

Local Wound Exploration (LWE) Anterior Abdominal Stab Wounds (AASW)

Indications: anterior abdominal stab wound (costal margins, anterior axillary line, inguinal ligaments) if unable to see entire tract with simple opening of wound

Rationale: Over 25% of AASW do not penetrate the peritoneal cavity. (-) LWE allows for d/c from ED

Contraindications:

1. Unstable Vitals
2. Peritonitis
3. Evisceration
4. Marked Obesity
5. Uncooperative Patient

Technique:

1. Full personal protective equipment (cap, mask, gown, glove)
2. Sterile prep with betadine
3. Anesthetize with 1% lidocaine with epinephrine
4. Extend wound for exposure: if midline wound, extend vertically; if lateral wound, extend transversely in skin lines
5. Visualize fascia and confirm if intact (if anterior fascia violated, evaluate posterior fascia)
6. If (-) LWE, irrigate wound with 1L NS
7. Fascia closure with interrupted suture
8. Skin closure of extension incisions
9. Leave original stab wound open
10. (+) LWE: DPL, Observation, or Exploration

Potential complications:

1. Wound infection (1%)
2. False Negative (none in study of 134 patients)
3. Hernia (none in cited study)

Markovchick et al, J of Emergency Med 1985 (Denver General) / Montero / November 2012