

# *Bekkenfracturen*

**IC vplk opleiding**  
**Oktober 2009**

**Jan Biert**

# PELVIC FRACTURES

*assessment and treatment*

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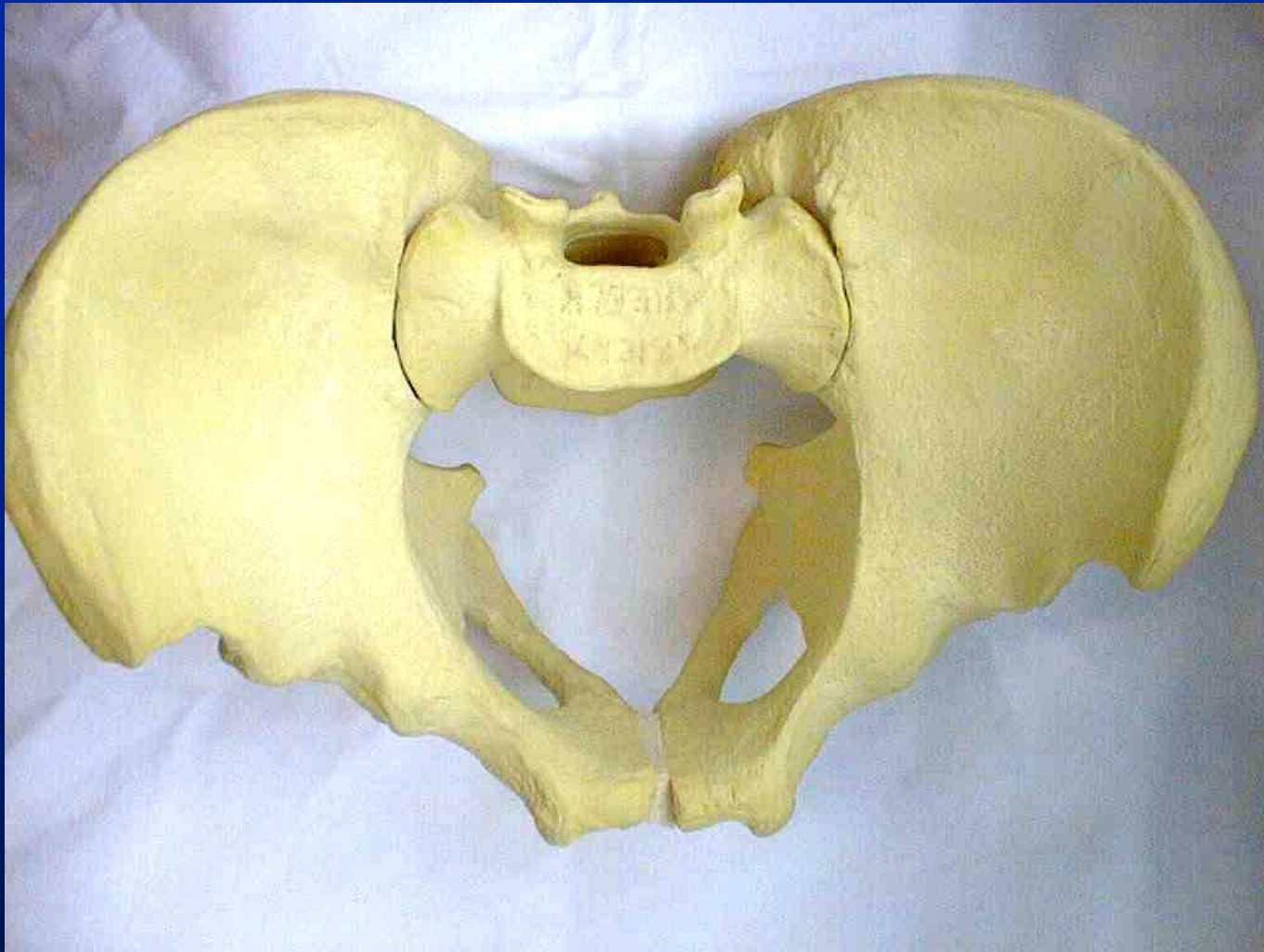
# anatomy



