Clinical examination

Clinical examination

Pelvic fractures should be easily identified if ATLS guidelines are followed. There is no role of ‘springing’ the pelvis. If a binder has not been applied and an ‘open book’ fracture is suspected, a binder must be immediately applied as the pres ence of major pelvic fracture is associated with life-threatening blood loss and requires appropriate measures. Inspection of the skin may reveal lacerations in the groin, perineum or sacral area, indica ting an open pelvic fracture, the result of gross deformation. Evidence of perineal injury or haematuria mandates radiological ev aluation of the urinary tract from below upwards (retrograde urethrogram followed by cystogram or CT cystogram and an excretory urogram, as appropriate) when the physiology allows. Inspection of the urethral meatus may reveal a drop of blood, indicating ure thral damage. Inspection of the anus may reveal lacerations to the sphinc ter mechanism. Rectal examination may reveal blood in the rectum and/or discontinuity of the rectal wall, indicating a rectal laceration. In male patients, the prostate is palpated; a high-riding prosta te indicates a complete urethral avulsion. A full neurological examination is performed of the perineal area, sphincter mechanism and femoral and sciatic nerves. Clinical examination

Pelvic fractures should be easily identified if ATLS guidelines are followed. There is no role of ‘springing’ the pelvis. If a binder has not been applied and an ‘open book’ fracture is suspected, a binder must be immediately applied as the pres ence of major pelvic fracture is associated with life-threatening blood loss and requires appropriate measures. Inspection of the skin may reveal lacerations in the groin, perineum or sacral area, indica ting an open pelvic fracture, the result of gross deformation. Evidence of perineal injury or haematuria mandates radiological ev aluation of the urinary tract from below upwards (retrograde urethrogram followed by cystogram or CT cystogram and an excretory urogram, as appropriate) when the physiology allows. Inspection of the urethral meatus may reveal a drop of blood, indicating ure thral damage. Inspection of the anus may reveal lacerations to the sphinc ter mechanism. Rectal examination may reveal blood in the rectum and/or discontinuity of the rectal wall, indicating a rectal laceration. In male patients, the prostate is palpated; a high-riding prosta te indicates a complete urethral avulsion. A full neurological examination is performed of the perineal area, sphincter mechanism and femoral and sciatic nerves. Clinical examination

Pelvic fractures should be easily identified if ATLS guidelines are followed. There is no role of ‘springing’ the pelvis. If a binder has not been applied and an ‘open book’ fracture is suspected, a binder must be immediately applied as the pres ence of major pelvic fracture is associated with life-threatening blood loss and requires appropriate measures. Inspection of the skin may reveal lacerations in the groin, perineum or sacral area, indica ting an open pelvic fracture, the result of gross deformation. Evidence of perineal injury or haematuria mandates radiological ev aluation of the urinary tract from below upwards (retrograde urethrogram followed by cystogram or CT cystogram and an excretory urogram, as appropriate) when the physiology allows. Inspection of the urethral meatus may reveal a drop of blood, indicating ure thral damage. Inspection of the

anus may reveal lacerations to the sphinc ter mechanism. Rectal examination may reveal blood in the rectum and/or discontinuity of the rectal wall, indicating a rectal laceration. In male patients, the prostate is palpated; a high-riding prosta te indicates a complete urethral avulsion. A full neurological examination is performed of the perineal area, sphincter mechanism and femoral and sciatic nerves.

Revision #1
Created 2025-12-31 15:12:29 UTC by Omar Ayman
Updated 2025-12-31 15:12:29 UTC by Omar Ayman