Bilateral VS. Unilateral Arterial Embolization for Pelvic Trauma

Jane Keating, MD1, and Monika Nelson TPM1, Manuel Moutinho, MD2, Jeremy Fridling, MD3
1Hartford Hospital, Hartford CT; 2 Saint Francis Hospital and Medical Center, Hartford, CT; 3UCONN School of Medicine, Farmington, CT

Objectives

The primary aim is to compare the 24-hour mortality of patients who received unilateral embolization with that of patients who received bilateral embolization for pelvic trauma.

Secondary aims are to compare prevalence of post-operative ischemic and infectious complications and late (7-day) hospital mortality in each of these groups.

Background

Traumatic pelvic fractures are associated with a high rate of mortality (5-10%), and mortality can be as high as 60% in patients with hemodynamic instability.

Embolization of pelvic arteries is an effective intervention for hemorrhage control in cases of pelvic fracture.

Methods

This study will be conducted through the Research Consortium of New England Centers for Trauma (ReCONECT) group as a retrospective, multi-site study. Hartford Healthcare (HHC) will serve as the lead site and data coordinating center.

Data will primarily be extracted from the trauma registries of Level 1 trauma centers in New England with additional manual review and extraction from the electronic medical records (EMR) if necessary.

This study is now open.