TRAUMATISMELE MAINII
Lp4

CLASIFICAREA TRAUMATISMELOR MAINII

- **TRAUMATISME INCHISE**
  - Entorse
  - Luxatii
  - Fracturi
  - Rupturi de tendoane
  - Leziuni vasculare
- **TRAUMATISME DESCHISE**
  - **Plagi simple sau complexe**
  - **Sectiuni sau rupturi musculare**
  - **Sectiuni tendinoase**
  - **Sectiuni nervoase**
  - **Sectiuni vasculare**
  - **Combinatii ale traumelor mai sus mentionate**

ANAMNEZA TRAUMATISMULUI MAINII

- Momentul cat mai exact al traumatismului
- Ce masuri de prim ajutor au fost luate, de catre cine si unde?
- Daca s-a administrat vreun tratament, ce fel de tratament, cand, unde si de catre cine?
- Mecanismul de producere al traumatismului
- Cand a mancat si a baut ultima data si ce (tipul anesteziei)

PRIMUL AJUTOR

- Plagile se acopera cu pansamente sterile pentru a preveni contaminarea
- Mana se mentine ridicata cu pacientul culcat, ca prim pas de oprire a hemoragiei. Daca hemoragia continua se aplica o presiune cu mana prin pansament sau se aplica un tourniquet sau manson de la tensiometru (100-150 mmHg) pana se controleaza hemoragia
- LIGATURILE VASELOR SAU ALTE PROCEDURI DE OPRIRE A HEMORAGIEI NU SE FAC IN DEPARTAMENTUL DE URGENTA – RISC DE LEZARE A VASELOR INTACTE SI A NERVILOR

EXAMINAREA PRIMARA

- Urmareste evaluarea leziunilor (orice structura trebuie considerata ca fiind lezata pana la proba contrarie)
- Se formeaza o parere (diagnostic prezumptiv)
- Se initiaza o strategie terapeutica
- Se instaureaza profilaxia antitetanica, tratamentul antibiotic, antialgic si felul anesteziei
- Se informeaza pacientul in legatura cu gravitatea leziunii si strategia terapeutica

O EVALUARE SECUNDARA SI MAI EXACTA SE FACE INTRAOPERATOR

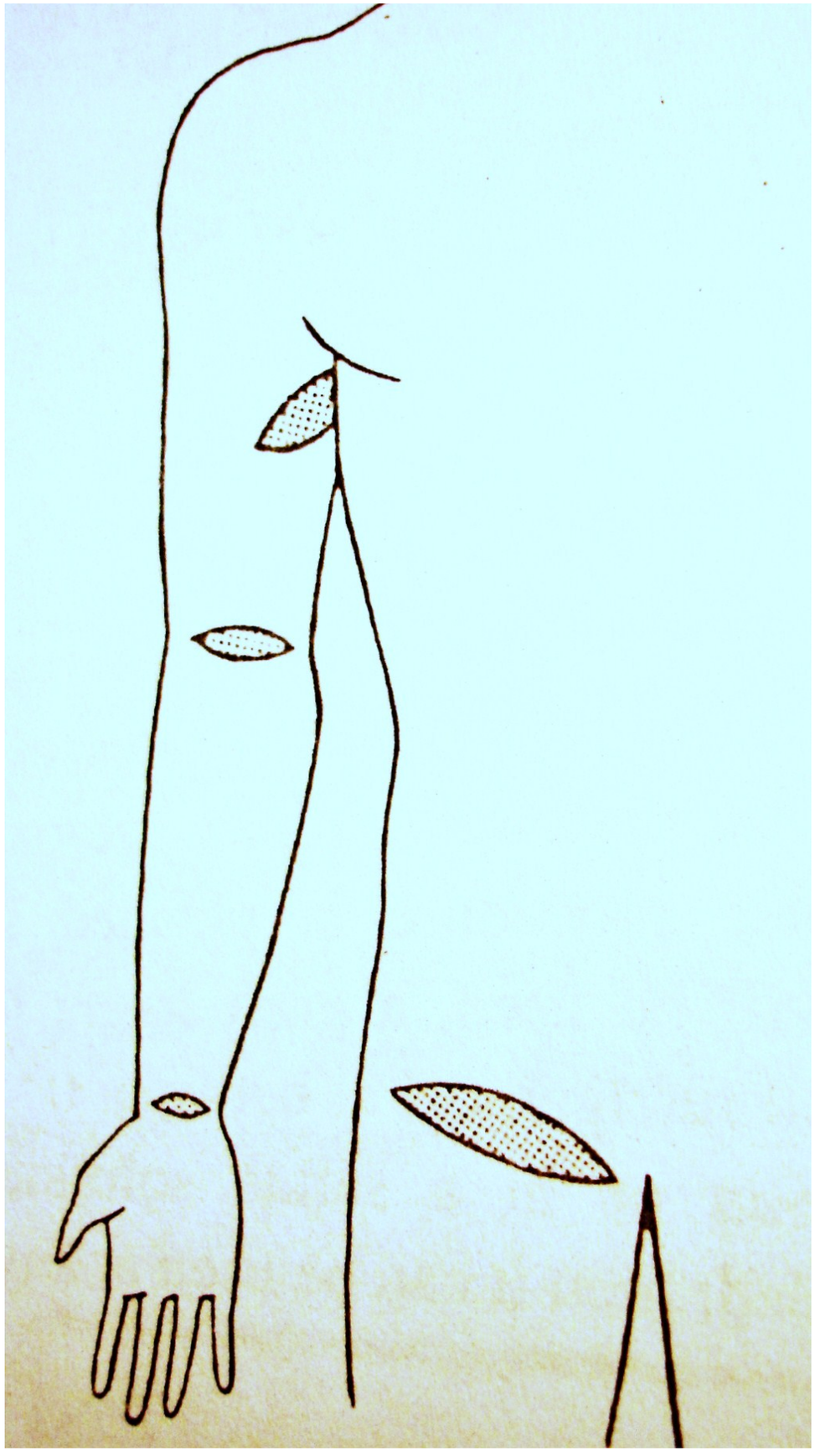
INTRAOPERATOR

- Se evalueaza leziunile
- Se repara structurile afectate
  - 1. structurile scheletale
  - 2. tendoanele si nervii (primar sau secundar)
  - 3. vasele

INCHIDEREA PLAGILOR

INCHIDEREA PLAGILOR

- Sutura directa (cand plaga nu este contaminata sau zdrobita)
- Grefe de piele (cand structuri profunde ca nervi, tendoane, articulatii nu sunt expuse)
- Lambouri tegumentare de vecinatate sau de la distanta (pediculate sau prin transfer liber) cand in campul operator sunt expuse structuri profunde

