

The effect of time interval between military or civilian vascular trauma and surgical repair

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In this series composed of 269 patients, 98 cases were military trauma and 271 cases non-military or civilian trauma. In the 50 percent of military cases the interval from trauma to surgical procedure were less than 8 hours. In this condition 3 cases because of surgical failure amputation were performed and in the remaining result of surgery were good. In 18 (22/8%) this interval were between 8-12 hours and in a case performed amputation and in the remaining by debridement of muscle necrosis, the limb were salvaged. The result of surgical procedure in order to limb salvage was satisfactory. About 25/15(43)

Percent the interval to surgical procedure over 8 hours, in which 10 patients undergo amputation and the remaining by fasciotomy and debridement with some sensory and motor disturbance the limbs salvaged.

In summary, indications for late arterial repair after 8 hours from trauma are absence of extensive skin necrosis, normal kidney functions, absence of fracture or muscle necrosis in site of arterial injury and present adequate soft tissue for coverage of arterial graft or repair, and absence of air in tissue or crepitation. In absence of this indication, limb salvage will be failure and amputation to be performed without delay.