

TRAUMA



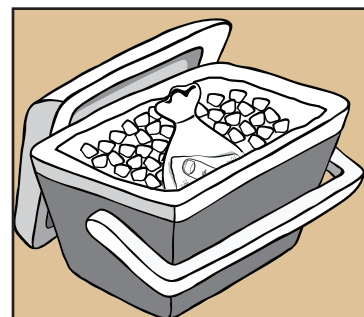
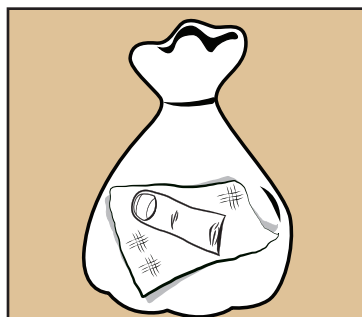
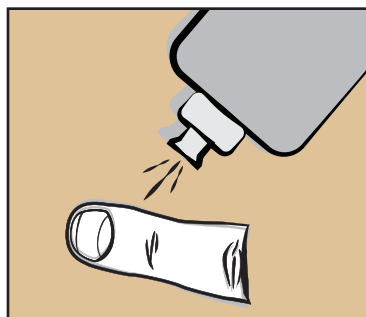
Hand/Limb Microvascular Replantation: Preservation of the Amputated Part

Do:

1. Wash parts thoroughly in isotonic solution (*preferably Ringer's Lactate*).
2. Wrap in sterile gauze moistened with normal saline.
3. Place in watertight sterile container.
4. Place the sterile container into a second container filled with water and crushed ice.

Do Not:

1. Do not freeze the part by placing it directly on ice or by adding any other coolant such as dry ice.
2. Do not immerse the part in a bag of solution.
3. Do not use any antiseptics or other solutions.



Time is of the Essence

Significant delay in reattaching the amputated part can preclude successful replantation. The more proximal the amputation, the more critical the ischemia time because of the larger muscle mass involved. Cooling is essential to maintain amputate viability.

Patient Selection

Patients with finger, extremity, scalp, ear or nose amputations may be replantation candidates. Several other factors (e.g. age, co-morbidities, area and mechanism of injury) are evaluated when determining eligibility for replantation. The final decision regarding replantation can only be made by the replantation surgeon.

Patient Care

1. Resuscitate patients with intravenous fluids.
2. Administer antibiotics and tetanus prophylaxis.
3. Clean stump with normal saline and apply dressings to control hemorrhage. Apply compression dressings and consider tourniquets in uncontrolled arterial bleedings. Avoid clamping or ligating stump sided vessels.
4. Splint limbs with incomplete transections.
5. Obtain x-rays of the amputate and the stump and send with patient.
6. Arrange for appropriate method of transport in consultation with the replant surgeon.



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Hand, Limb and Microvascular Replantation Service.

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