

# ABDOMINAL INJURY

Mechanism. Exam. Imaging.

## FAST Scan

**1<sup>st</sup> view: RUQ**, probe marker pointed towards patients head looking for fluid stripe between liver and the right kidney, aka Morrison's pouch. Most sensitive view.

**2<sup>nd</sup> view: LUQ**, probe marker pointed towards patients head, looking for fluid around spleen and between spleen and left kidney. Most difficult view.

**3<sup>rd</sup> view: Suprapubic**, long and transverse views, looking for strip of black fluid around bladder. Easier if bladder is full of urine.

**4<sup>th</sup> view: Subxiphoid**, looking at patients heart for cardiac tamponade. Hold probe flat and push into stomach to look at heart.

## Approach to Abdominal Injuries

- 1) Determine if patient needs emergency surgery now (hypotensive, obvious abdominal wall penetration, peritoneal signs)
- 2) FAST Scan: RUQ, LUQ, Suprapubic, Subxiphoid. See side column for more info
- 3) Consider the mechanism: Low risk (low speed MVA, falling down 2 steps) vs. High risk (Rollover MVA, falling off the roof)
- 4) Abdominal exam: normal vs. abnormal (pain, rigidity, rebound, guarding, bruising, distension, seat-belt sign)
- 5) Imaging: If high risk mechanism or abnormal physical exam → CT abdomen/pelvis with contrast.
- 6) If imaging normal but still have concerning mechanism and concerning physical exam → Admit for observation and serial abdominal exams.

### References

French L, Gordy S, Ma O. Abdominal Trauma. In: Tintinalli JE, Stapczynski J, Ma O, Yealy DM, Meckler GD, Cline DM. eds. Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 8e. New York, NY: McGraw-Hill; 2016. <http://accessemergencymedicine.mhmedical.com/content.aspx?bookid=1658&Sectionid=109445917>. Accessed November 03, 2016.