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COURSE ON ARTERIAL INJURIES (CURSO SOBRE TRAUMATISMOS ARTERIALE--ETC(U)
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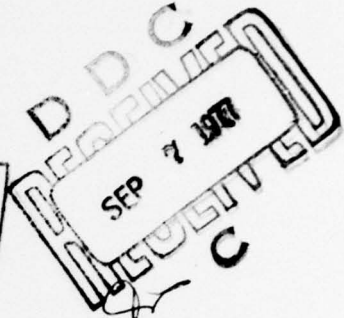
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COURSE ON ARTERIAL INJURIES

CLASS: DIAGNOSIS OF THE ARTERIAL INJURY

Dr. René Riquelme Mococain

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American College of Surgeons
Santiago de Chile, April 1977

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TO MAKE AN UNTIMELY OR INADEQUATE TREATMENT OF
AN ARTERIAL INJURY CAN LEAD TO DEATH OR DISABLEMENT

It is necessary then to be prepared and to carry out a good treatment.

The basic part of a good treatment is a proper diagnosis.

↘ In arterial traumatic lesions, the diagnosis and treatment are more often than not simultaneous actions requiring the direct intervention of the surgeon who should not be merely a spectator receiving the patient with the previously made diagnosis. He should be the initiator who finds out what has to be done and does it.

The surgical act per se is part of the diagnostic process.

Twenty-seven years of surgical duties allows us to suggest 12 principles summarizing our experience.

I. THE RAPID DIAGNOSIS

The diagnosis should be swift in order to likewise be able to commence treatment swiftly. Unnecessary delays are dangerous for the total or partial safety of the patient.

An early operation allows action to be taken in a field of known anatomy. Unnecessary haste is also dangerous even though haste may be necessary at times in order to stem a hemorrhage and by this act stabilize the patient.

II. MATERIAL CONDITIONS

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The diagnostic and/or therapeutic intervention should always be performed in the operating room and never the examination room or patient's bed, etc.

Be certain to have available the most highly efficient human and material components (instrumental, anesthesia, volume recovery, etc.). Among the most useful elements: excellent light, respiratory equipment, Fogarty's catheter.

III. THE SURGICAL INCISION

The operative field should allow dealing with and controlling the afferent and efferent vessels. Further, it is advisable to plan on a field

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**Numbers in the right margin indicate pagination in the original text.

prepared for taking sections of a surface vein which then can be used as a graft.

IV. EXPLORATION AND HEMOSTASIS

Once the operation has begun, all tissues should be checked anatomically preventing hemorrhage by direct compression and possible use of a pneumatic tourniquet, not placing clamps or hemostats without careful consideration.

Examine vessels on a systematic basis:

- a. Observe the state of the walls close to the lesion.
- b. Avoid thrombosis (distal or proximal).
- c. Observe and obtain retrograde flow.
- d. Examine lesions of soft parts: muscles and especially nerves, leaving them marked.
- e. Examine lesions of the skeleton.
- f. Remove foreign bodies, clothing, wood, glass. Be careful with projectiles for their legal significance.

V. USEFUL TIME

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Bear in mind that there is a useful time (6 to 11 hours). Use a good criterion and do not admit defeat. There are injuries from which recovery is possible after this period. Do what is difficult, attempt the impossible without risking the life of the accident victim.

VI. DOUBT CONFRONTED WITH SPASM

Always cast a doubt on the diagnosis of arterial spasm. In these cases: make supplementary examinations and when in doubt: explore.

VII. AUXILIARY METHODS

Do not forget that a simple radiography is useful and that arteriography is mandatory when in doubt provided the general state of health of the patient allows it and the material resources facilitate its execution.

VIII. DANGER ZONES

Bear in mind that in the open traumatism the neck is the site of much danger. The same is true in the closed traumatism where the knee (popliteal fossa) is another place where it is easy to have problems.

IX. PRIORITIES

Do not forget that in this pathology the first obligation is to save the life but do not forget that ill-founded haste as well as sluggish actions can mean death or disablement.

X. URGENCY

Remember that the urgency inherent in an arterial trauma is "truly urgent". The diagnosis and timely treatment saves lives and avoids amputations.

XI. EVACUATION

Any medical action is tributary to multiple factors, and it is true that, in cases of arterial traumatisms, the ability to quickly transport the patient to an accredited center is quite as important as [several words missing from text].

XII. IMMEDIATE MEASURES

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Encourage and teach that during the transport steps should be taken for resuscitation and stabilization. Recommend direct compression of the bleeding points and avoid to the extent possible the immoderate use of the tourniquet.

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