Abdominal and Pelvic Trauma

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Injuries to the abdomen are common, especially so in our age of high-speed automobiles and other fast-moving machinery. In this discussion, we will look at what may be done for an accident victim with suspected abdominal injuries, while awaiting transfer to an emergency facility—as well as what may be done when there is no emergency facility to transfer to.

While there are many large organs in the abdominal cavity that may be injured in an accident, internal bleeding is the most urgent and immediately life-threatening. Other injuries may also kill, but usually not in the early minutes or hours following the injury.

Later, infection from a perforated stomach, bowel or colon will set in and threaten life unless recognized early and properly treated. Enzymes from an injury to the pancreas may cause extensive tissue destruction leading to infection and death, sometimes even with the very best medical and surgical management. Many are the other possible injuries inside the abdomen that may prove life-threatening. Fortunately, the human body is also very good at recovering from serious injuries when given adequate support during the process.
Do not operate and open an abdomen in an emergency situation unless you have a well-equipped operating room, available intravenous fluids and blood available, and good general anesthesia. More lives will be lost than saved by pressing for surgery if these conditions are not met. Fortunately, the vast majority of abdominal injuries will respond well to careful support and nursing care.

A) Symptoms and signs of abdominal-pelvic injuries

Pain and tenderness of the abdomen.

Pain and tenderness of lower ribs suggesting rib fractures may indicate injury to the liver (right side) or spleen (left side). The liver and spleen are located behind the lower ribs.

Pain in the pelvic area when pressure is applied to the pubic bone or when compressing the sides of the pelvis together.

Abrasions or bruises on the abdominal skin may suggest internal injuries.

Penetrating injuries with knives or bullets.

Symptoms and signs of shock without other injuries to account for the blood loss may suggest intraabdominal bleeding (Section II, chapter 2—shock).

Increasing distention of the abdomen may indicate active bleeding, with the abdomen filling with blood.
Absence of bowel sounds.

B) Treatment of patients with suspected abdominal-pelvic injuries while awaiting transport

If no neck or spine injuries, turn the patient on one side to prevent aspiration in event of vomiting.

Do not give anything to eat or drink.

Initiate intravenous fluids if available.

Cover protruding organs, if any, with clean, moist dressing. Do not attempt to replace within the abdomen, unless very small amount and easily replaced.

Stabilize pelvis, if fractures of pelvis are suspected, with rolls of towels, clothing, etc.

C) What to do if there are no medical facilities available

Make victim as comfortable as possible.

Attempt to find a safe way to provide fluids (Section VII, chapter 4—fluid administration).

If internal bleeding is suspected, or if victim is in shock, fluids (including blood if possible) must be administered in sufficient quantities to sustain blood pressure above 80 systolic. Most (but not all) bleeding will spontaneously stop in time.
Do not give anything by mouth until patient gets hungry, develops active bowel sounds (when
listening to the abdomen with a stethoscope or an ear to the abdomen), or passes gas per
rectum. (Note: If it is not possible to provide fluids by any other route, give frequent small sips
of water.)

If repeated vomiting occurs, turn patient to side to prevent aspiration. Insert a tube into the
stomach if one can be found or improvised (Section VIII, chapter 14, A, B).

Do not rush to feed. One does not starve to death in a few days. Give the organs as much time
to recover as possible before feeding a patient with an injured abdomen.

If bowels are hanging out through a hole in the abdominal wall, wash them well with sterile
saline solution (Section VII, chapter 10, A). Cover with a clean or sterile dressing moistened
with saline. Over this, place a dry dressing and seek a means to transfer to a hospital. If this is
not possible, rather than letting the person die without trying, position the patient on his/her back
on a flat board, tilt the board so the head is low and the feet are up (this position tends to "pull"
the bowels back inside). After carefully cleaning the bowels and your hands, attempt to return
the bowels to the inside as though you were putting a balloon through a small hole. It may be
necessary to enlarge the defect a little with a sharp knife or razor blade. Once returned inside,
plug the hole with sterile gauze and place a binder on the patient to hold it in place. An
alternative would be to sew the skin together with several large stitches. Keep everything very
clean and be generous with antiseptic solutions.

Use medical or herbal antibiotics as may be obtained.

For suspected pelvis fractures or unstable pelvis, wrap pelvic area snugly to give stability, and
keep patient in bed for several weeks until healing begins.

Provide optimal nursing care (Section VII, chapter 5).
Give the patient into the hand of God.