Peri-operative Care of patient with Open Fracture

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Concept of Open Fracture

- High energy trauma
- Extent of soft tissue injuries determines the outcome:
 - Vascularity of local tissues including bone
 - Contamination
 - Early phase of management
 - 1st treatment of soft tissue trauma with contamination
 - ^{2nd} treatment of skeletal injury



Treatment Goals for open Fracture

Open fractures are considered a surgical emergency. Every effort is made to obtain formal surgical treatment in a timely fashion to reduce the risk of infection.



Treatment Goals for open Fracture

To preserve life

To prevent infection

To allow fracture to heal

To restore function in the injured limb



Peri-operative Care of patient with Open Fracture

Pre-operative (Immediate Pre-operative)

Intra-operative

Post-operative (PACU)



Nursing Considerations

Dire Emergency Polytrauma
Patient from A&E Department

Patient from CT Room

Stabilized Polytrauma

- Patient from ICU
- Patient from Orthopaedic Ward



Emergency message from A&ECommunication

• Planning

Guidelines & Protocol



Theatre arrange/set up

- Availability of theatre
- Size of theatre
- Operation table
- Availability of equipments & instruments
- Manpower

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Procedure preparation

- Neuro procedure
- Abdominal procedure
- Chest procedure
- Orthopaedic procedure



Anaesthetic implications

Treat life threatening conditions

• Prevent hypovolemic & hypothermia

Maintain basic life requirement



Anaesthetic Preparations

- Anaesthetic machine
- Arterial line, central line, CVP, IV lines
- Rapid infusion pump
- Mass transfusion trolley
- Crash cart



Anaesthetic Preparations

- Optical fiber Flexible Bronchoscope
- Cell saver machine
- Blood warmer
- Warming blanket



Cell saver machine







Cell saver machine







Orthopaedics Procedure

• Management of open fracture:

- Initial surgical debridement
- Stabilization of bone
- Definitive wound management



Orthopaedics Procedure

Initial Surgical Debridement

- Removal of all nonviable & contaminated tissue
- Fasciotomy maybe needed
- Tendons should be preserved
- Remove free cortical bone pieces
- Major vessel injuries
- Lavage with copious amount of saline

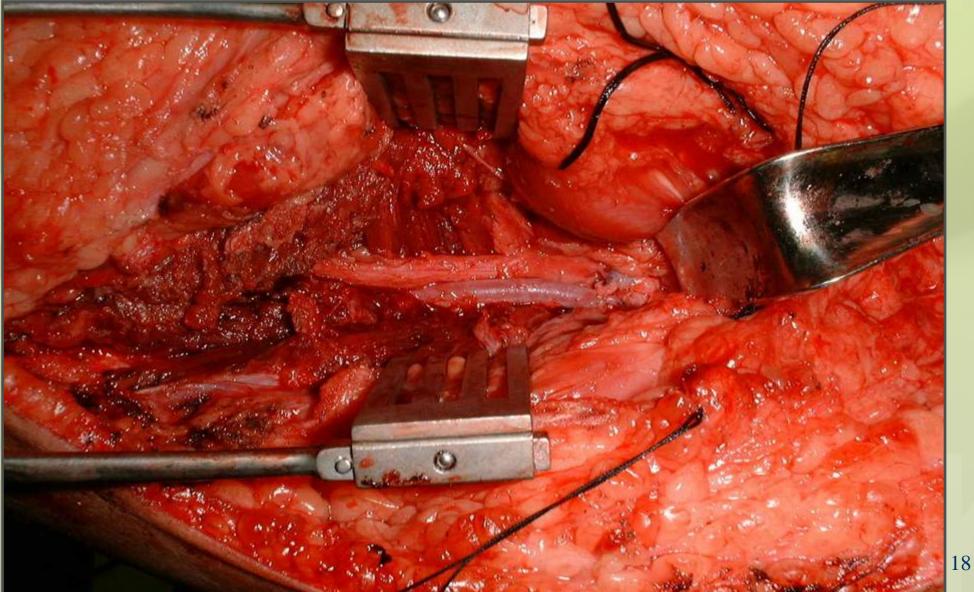


Nursing Preparation

Basic orthopaedics instrument Nerve Repair Set Micro-vascular instrument Microscope/Loupes Pulsatile lavage system 3000cc saline Suction bottles **Buckets**



Definitive Vascular Repair





Orthopaedics Procedure

- Stabilization of bone (After irrigation & debridement) Internal fixation IM nailing (Lower Limbs) Screw & Plating (Upper Limbs) External fixation May be temporarily Amputation
 - Nonfunctional or life-threatening limb



Management of bone defect

Bone Grafting (Later stage)

- Autogenous bone graft
- Allograft
- Vascularized bone graft
- Bone graft substitutes



