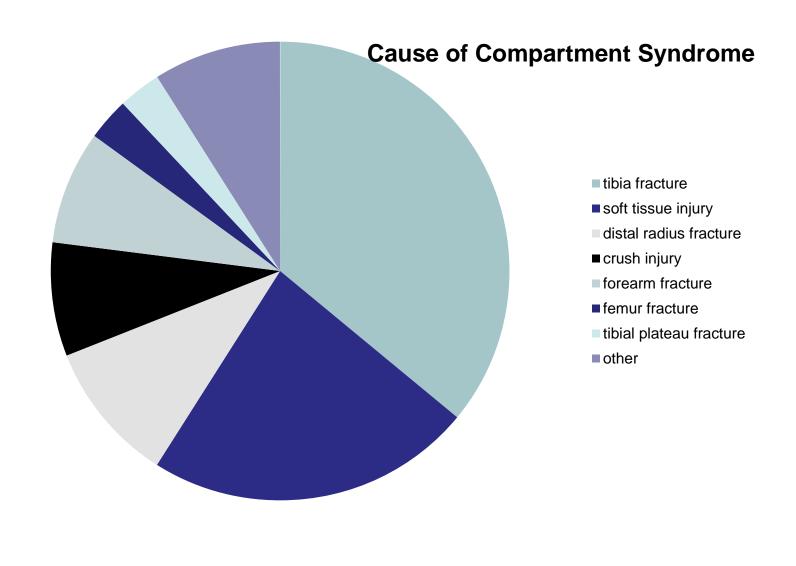
Compartment Syndromes

Todd McKinley
Department of Orthopaedic
Surgery
University of Iowa



Risk Factors

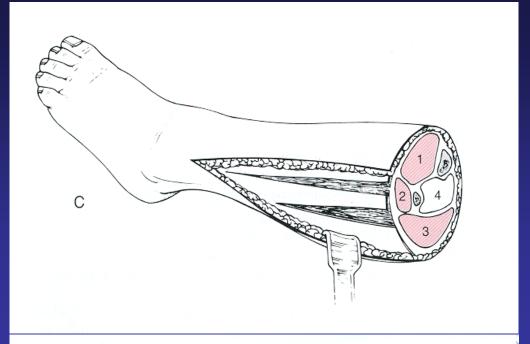
- Youth
- Male (10X when less than 30 yo)
- Tibia: not affected by energy with a slight increase in LOW ENERGY
- Femur/Forearm: High Energy
- Altered Pain Perception: ICU, Blocks, Regional Anes.

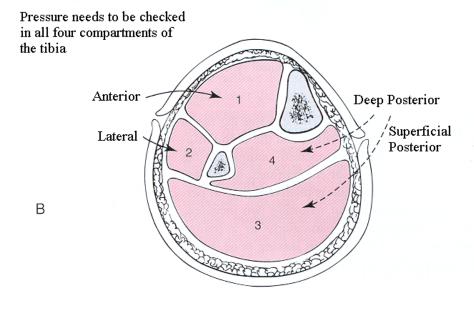
Compartment Syndrome

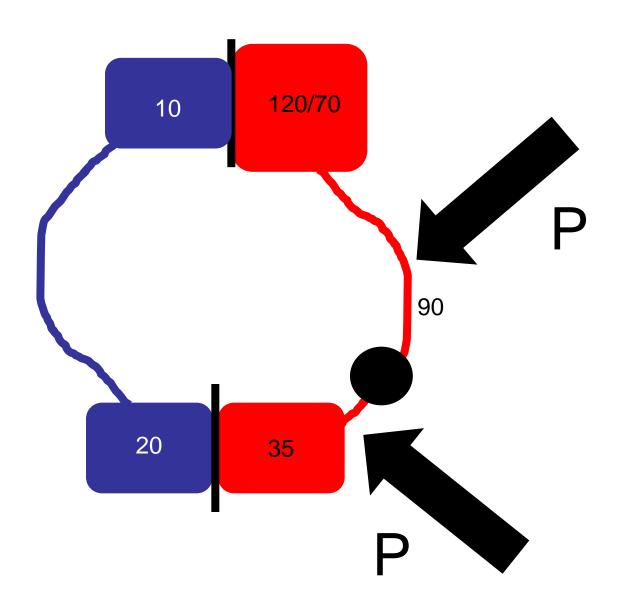
Increase of the contents within a closed space of limited compliance.

