

## DEPARTMENT OF HEALTH

## **PROVINCE OF KWAZULU-NATAL**

## EDENDALE HOSPITAL Department of Orthopaedic Surgery

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28 December 2006

## **GUIDELINES ON THE INITIAL MANAGEMENT OF COMPOUND FRACTURE**

- 1. Resuscitation ATLS principles
- 2. Tetanus toxoid /ATS

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3. Antibiotics - according to the antibiotic protocol of Edendale hospital

Date:

- 4. Analgesics
- 5. Photographs, Wound washout, dressing and splints
- 6. Neuro-vascular assessment and documentation
- 7. compound fracture grading Gustilo-Anderson classification system to be done intra-operative as well.
  - Grade I clean ,<1cm wound , minimal soft tissue injury, simple or minimally comminuted fracture
  - **Grade II** wound >1cm, moderate soft tissue injury, moderate contamination, moderate bone comminution
  - Grade III ususlly >10 cm, high contaminated wound, severe soft tissue damage, variable bone comminution.
    - Grade IIIA Adequate bone cover possible.
    - Grade III B Bare bone, no adequate soft tissue cover for bone.
    - **Grade III C** Circulatory compromise to the injured limb.
- 8. Relevant x-ray and lab investigation
- 9. Formal wound management in theatre
  - Tourniquet -to be used as needed.
  - Free drape
  - **Liberal wound washout**; Pulse lavage in cases of dirty wound –all the dirt and foreign materials, including that in medullary canal must be meticulously removed.
  - Debride all dead tissue.
  - Remove loose pieces of bone.
  - Achieve good haemostasis, but avoid excessive use of diathermy.
  - Dry bone is a dead bone. Bone and tendon ,or joint must have adequate soft tissue cover.
  - Hydro-colloid dressing could be used as a temporary measure to cover the bare bone / tendon .
  - Fracture should be reduced and maintained by use of appropriate internal or external fixation or splinting
  - Proper documentation / Photographs and decision made for subsequent debridement / treatment.

**Review January 2008**