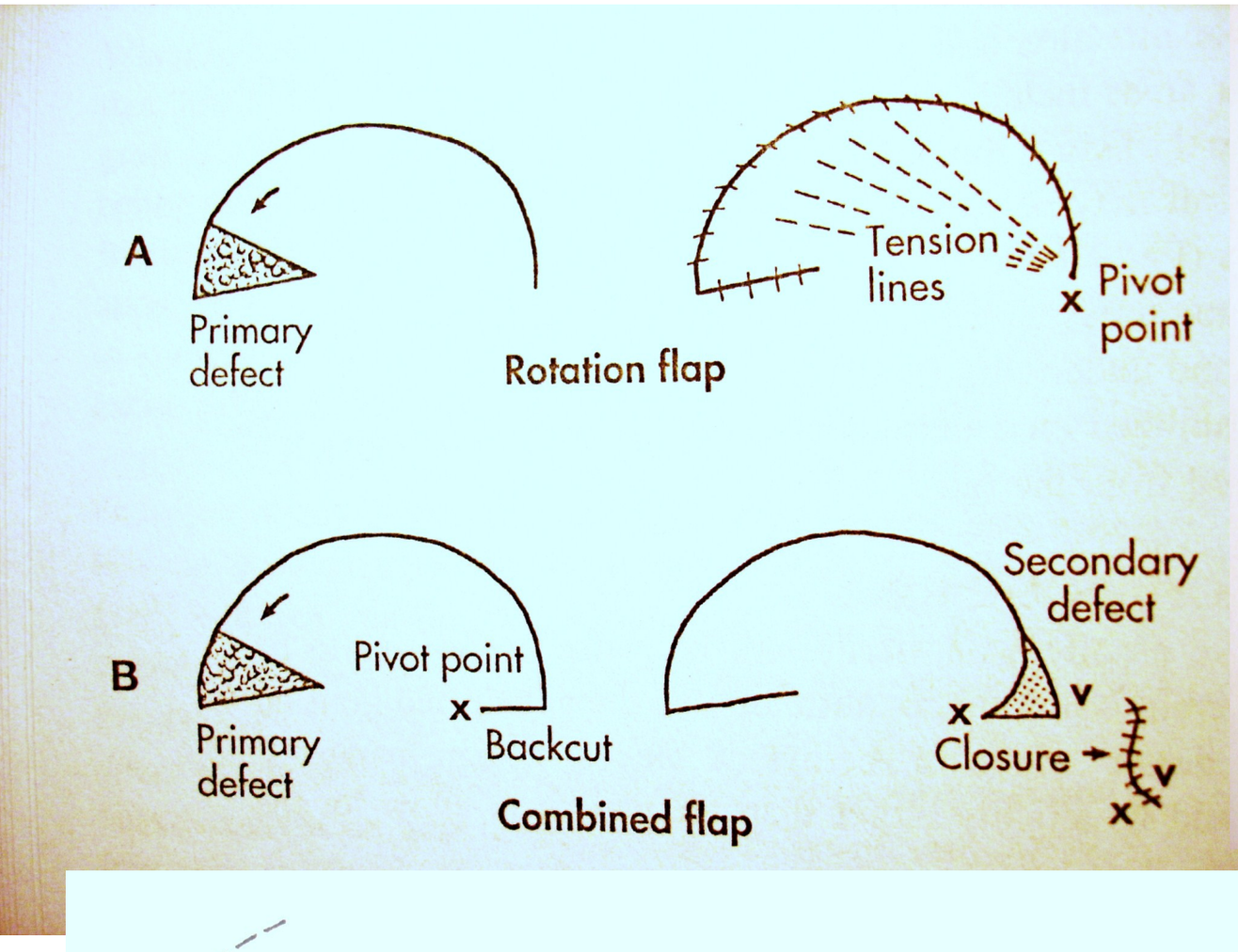


ACOPERIREA CU LAMBOURI TEGUMENTARE

LAMBOURI TEGUMENTARE DE VECINATATE

- Avansate (prin avansare)
- Rotate
- Prin translatie
- Prin transpozitie
- Combinate

