



University Hospital Galway

EMERGENCY DEPARTMENT

GalwayEM.ie

Specific Wound Types

(<https://galwayem.ie/guidelines/trauma-and-musculoskeletal/specific-wound-types>)

Category

Trauma and Musculoskeletal (<https://galwayem.ie/guidelines/trauma-and-musculoskeletal>)

Dog and Human Bites

Dog bites are crush wounds. These wounds should not be closed if possible, (except on the face) but should be cleaned well and dressed. Patients with deep wounds should be given antibiotics (co-amoxiclav).

Dog bites over hands or bony areas should be X-rayed because of the risk of underlying bony injury.

Patients with significant wounds should be seen again in the Review Clinic in 2 - 3 days to check for infection and for consideration of delayed primary suture.

Do not forget Tetanus Prophylaxis

If it is necessary to suture a bite, it must be cleaned well and the wound edges excised.

Do not forget that, if a patient punches someone in the mouth, and gets wounds on his knuckles, these are human bite injuries and may involve the MCP joints. Such wounds should be X-rayed. Have a low threshold for referring this patient to Orthopaedics for a joint washout.

If the patient has been bitten by an animal abroad, there may be a risk of rabies. For advice, please contact the Duty Microbiologist.

The following information will be required.

1. Name, address, age and weight of the person bitten or scratched.
2. Description of the injury with a note of the part injured.
3. Fullst possible details of where the incident took place, e.g. town, district, province, country.
4. Date of incident.
5. Details of the animal - stray pet, escaped, in custody. Had animal been vaccinated? Behaviour at the time, anything known about its condition subsequently, name and address of owner, if any. Was animal held for observation?
6. What first aid treatment was given?
7. Was the incident reported to a Doctor or the Police at the time?

8. If animal was held for observation, did it become ill within 10 days?

Abrasions

Any dirt in abrasions must be cleaned, as otherwise tattooing will result. This cleaning may require scrubbing under local or, on occasions, general anaesthesia.

Grease gun and similar high pressure injection injuries

The entry wound may look innocuous but these are serious and must be admitted under the care of the Plastic Surgeons for exploration. X-ray first.

Foreign bodies

X-rays in two planes at right angles must be taken if you suspect a radio-opaque foreign body. Do **not** explore for foreign bodies unless you can see or feel them. If you cannot, then either seek help or else close the wound, give prophylactic antibiotics (flucloxacillin) and the foreign body can be removed electively, later, under a general anaesthetic and tourniquet (for FB in limbs). Some FBs are best left in situ - ask advice.

Ultrasound may be required to localise a radiolucent FB - ask advice

Fish Hooks

Do not forget that fishhooks have barbs. Inject local anaesthetic, cut off end of hook with pliers and push the hook through. Do not try to pull it out.

Air Gun pellets

Ask what type of airgun pellet was used. Some modern pellets are a composite of lead and plastic. If the plastic bit comes off, it is radiolucent.

Blackthorn injuries

Blackthorns anywhere cause significant foreign body reactions and in joints cause a severe arthritis. Puncture wounds in the vicinity of joints, must be treated seriously. Ask advice. Ultrasound may be useful to localise - see above.

Old Wounds

Wounds more than 12 hours old are potentially infected, and should be sutured only when absolutely necessary and then only after excision of the wound edges. (Ask advice.) Wounds more than 24 hours old should not be sutured, but should be debrided, cleaned and dressed, and the patient seen in 2 to 3 days for consideration of delayed primary suture.

Facial wounds should not be considered for delayed primary closure. D/W Senior Doctor or Plastic Surgery.