Suspected Liver Injury

Hemodynamically Stable

Suspected Liver Injury

Hemodynamically Unstable

Minor Bleeding

- Electrocautery
- Argon Beam
- Topical hemostatic Agents

Major Bleeding

Pack & Resuscitate

Bleeding
Uncontrolled

Pringle Maneuver (up to 75 minutes)

Likely Juxta- Hepatic Venous Injury
Call for Help
Consider Vascular Isolation
Consider Shunt
Consider Tamponade w/ Containment

Bleeding
Uncontrolled

Damage control laparotomy
Consider Angiography

Selective Hepatic Artery Ligation (Operative or via Angiography)
Consider Omental Packing or Balloon Tamponade

Damage control laparotomy
Consider Angiography

ICU for Resuscitation
Post – Operative CT***

SIRS/Fever Abdominal Pain Jaundice
Repeat CT Scan Follow Up

Asymptomatic
Consider CT scan at defined interval depending on grade of injury

Liver Injury with blush
Consider Angiography

Liver Injury without blush
Observation

Other CT Findings of Intra- abdominal Trauma
OR for Laparotomy

ICU / Floor

OR for Laparotomy

ICU for Resuscitation

Delayed Laparotomy (24 – 48 hours)
Remove Packing
Definitive Debridement or resection if indicated
Assess for associated injuries and liver-related complications
Consider drainage if evidence of biliary leak

*** Consider CT scan for post – operative patients once resuscitated to evaluate for additional injuries.