

Has there been a shift in the surgical approach?

The nonoperative management view

Pål Aksel Næss
Ullevål University Hospital
Oslo, Norway

Why nonoperative management (NOM)?

- Benefit for the
 - Patient
 - Surgeon
 - Society

When NOM?

- In the absence of
 - Peritonitis
 - Hemodynamic instability

Rule out peritonitis

- Absence of abdominal deep tenderness
- Nonevaluuable patients
 - CNS injuries
 - Intoxication

Rule out hemodynamic instability

- Definitions
- Clinical examination
- Response to resuscitation

Blunt Trauma

- > 50% are candidates for NOM
- NOM success rate for splenic and liver injuries 70-100%

Penetrating Trauma

- Stab wounds
- Gunshot wounds

Stab wounds

- Anterior abdomen: 50% NOM
- Back: 85% NOM
- Contraindications (?):
 - Peritoneal penetration
 - Free air
 - Evisceration

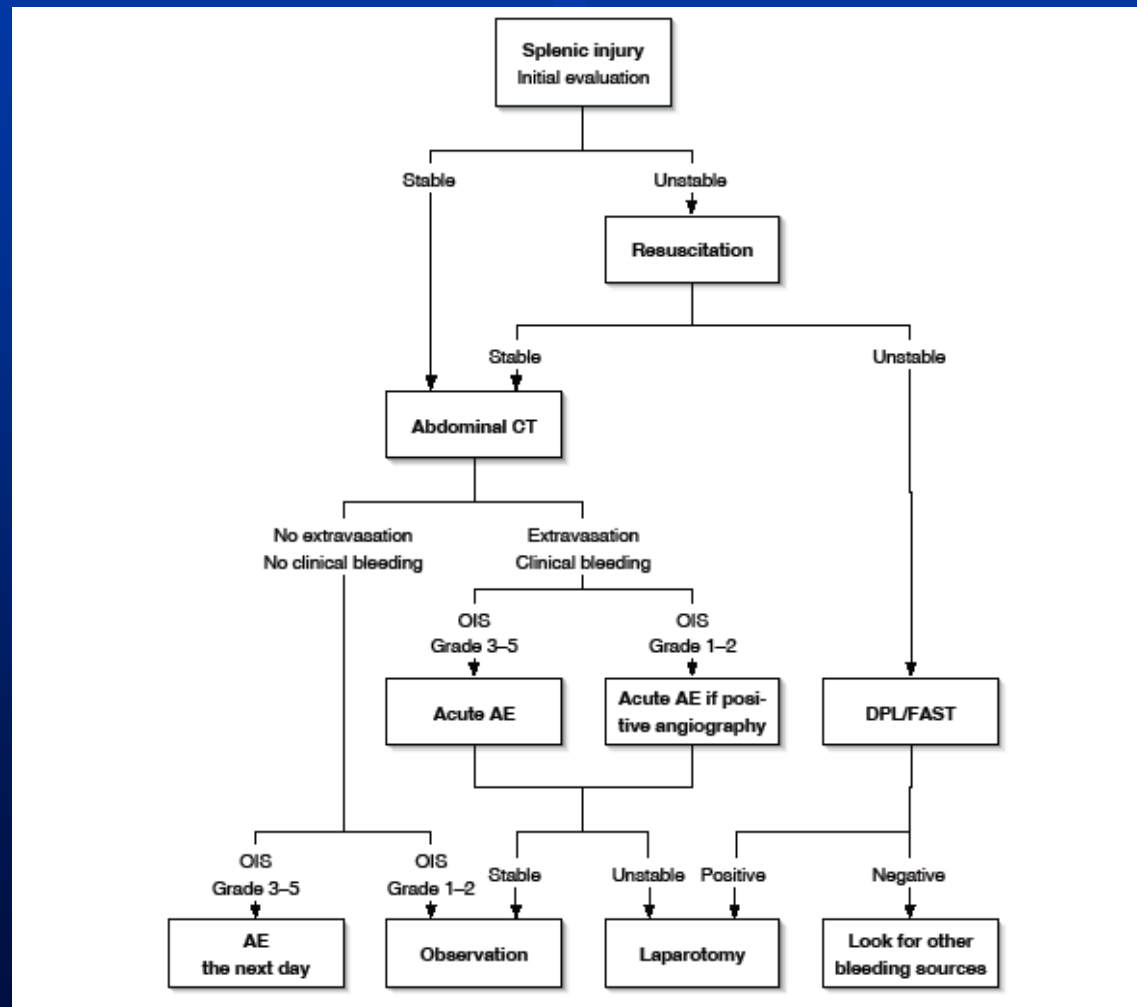
Gunshot wounds

- Anterior abdomen: 30% are candidates for NOM
- Back: 66% are candidates for NOM
- Contraindications (?):
 - Solid organ injury
 - Free air
 - Left thoracoabdominal injury
 - Right anterior thoracoabdominal injury

What is needed for safe NOM ?

- Guidelines
- Clinical judgment
- High volume
- Diagnostic tools/adjuncts
- High educational standard

Suspected splenic injury



Pitfalls in NOM

- Lack of guidelines
- No clinical judgment
- Low volume
- Inappropriate use/lack of diagnostic tools
- Lack of therapeutic adjuncts
- Low educational standard

Missed injuries in NOM

- Delayed diagnosis 3-5%
 - Complications 25%

Summary NOM

- When
 - Best alternative
- Where
 - Appropriate hospital
- Not an easy solution



PAN-2007

Aortic rupture

