Plastics Tips for the ED:

Presented by Dr Imran Ratanshi

1. **Wound Management**

CLEAN -betadine/iodine above nose as safe for eyes (dilutes to 50%)

-Chlorhex for everything else

- tip for irrigation- puncture holes in 1L NS and use as squeeze bottle

CLOSE – absorbable sutures for EVERYTHING

-if tension on wound or larger then 1cm then use deep monocryl stiches beneath

 -FACE: 5.0 fast gut

 -HAND: 4.0 plain gut (fast gut may weaken)

 -EXTREMITY: 3.0 plain gut

DRESS- Face: polysporin +++ only (does not interfere w/ absorbable sutures)

Hand: 1) polysporn +++ 2) Adaptic, 3) Guaze 4) Cling

1. **Hand Injuries**

**Wrist injuries**: consider CT

**Extensor tendon injuries**: if comfortable to repair then feel free else SPLINT in position of safety and plastics will FU

**Flexor tendon injuries**: 3-6month healing, hand physio VITAL

* + DORSAL BLOCKING SPLINT VITAL – see U Dalhousie utube video <https://www.youtube.com/watch?v=xSLZ0EEHkQw>

**Finger Amputations**: NB warm ischemia time 4h

* Place digit in wet cloth on ice = cold ischemia 20-24h, document time on chart
* Treat ring avulsion injuries as amputations they strip vascular structures
* Ring cutter tip: irrigate with water while using
* Partial amputations: leave attached tissue as often some bridging veins
	+ NB BRISK CAP REFILL <2 sec sign of venous injury, needs emergent OT

**Flexor Tenosynovitis:** mark boarders with date and time for follow up, SPLINT, IV abx x48h +/- washout

**Septic arthritis:** EXQUISITELY tender on axial loading through gentle ROM

1. **Facial Injuries:**

**Nose**: reduction in ED if very displaced (lido spray and expect bleeding)

 -if high mechanism of injury consider getting a CT for vomer injury

**Facial #**: frontal sinus, orbital roof, lateral orbital wall and LeFort are high energy #, seek and exclude concomitant C-Spine injury (10-12%)

 **Orbital trauma**: middle 1/3 of medial wall and floor is “crumple zone”

-superior orbital fissure syndrome and orbital apex syndrome need emergent decompression

-Oculocardiac reflex as cause of hypotension

 Syndrome of the trephined- complication after craniectomy with neuro deficits