SUNT INDICATE IN DEFECTE MICI



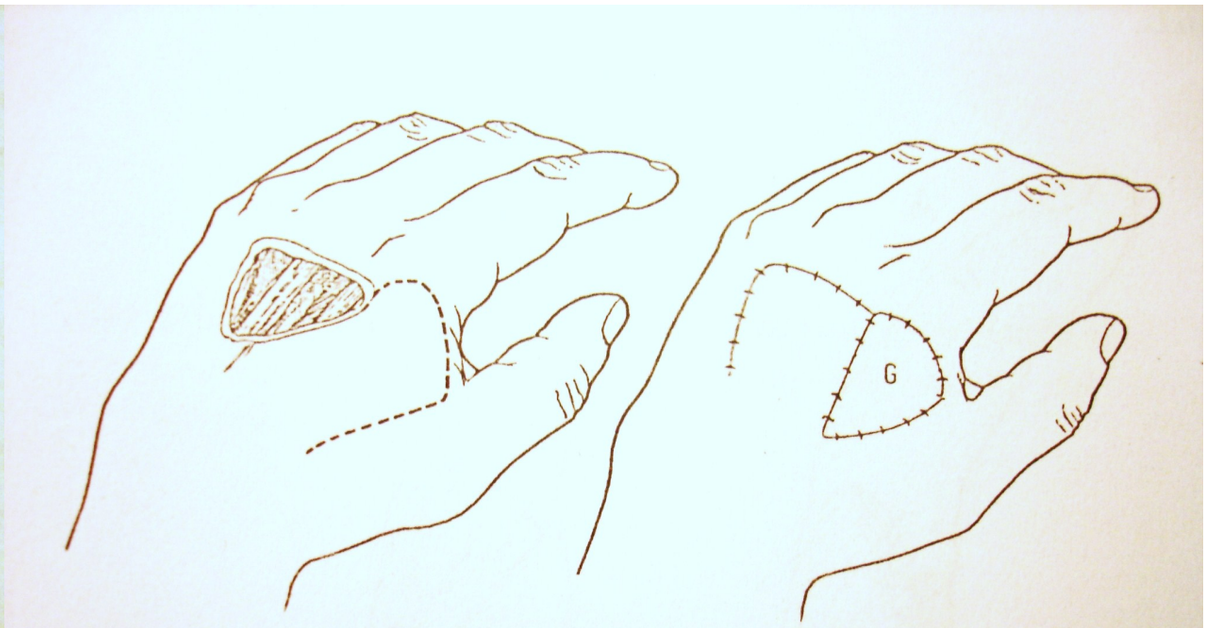
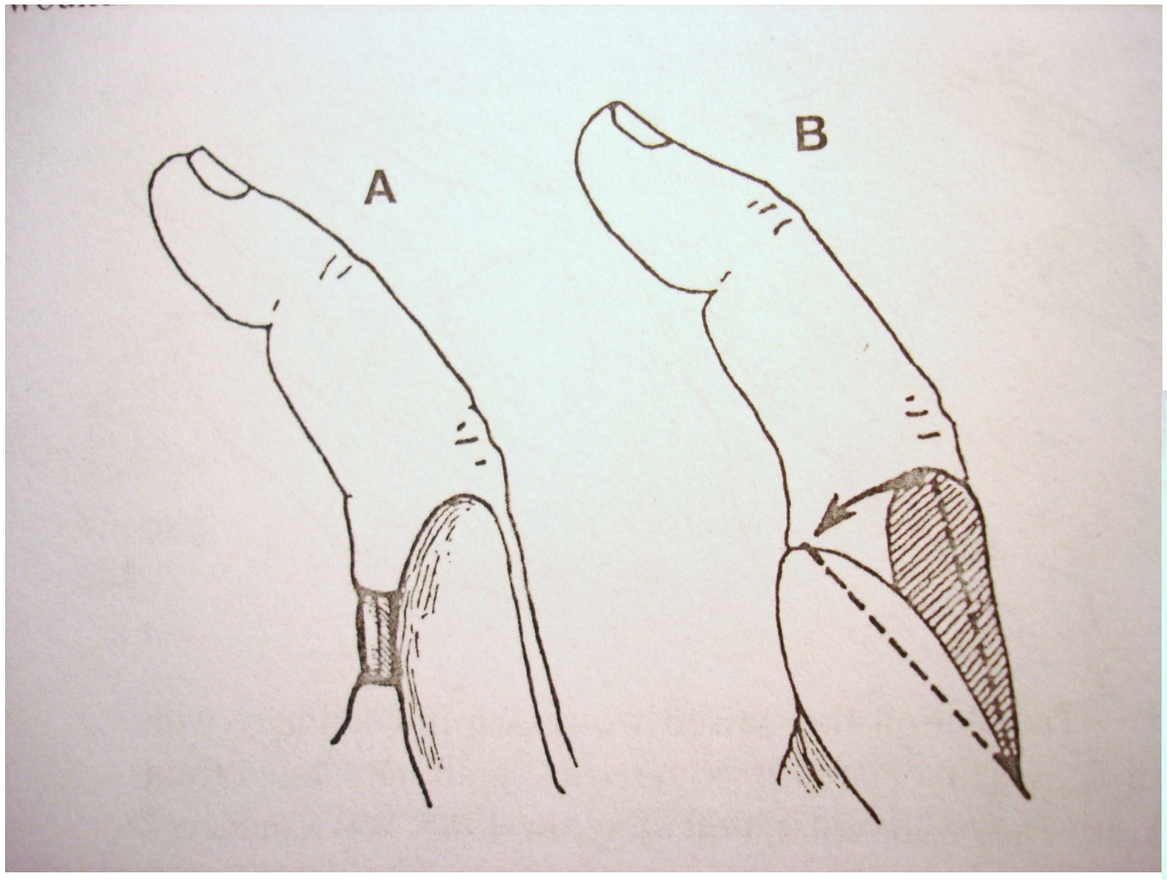
