

Week 17 Q+A
Thoracic trauma
Abdominal and pelvic trauma

1. List the criteria for admission for a patient with rib fracture?

2. What work up required in a patient with sternal fracture?

3. What is the management of sternal fracture?

4. What is the definition of flail chest?

5. What is the classification of haemothorax?

6. What are the potential complications of undrained haemothorax?

7. What are the indications for thoracotomy post insertion of ICC in stable and unstable patient in regard to drainage of blood from ICC?

8. What is the potential pathology in a patient with pneumomediastinum, subcutaneous emphysema and persistent air leak from two properly placed ICC?

9. What is the lag time between chest trauma and appearance of pulmonary contusion changes on chest xray?

10. What is the definition of severe pulmonary contusion?

11. Where is the most common area for blunt traumatic aortic injury?

12. What are the symptoms and signs of potential aortic injury due to blunt trauma?

13. What are the CXR findings of aortic injury?

14. What is the management of blunt trauma aortic injury?

15. What is the management of a patient with potential cardiac contusion?

16. What are the arrhythmia and ECG changes due to cardiac contusion?

17. Which side is the most commonly injured diaphragm?

18. What are the potential findings on CXR with likely diaphragm injury due to blunt trauma?

19. Positive FAST scan in which one of Morrison pouch or spleno-renal space can signify the presence of fluid/blood in the lower part of the abdomen?

20. What are the pros and cons of FAST scan in trauma?

21. What are the indications and contraindications for DPL?

22. What is the technique of doing DPL?

23. What is the positive result with DPL?

24. What are the pros and cons of DPL?

25. What is the management of haemodynamically unstable patient with:

A) the presence of a positive FAST scan

B) if significant haemothorax is also present

C) if significant pelvic bleeding or an open pelvic fracture is also present,

D) if significant pelvic bleeding is present, but no major intra-abdominal bleeding,

26. What is the definition of haemodynamically stable blunt abdominal trauma patient?

27. What is the most common injured organ following blunt abdominal trauma?

28. What are the splenic rupture grades and their treatment?

29. What is the most injured organ in penetrating abdominal injuries?

30. What is the hepatic injury grading and their treatment?

30. What are the symptoms/signs of clinical significant blunt renal trauma?

31. What is the percentage of pelvic fractures that may sustain bladder injuries?

32. What is the investigation of choice for suspected bladder injury in a patient with isolated pelvic fracture and no other injuries?

33. What is the management of bladder injury?

34. What structures are at risk of injury in pelvic fracture?

35. List a classification of pelvic fracture?

36. What are the complications of Pelvic fracture?

37. What are the advantages of pelvic binder?

38. What is the landmark for correct application of pelvic binder?

39. What are the indications of angiography and embolization in pelvic trauma?

40. What are the indications of open surgical treatment for pelvic trauma ?

41. What is the treatment for bilateral pubic rami fracture?