

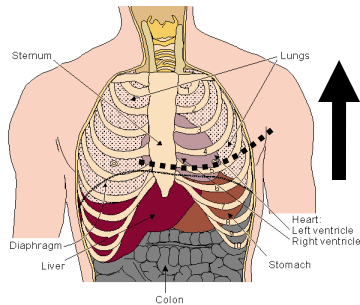
ED Resuscitative Thoracotomy for Trauma

Indications: CPR in progress for

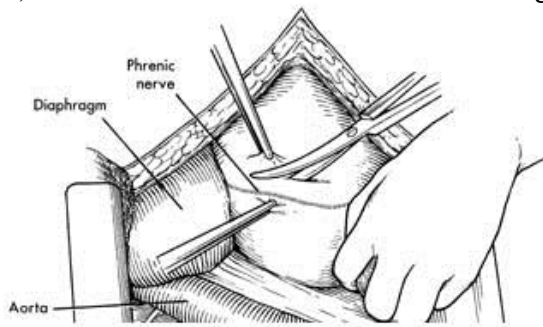
- 1) Penetration thorax less than 15 minutes
- 2) Blunt trauma less 10 minutes
- 3) Extremity trauma less than 5 minutes
- 4) Head – no indication for thoractomy

Steps

- 1) **Stretch left arm** above head to fully expose left thorax
- 2) Prep area with betadine (if not available do not wait)



- 3) Start incision at **inframammary** fold (5th intercostal space)
 - a. Start incision from contra- lateral side (**right**) of sternum
 - b. Extend incision to left axilla following the curve of the rib
 - c. Depth of incision should be to level of rib periosteum
- 4) **Open pleural space** by inserting curved Mayos at sternal costal boarder and extend along the superior aspect of underlying rib into axilla to maximally expose pleural space
- 5) Place retractor with ratchet ends facing towards the axilla and open



- 6) **Open the pericardium anterior to the phrenic nerve** by picking up pericardium with toothed pick ups and making a longitudinal incision.
 - 7) Evacuate hemopericardium and repair cardiac defect with 3-0 prolene and Teflon pledgets
 - 8) If cardiac activity present and patient remains hypotensive proceed to descending thoracic aortic cross clamping
 - 9) Use fingers to bluntly dissect the pleural space above the level of the diaphragm to isolate aorta (anterior to spine). Cross clamp avoiding esophagus
 - 10) If patient's **BP is greater than 70 systolic** emergently transfer to operating room
- Reference: Mattox K, Moore E, Feliciano D. Trauma 7th Edition. McGraw Hill 2013