotomy and restoration of intestinal continuity and abdominal closure. He was discharged home well on the 7th postoperative day.

Conclusions: DCS is well described in penetrating abdominal trauma but is also highly effective in patients with major blunt abdominal trauma.

Keywords: Blunt abdominal trauma; damage control; relook laparotomy; traumatic bowel injury

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