



# University Hospital Galway

## EMERGENCY DEPARTMENT GalwayEM.ie

### **Pelvic and Thigh Injuries**

**(<https://galwayem.ie/index.php/index.php/guidelines/trauma-and-musculoskeletal/pelvic-and-thigh-injuries>)**

Category

[Trauma and Musculoskeletal](#)

(<https://galwayem.ie/index.php/index.php/guidelines/trauma-and-musculoskeletal>)

#### **Unstable pelvic fractures**

- Often associated with other injuries. ED senior should have been called
- IV infusion x 2: blood for FBC, X-match, clotting and U&E.
- Analgesia
- Catheterise only if no evidence of rupture of urethra (blood at end of penis, bruising of penis, and perineal bruising, high prostate on PR), if not straight forward, abort.
- Do not inflate balloon until urine is seen.
- Examine urine for blood.
- Ask advice about exclusion of abdominal/urinary tract injury
- Bind pelvis with a sheet/pelvic binder to reduce bleeding. Do not pull too tight. Pelvic binders are only useful with open book fractures.
- Discuss with Orthopaedic Registrar urgently

#### **Unilateral fracture superior and/or inferior pubic ramus**

This is a stable injury, and needs symptomatic treatment only. If patient can walk - can go home for initial bed rest and analgesia, followed by mobilisation. May benefit from stick, walking frame etc. GP follow up. If can't walk, D/W medical team for admission.

#### **Central dislocation of hip.**

- IV infusion, blood for FBC, cross matching, U&E's
- Refer orthopaedics

#### **Posterior dislocation of hip/fracture dislocation.**

- Test sciatic nerve
- Analgesia. Ask senior advice re relocation under sedation.
- Refer orthopaedics

**Avulsion fractures** (e.g. from ant. inf. iliac spine)

- Symptomatic treatment e.g. analgesics, walking stick or crutches.
- Some may need admission
- Refer next Fracture Clinic

### **Fracture neck of femur**

- Outrule acute medical cause for collapse
- Analgesia. Discuss with Registrar/Consultant re regional nerve block.
- CXR in elderly
- Refer orthopaedics
- See separate protocol

### **Fracture greater trochanter**

Management as for fracture pubic ramus.

### **Fracture shaft femur**

- IV infusion, blood for FBC and cross-matching at least 2 units in adults.
- Analgesia. **Consider femoral nerve block** (ask advice)
- Femoral traction splint (before X-ray)
- Ensure x-ray includes hip joint
- Refer orthopaedics

### **Quadriceps haematoma**

- Advise ice packs/elevation at home
- Crutches
- Analgesia
- Review Clinic in one week.

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