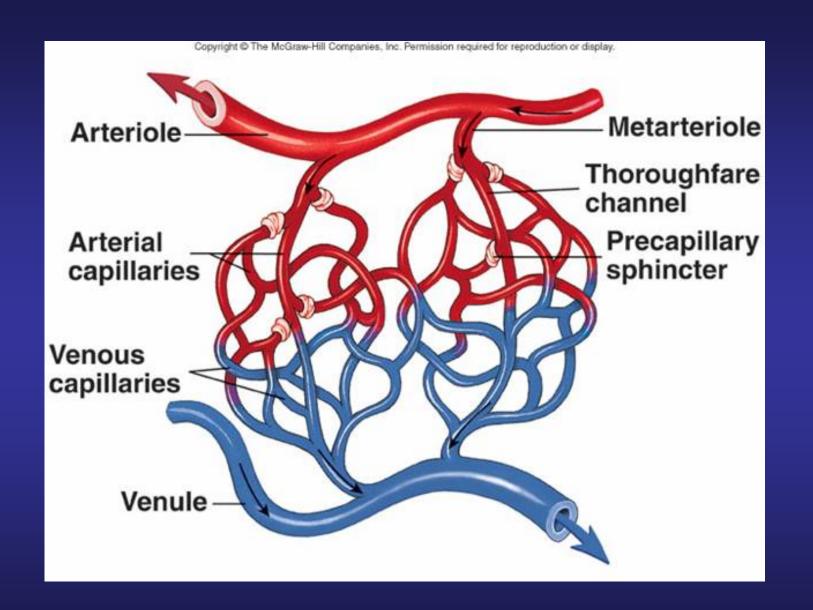
Leads to collapse of the small vessel system

Debated whether arteriolar, capillary, or venule



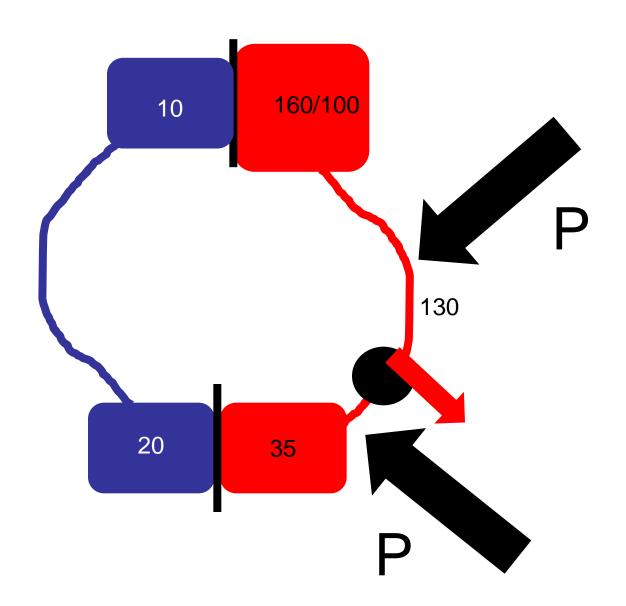






Compartment Syndrome

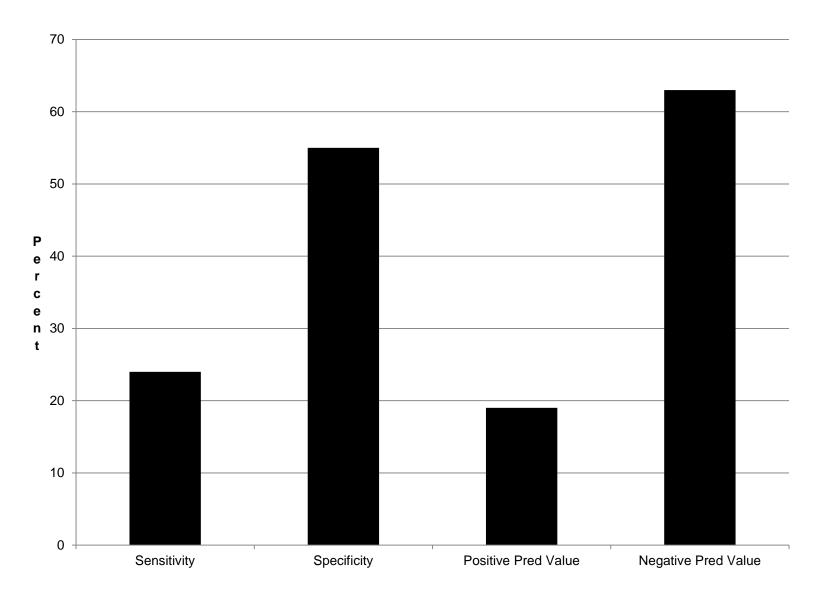
- PAIN. Especially pain with passive range of motion
- Pink
- Pulses present
- Parathesias and Paralysis: late findings



Diagnosis of Compartment Syndrome

- Clinical diagnosis based largely on the experience of the observer. YOU MUST HAVE A LOW THRESHOLD TO MAKE THE DIAGNOSIS.
- Less than a 30 mm difference between compartment pressure and diastolic blood pressure (McQueen et al. J Bone Joint Surg Br. 1996)

Physical Palpation of Compartment in a Cadaver Leg



Pressure Measurements

- Affected by tissue compliance
- Very heterogeneous milieu
- Distance from injury
- Be careful. Trust your judgement.
- Error on the safeside.

Suspected Compartment Syndrome

- If clinical diagnosis made, immediate fasciotomy
- If unsure, measure compartment pressures immediately
- Immediate fasciotomy if any pressure within 20-30 mm of diastolic pressure

The ICU Obtunded Patient

- Must have visual access to the limb
- Continuous monitoring: inconclusive
- Repeated exams
- WATCH diastolic pressures closely
- Move the limb around and see if it is positional

Repeated ICU Measurements

- Exam, pressure measurements appx every 3-4 hours
- Speak directly with nursing.
- Delta P < 30 mm

Surgical Principles

- Full length incisions. Bad place for "limited incisions"
- See the nerves
- Don't close the skin.