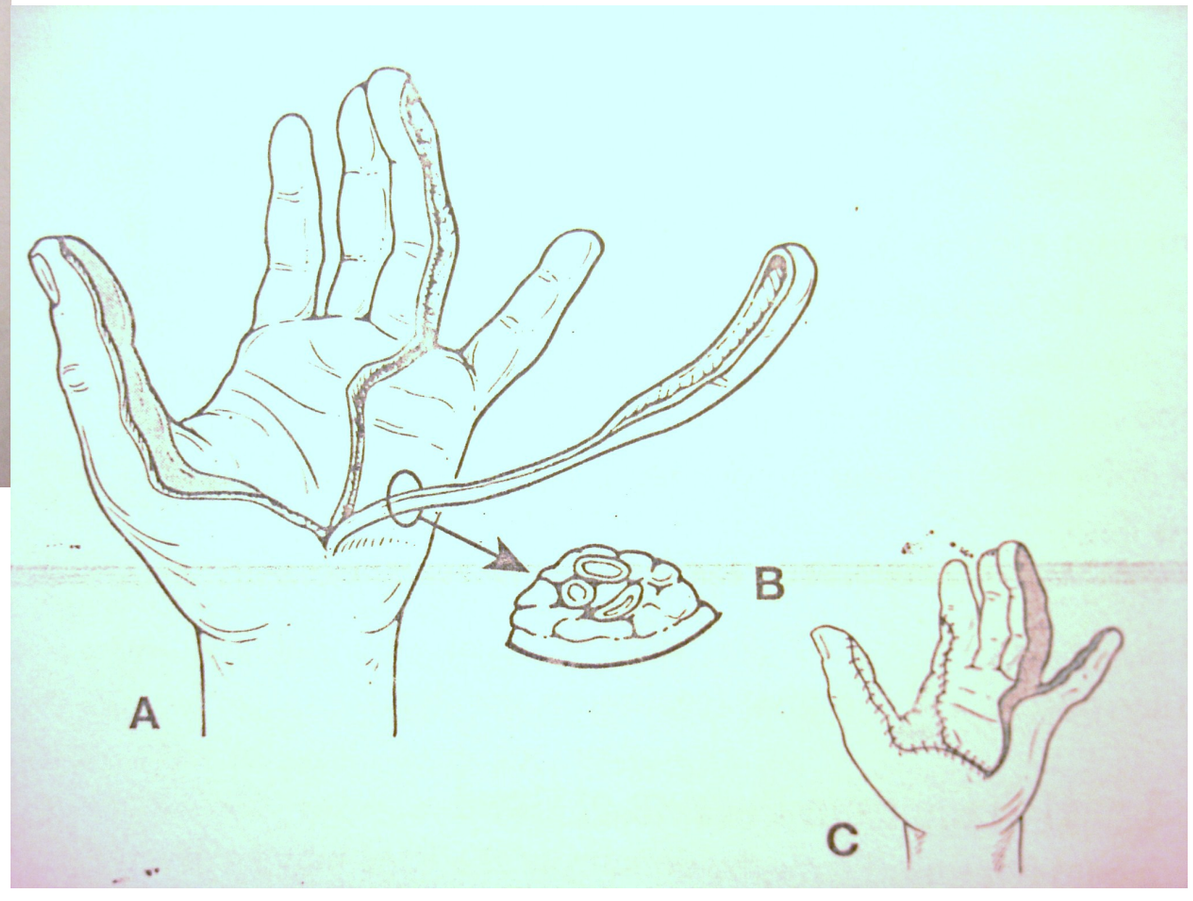
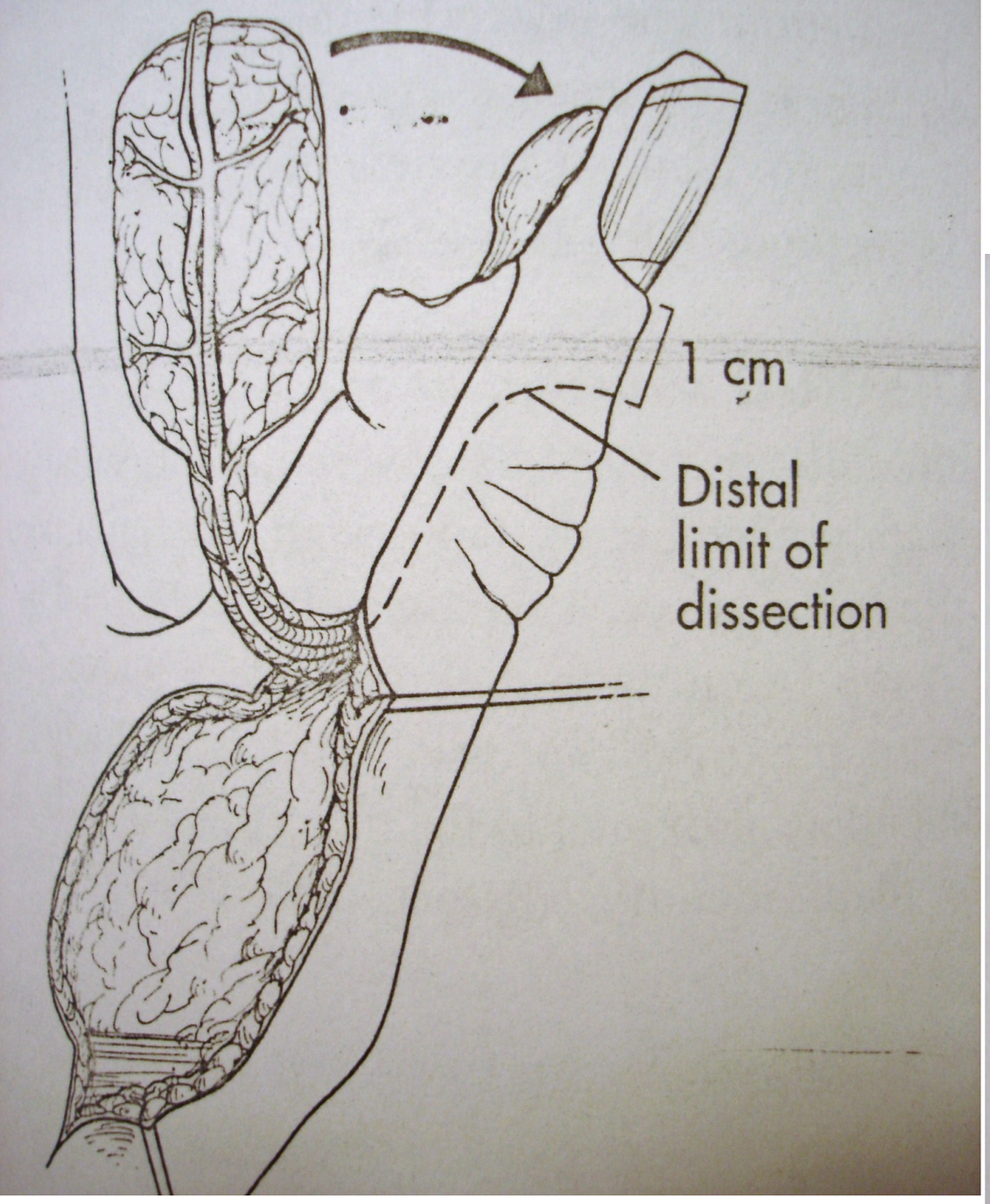


