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**KARAPITIYA, A REGIONAL CENTRE FOR VASCULAR TRAUMA.
CHALLENGES AND LESSONS LEARNT IN THE MANAGEMENT OF
TRAUMATIC PERIPHERAL VASCULAR INJURIES.**

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Introduction

We are the vascular referral center of the region. Traumatic peripheral vascular injury presents many challenges with timely intervention critical towards survival of limb and life.

Methods

A retrospective review was conducted on patients referred to the ETU, Teaching hospital Karapitiya, during April 2015 to April 2017. Patients with traumatic peripheral vascular injuries were studied.

Results

A total of 105 patients were referred. Patients with neck vascular injury(5), Aortic/IVC injuries(3), Iatrogenic arterial(4) and venous(5) injuries were excluded from analysis.

88 patients presented with traumatic peripheral vascular injury. Mean age was 34 years (5-80). Majority were male 75/88. Injuries were caused by RTA(47%), street crimes(21%), accidental injury(19%), occupational injury(5%), blast injury(3%) and other(5%). 40% of injuries had associated venous / osseous injury:-

Primary amputation was offered for 26 patients. [Delay in presentation (16, viability judged on fasciotomy) or mangled limb(10).

62 patients underwent vascular repair.

24/62 were upper limb injuries [radial/ulnar(8); brachial(16)]. Remainder were lower limb injuries [external iliac(3); femoral(8); popliteal(25); tibial(2)]. 23/62(37%) were repaired primarily. Remainder were repaired with interposition vein(36) or prosthetic(3) grafts. Venous injuries were ligated.

Limb salvage rate of revascularized limbs was 90% [failed revascularization(2), infection and sepsis(4)]. In-hospital mortality post-revascularization was zero.

High-impact crush injuries, ischaemic time >8 hours at presentation, not performing fasciotomy prior to transfer predicted risk of amputation ($p < 0.05$).

Conclusion

In-hospital outcomes of patients undergoing repair of peripheral vascular injuries are satisfactory. Integration of vascular trauma service with regional hospitals will be an essential part of efforts to improve trauma care further.