

Emergency department thoracotomy or sternotomy

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Emergency department thoracotomy (EDT) should be reserved - for those patients with penetrating injury in whom signs of life are still present. Patients who have received cardiopulmonary resuscitation (CPR) in the prehospital phase of their care are unlikely to survive, and electrical activity must be present. In certain situations, EDT is considered futile: - /uni25CF CPR for more than 15 minutes (despite endotracheal intubation) in the presence of penetrating thoracic trauma; /uni25CF CPR for more than 10 minutes (despite endotracheal intubation) in the presence of blunt thoracic trauma; /uni25CF blunt trauma when there have been no signs of life at the scene. trauma in whom the blood pressure is falling despite adequate resuscitation are shown in Table 29.4 . The aim of EDT is to perform: /uni25CF internal cardiac massage in the cardiovascularly 'full' patient (no role for internal massage in the 'empty' patient); /uni25CF control of haemorrhage from injury to the heart or lung; /uni25CF control of intrathoracic haemorrhage from other sources; /uni25CF control of massive air leak; /uni25CF clamping of the thoracic aorta to preserve the blood supply to the heart and brain, and cutting off the arterial supply distally , in a moribund patient with a major distal penetrating injury .

TABLE 29.4 Survival rates for thoracotomy in patients with penetrating trauma. Blood pressure despite resuscitation Survival

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