Nursing Preparation

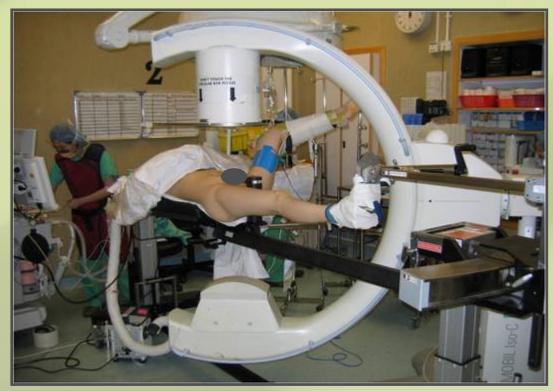
Environment

- Radiolucent operation table
- X-ray technician & machine
- Plaster technician
- Fixation instruments
- (Confirmed with surgeon)
- Power instrument
- Bone graft instrument



Fluoro Machine System







Nursing Preparation

- Use sharp drill bit & clean drill bit after use
- Do not soak or clean the components or instrument with saline
 - Careful handling of tiny and loose parts, nuts and washer
 - Record down the used components



Orthopaedics Procedure

- Definitive wound management
- Primary closure by suture
- Primary closure with split thickness or full thickness grafting
- **Biological dressings**
- Delayed primary closure by suture
- Delayed skin graft or flap
- Secondary closure

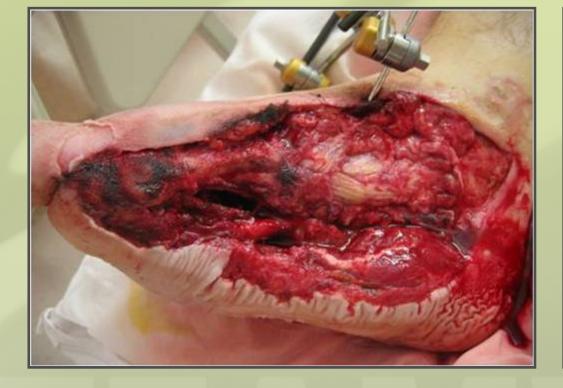


Nursing Preparation

Skin graft instrument
Free flap surgery instrument
Micro-vascular instrument
Microscope
Gentamycin beads



Free Flap Surgery







- Maintain patient safety
- Continuous patient care
 - Documentation
 - Communication
 - Multidisciplinary team approach
 - Surgeon changes plan
 - Arrangement of manpower



Immediate Post-operative Nursing Measures for patient with Micro-vascular Surgery



Immediate Post-operative Nursing Measures

- Environment control
 - assign area dedicated for patient after micro-vascular
 surgery
 - regulate temperature (26 28°C)
 - Hourly monitoring of flap parameters (Peripheral limb circulation Chart) Avoid any pressure on the flap
 - Elevate the operated limb



- Maintain an optimal environment
- Quiet and warm area (Temperature round 26-28°C)









Tips in setting up the warm area:

- Inform the PACU nurse once there is a micro-vascular surgery
- Using the clips to seal up the gap between the two plastic curtains





Equipments required:

- Overhead heater x 2
- Monitors

Monitor the room temperature

- Inside the warm room (26°C)
- Outside the warm room (21°C)







Hourly monitoring of the flap/digit parameters using the Peripheral limb circulation chart

DEPARTMENT OF ORTHOPAEDIC & TRAUMATOLOGY (PWH) PERIPHERAL LIMB CIRCULATION CHART									1										
Site :																			ł
Control Site (use red pen) : Patient's label									1										
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(angle of elevation)	30°																		
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others:																			
	Urine output Q1h																		
Urine Output	(Inform if < 50 C.C.)																		I
(For O.T. use)	Signature																		
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Four parameters:
1) Temperature
2) Colour
3) Capillary refill
4) Pulp turgor

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Room Temp.: 24-26℃	℃ Time							
Inform doctor if	<u>≥ 38</u> ℃							
	37℃							
1 Temp. of reconstructed								
part drop > 3 ℃ from previous hour.	35°C							
-	34°C							
2 Temp. difference > 3 ℃ from control.								
3 Temp. drop trend in	32°C 31°C							
consecutive 3 hours.	30°C							
4 Temp. < 30 ℃	<u> </u>							
Colour	Purple							
	Red Pink							
	Cyanosed							
	White							
Capillary Filling	Rapid Normal							
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(For O.T. use)	Signature							
					24			
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Normal and Abnormal Circulatory Signs for the flap

	Colour	Pulp turgor	Capillary refill	Temperature			
Normal	Pink	Full	1-2 seconds	Warm			
Arterial Insufficiency	Pallor Cyanotic	Hallow Prune- like	Slow >2 seconds	Cool			
Venous Congestion	Red Purple	Tense	Fast <1 seconds	Cool			







Obtains the first parameters reading by both the chief surgeon and PACU nurse
 (Take it as the valid baseline)



During discharge, perform circulation monitoring together with the ward nurse (Minimize the discrepancy)