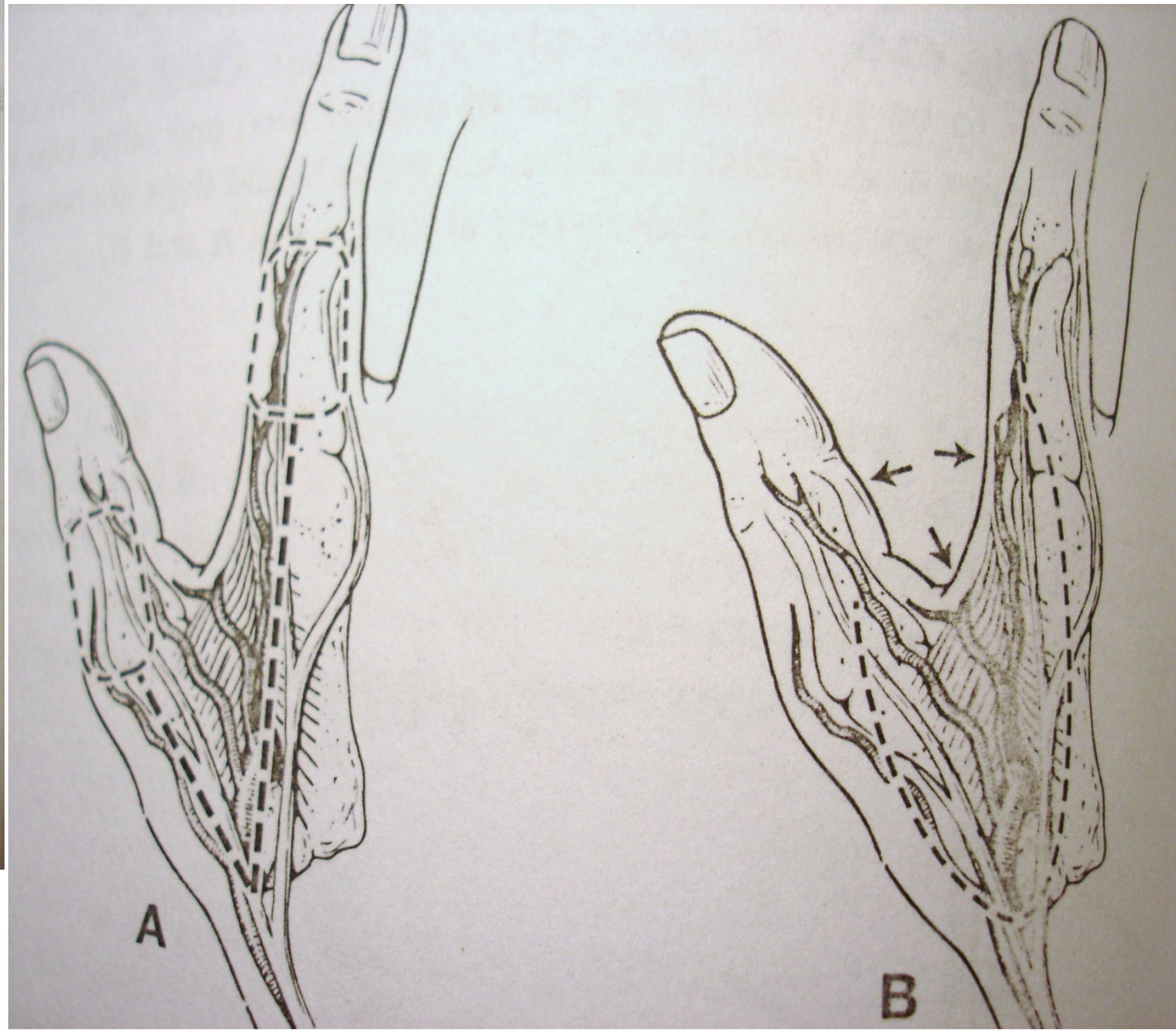
Fig. 62-11 Translation flap raised from skin in continuity with area of skin loss. Donor area is covered by graft. (Redrawn from Tubiana R, ed: *The hand*, vol 2, Philadelphia, 1985, WB Saunders.)

