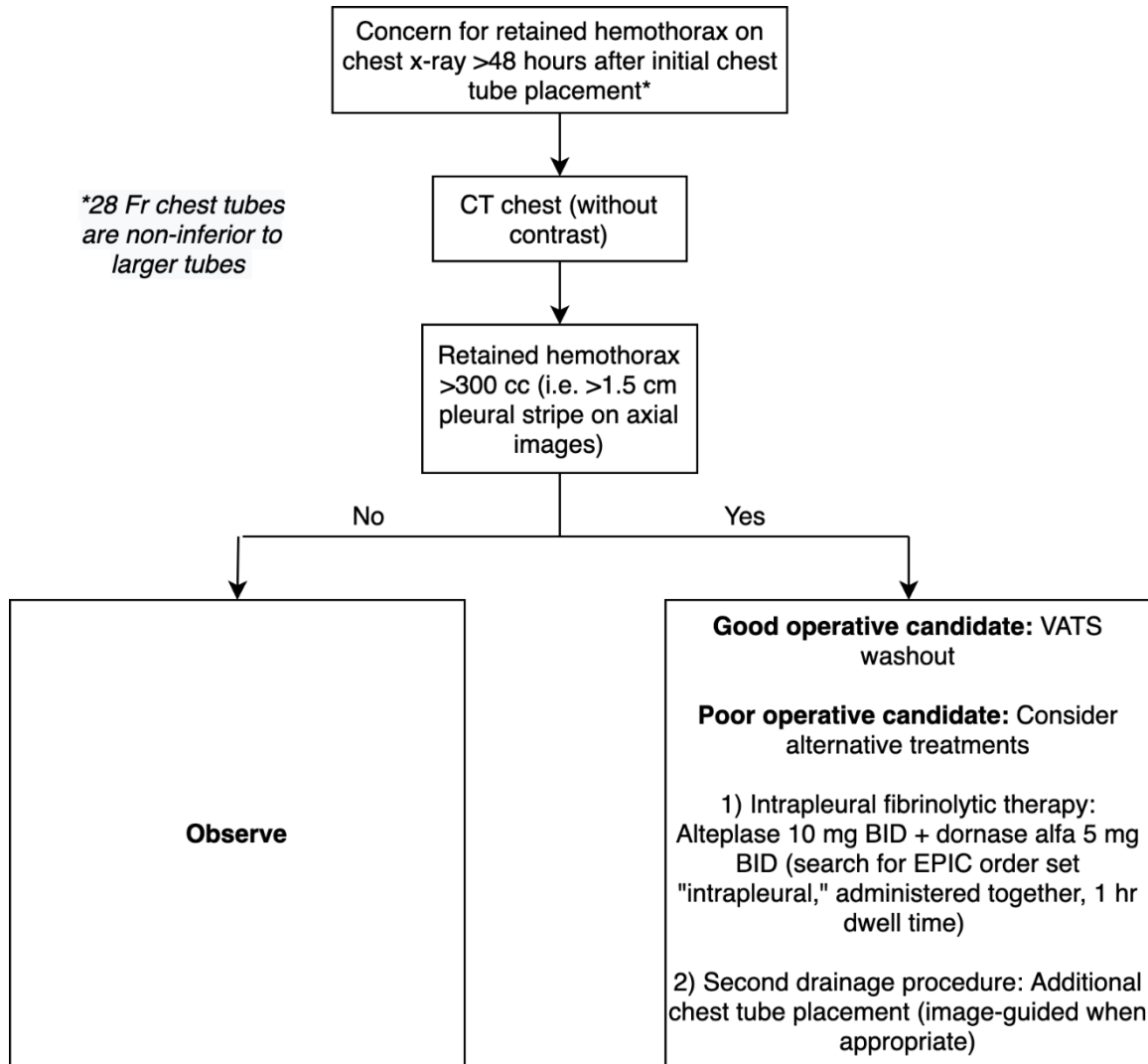


WAKEMED TRAUMA CENTER
RETAINED HEMOTHORAX GUIDELINE



Parent Policy: None	Title: Retained Hemothorax Guideline	Standard Operating Procedure Effective Date: 01/19/2021
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WHO SHOULD READ THIS PROCEDURE:

This procedure shall be read by WPP Surgery and all practitioners caring for trauma population

PURPOSE: Define best practices for the management of posttraumatic retained hemothorax.

Contributing specialties: Trauma surgery

SUMMARY:

- I. Hemothorax occurs in over one third of patients with chest injury.
- II. Posttraumatic retained hemothorax can lead to fibrothorax (trapped lung), empyema, and pneumonia.
- III. CT scan is the gold standard for diagnosing retained hemothorax. It can also differentiate between retained hemothorax and parenchymal injury or consolidation and help quantify the volume of retained blood.
- IV. Treatment should be pursued when retained hemothorax is >300 cc (i.e. >1.5 cm pleural stripe on axial images).
- V. Good operative candidates should undergo VATS washout. Poor operative candidates may be treated with alternative therapies including intrapleural fibrinolytics or a second drainage procedure.

References:

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Prepared by: MGR, TRAUMA PROGRAM

Approved by: MED DIR, TRAUMA

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