

OPEN LOWER LIMB FRACTURES
GM Major Trauma Network Adult Pathway
Version 4.0 March 2022

All open lower limb fractures to be conveyed to an MTC site

At receiving site, initial management as per BOAST - Open Fractures (Dec 2017)

<https://www.boa.ac.uk/resources/boast-4-pdf.html>

Patients at a non-MTC site:

**Refer for MTC care: Local Trauma Team Leader (TTL)
to MTC TTL**

MRI TTL (0161 276 4012)

SRFT TTL (0161 206 2226)

- For **catastrophic injuries** (unmanageable: airway, breathing, or catastrophic haemorrhage): Go to 'PIT STOP' guidance
- For all patients, arrange an **Emergency Category 2** transfer to the MTC
- For patients with **other injuries**, consider primacy of injury and follow existing GM Network major trauma pathways (e.g. vascular injuries to MRI, head injuries to SRFT)
- While awaiting transfer, follow BOAST guidelines for assessment (photographs), splintage, antibiotic administration, and imaging

MTC Care

Orthopaedic registrar (to assess in person):

- Assesses wound
- Takes photos, x-rays (for upload to GM SPECTRA PACS) and medical microbiology swabs
- Initiates referral to **MTC Ortho-Plastic team**
 - For MRI Submit e-referral <https://referrals.mdsas.com>

Primary Surgery

(Gustilo classification refined by orthopaedics)

Immediate Surgery:

For **highly contaminated wounds** (agricultural, aquatic, sewage) or when there is an associated **vascular compromise** (compartment syndrome or arterial disruption producing ischaemia).

Within 12 hours of injury:

For other solitary **high energy** open fractures

Within 24 hours of injury:

For all other **low energy** open fractures

Definitive Surgery

Within 72 hours of injury:

Definitive soft tissue closure or coverage should be achieved within 72 hours of injury if it cannot be performed at the time of debridement.

In cases where delay to wound cover is deemed clinically beneficial, an exception report should be documented and audited