ACOPERIREA CU LAMBOURI A DEGETELOR

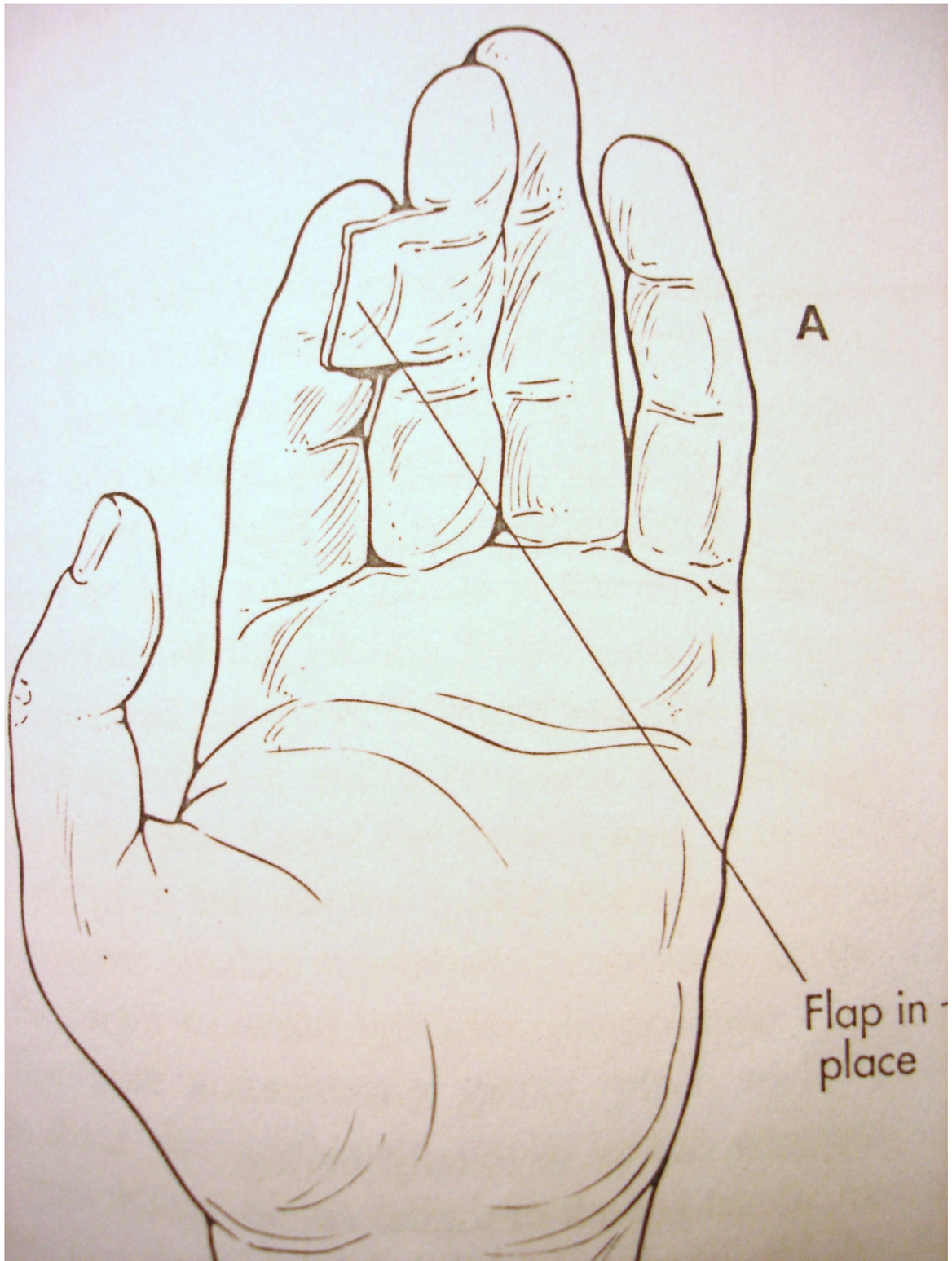




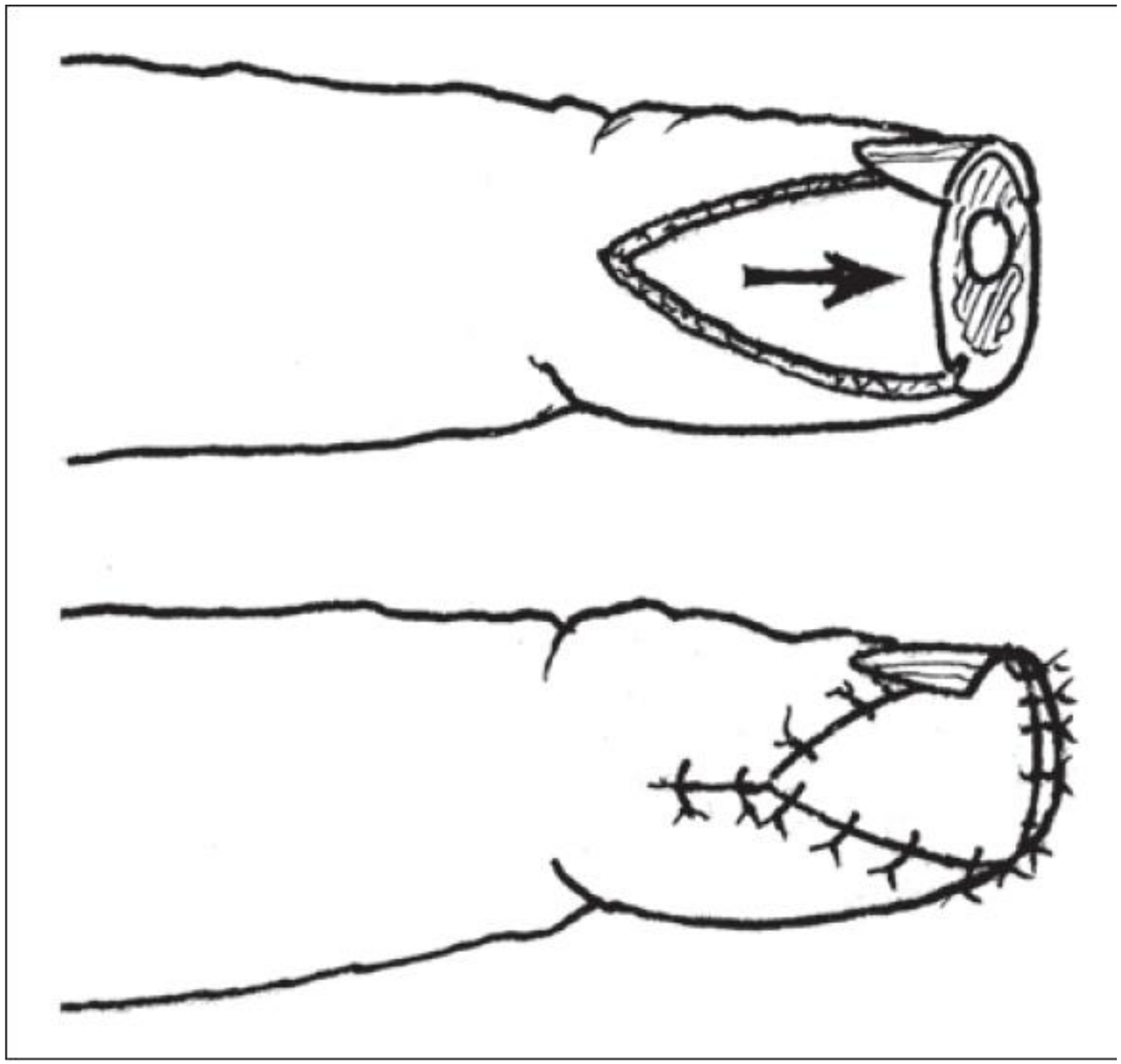

1 cm
Distal
limit of
dissection


A
B

ACOPERIREA CU LAMBOURI CROSS-FINGER

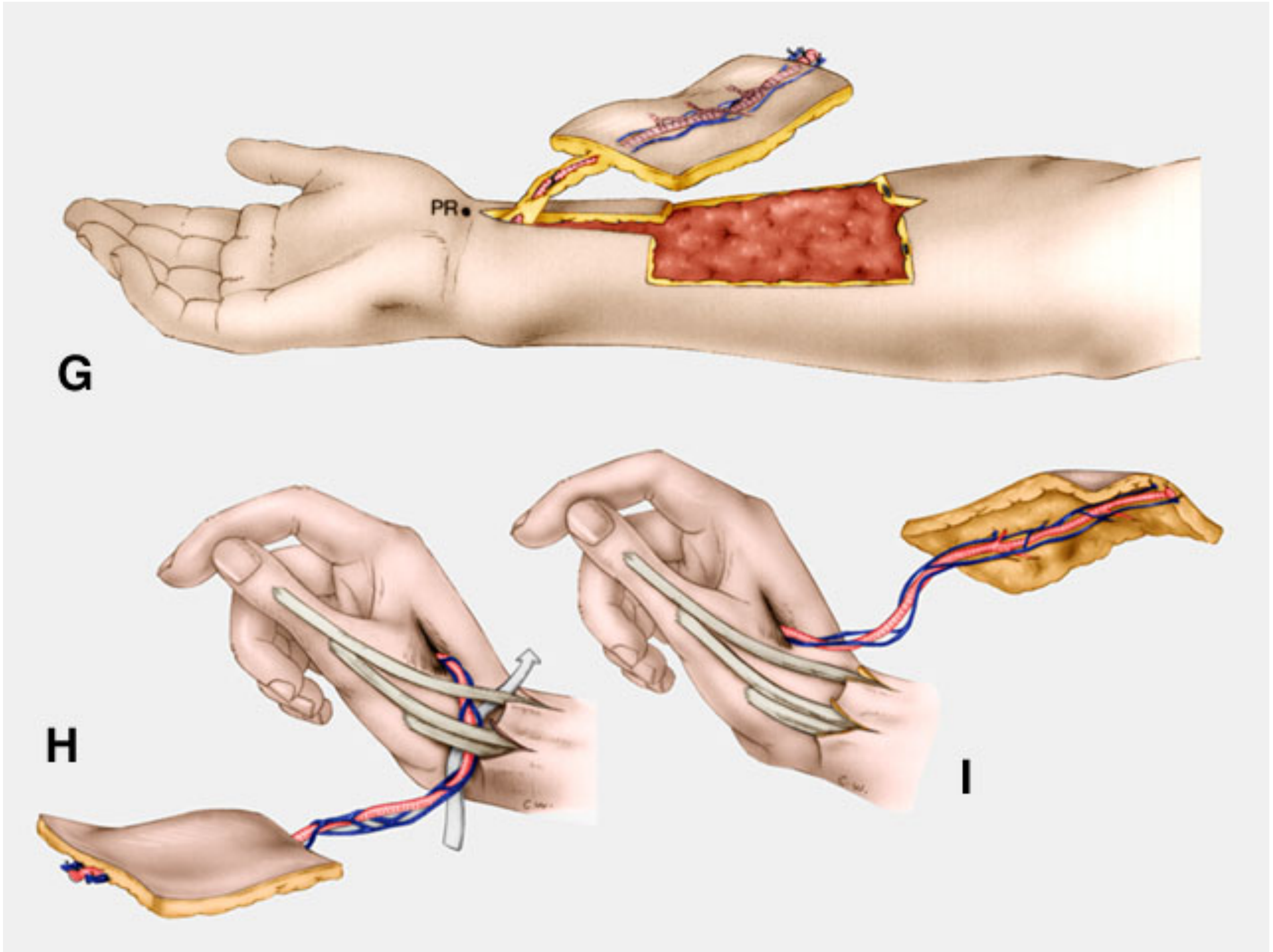


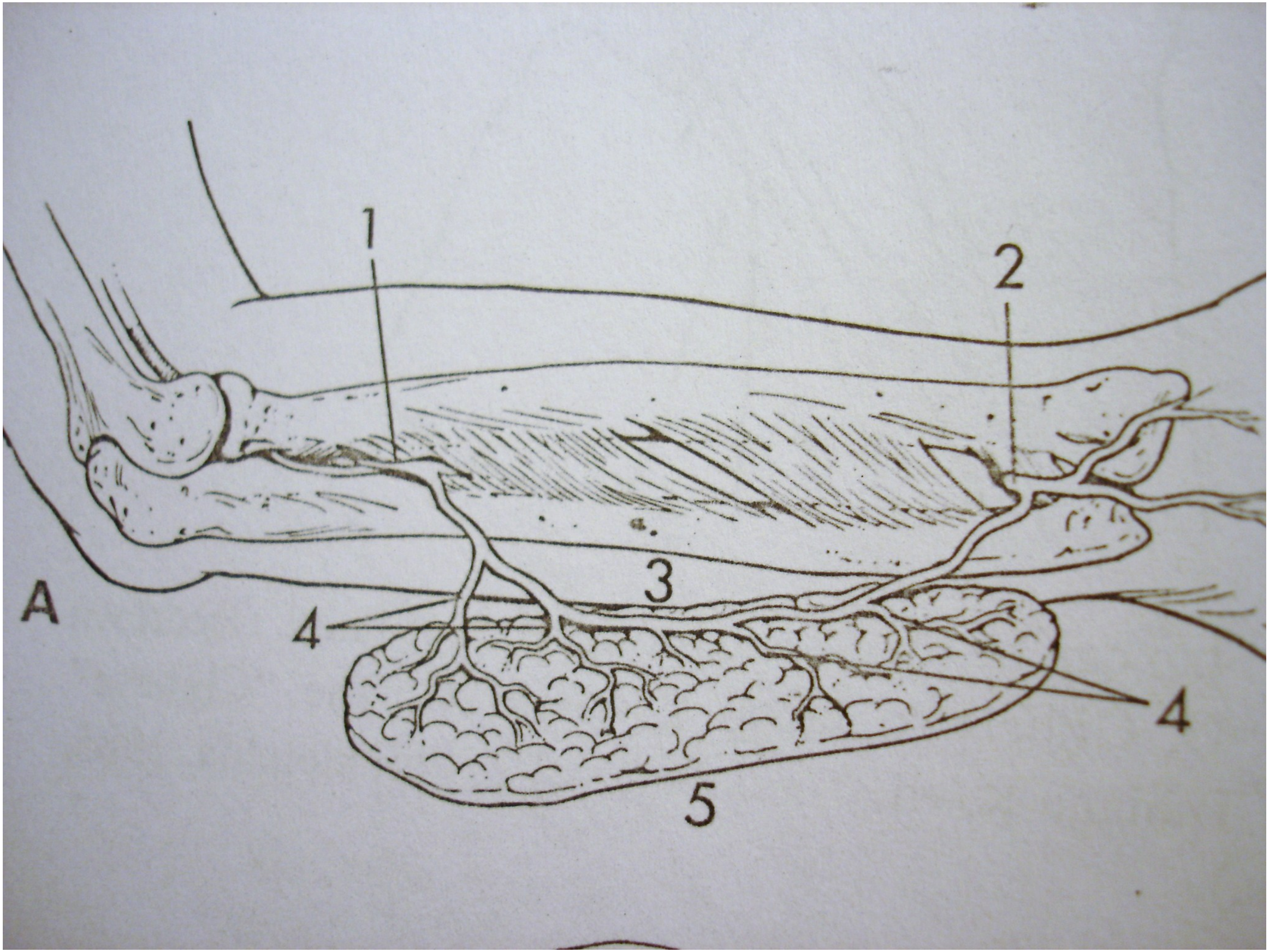
