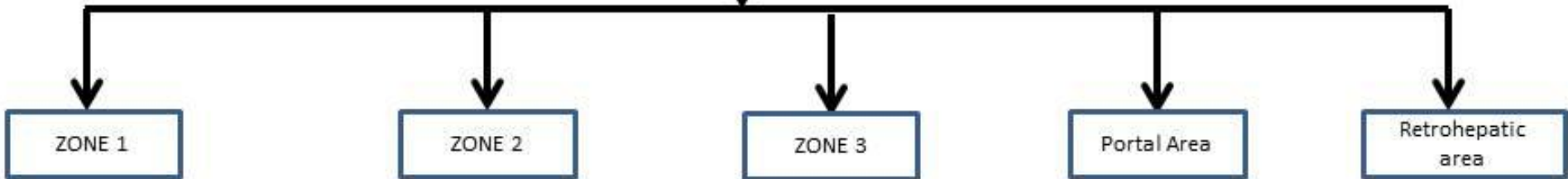


# ABDOMINAL VASCULAR TRAUMA

## Guidelines for Hematoma Approach at Laparotomy

Abd Trauma with HYPOTENSION and/or PERITONITIS and/or (+) FAST (blunt)

Type and Cross/TEG/ABX



**(SUPRAMESOCOLIC)**  
 Perform left medial visceral rotation. Divide left crus of the aortic hiatus. Obtain proximal control of distal descending thoracic aorta or diaphragmatic aorta.

**(INFRAMESOCOLIC)**  
 Obtain exposure at the base of the transverse mesocolon. Obtain proximal control of infrarenal abdominal aorta.

**(PENETRATING)**  
 Expose the ipsilateral renal vessels at the base of the transverse mesocolon and control vessels.

**(BLUNT)**  
 Do not open hematoma unless hematoma is ruptured, pulsatile, or rapidly expanding.

**(PENETRATING)**  
 Expose the bifurcation of the infrarenal aorta and vena cava and control vessels.

**(BLUNT)**  
 Do not open hematoma unless hematoma is ruptured, pulsatile, or rapidly expanding, or if ipsilateral distal iliac pulse is absent.

Pringle Maneuver for proximal control. Apply distal clamps or Rommel Tourniquet.

Do not open hematoma unless hematoma is ruptured, pulsatile, or rapidly expanding.

No Aortic Injury → Perform right medial visceral rotation to expose the vena cava. Obtain proximal and distal control of the cava and renal veins as necessary.

OPEN HEMATOMA AFTER PROXIMAL (AND DISTAL, when appropriate) is obtained.