ACOPERIREA CU LAMBOURI V-Y



ACOPERIREA DEFECTELOR MAINII CU LAMBOURI TEGUMENTARE DE LA NIVELUL ANTEBRATULUI

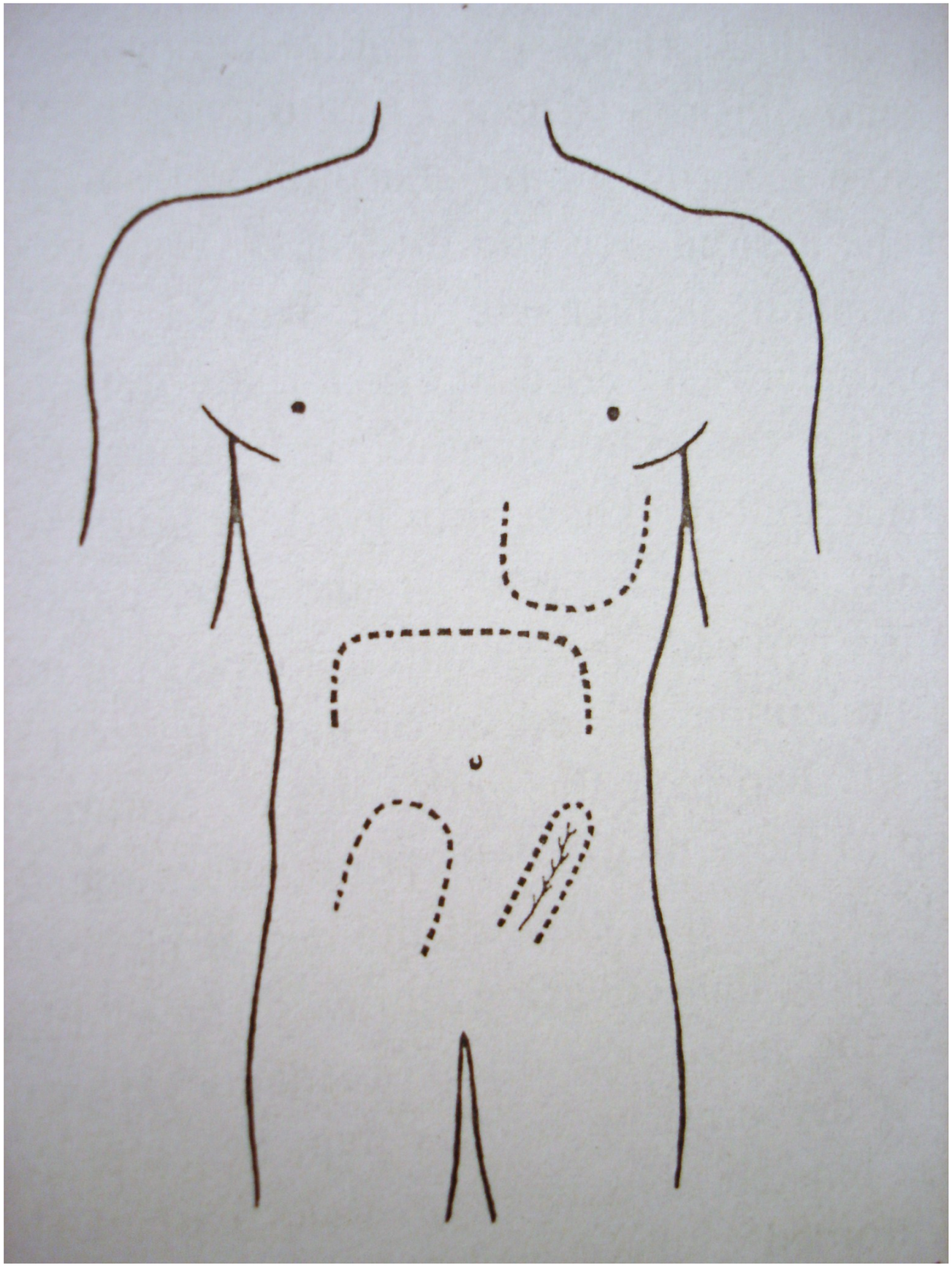
- Lamboul antebrahial radial cu circulatie reversa
- Lamboul interosos posterior

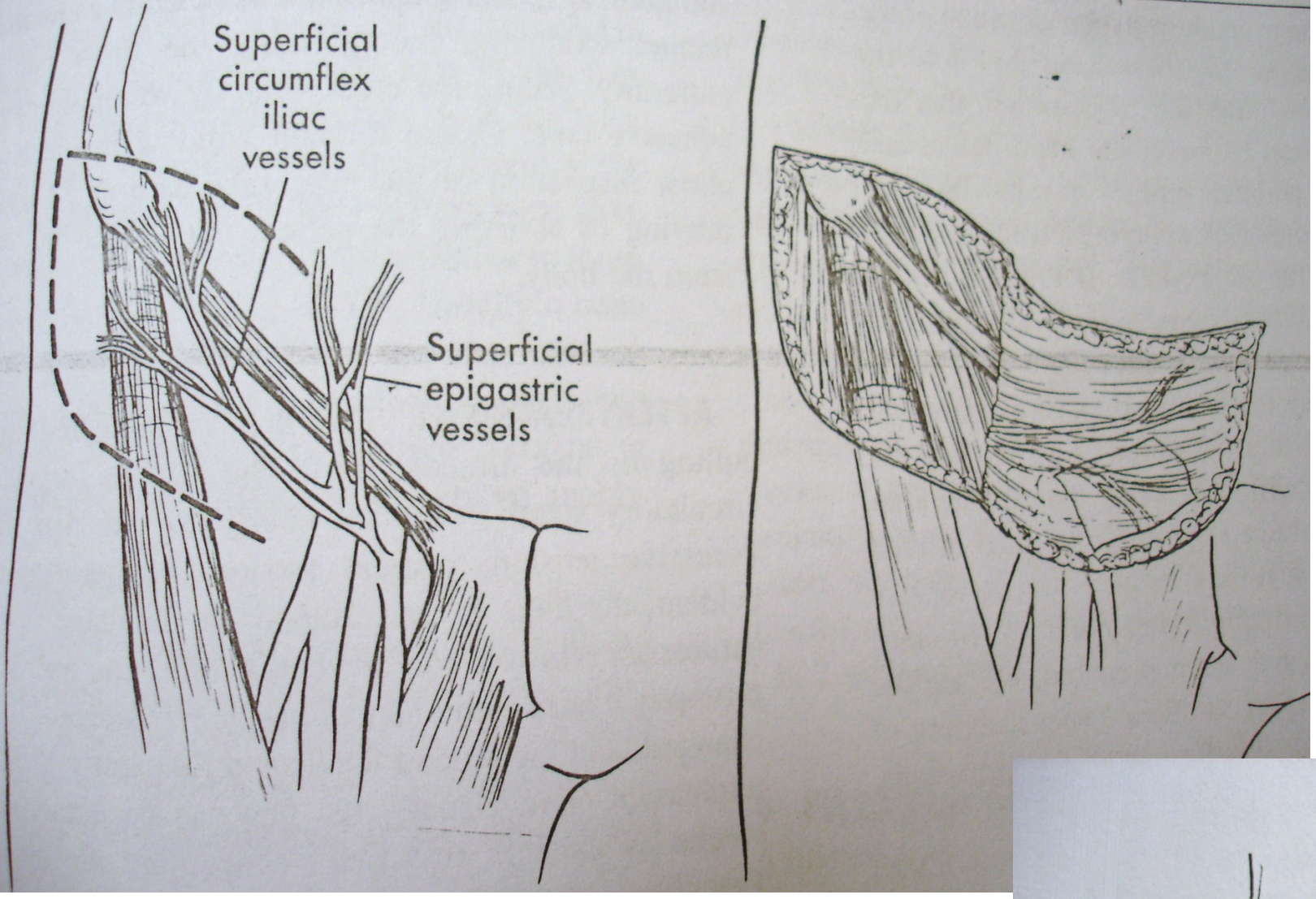

PR
G
H
I


1
2
3
4
4
5
A

LAMBOURI TEGUMENTARE ABDOMINALE

- Lambouri tegumentare cu circulatie intamplatoare
- Lambouri tegumentare axiale
  - Lamboul inghinal
  - Lamboul hipogastric (epigastric superficial)




Superficial
circumflex
iliac
vessels
Superficial
epigastric
vessels