anterior view



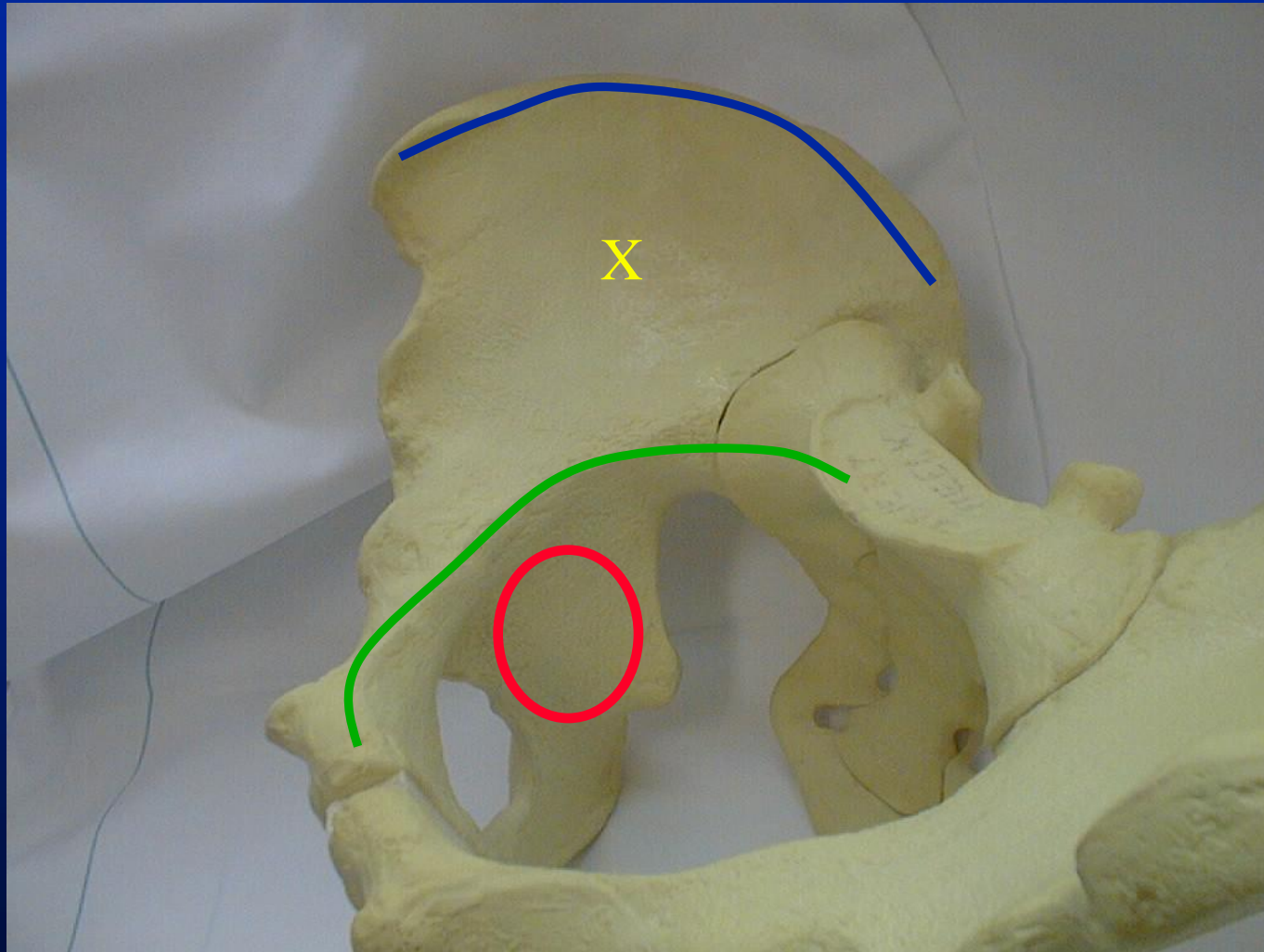
posterior view



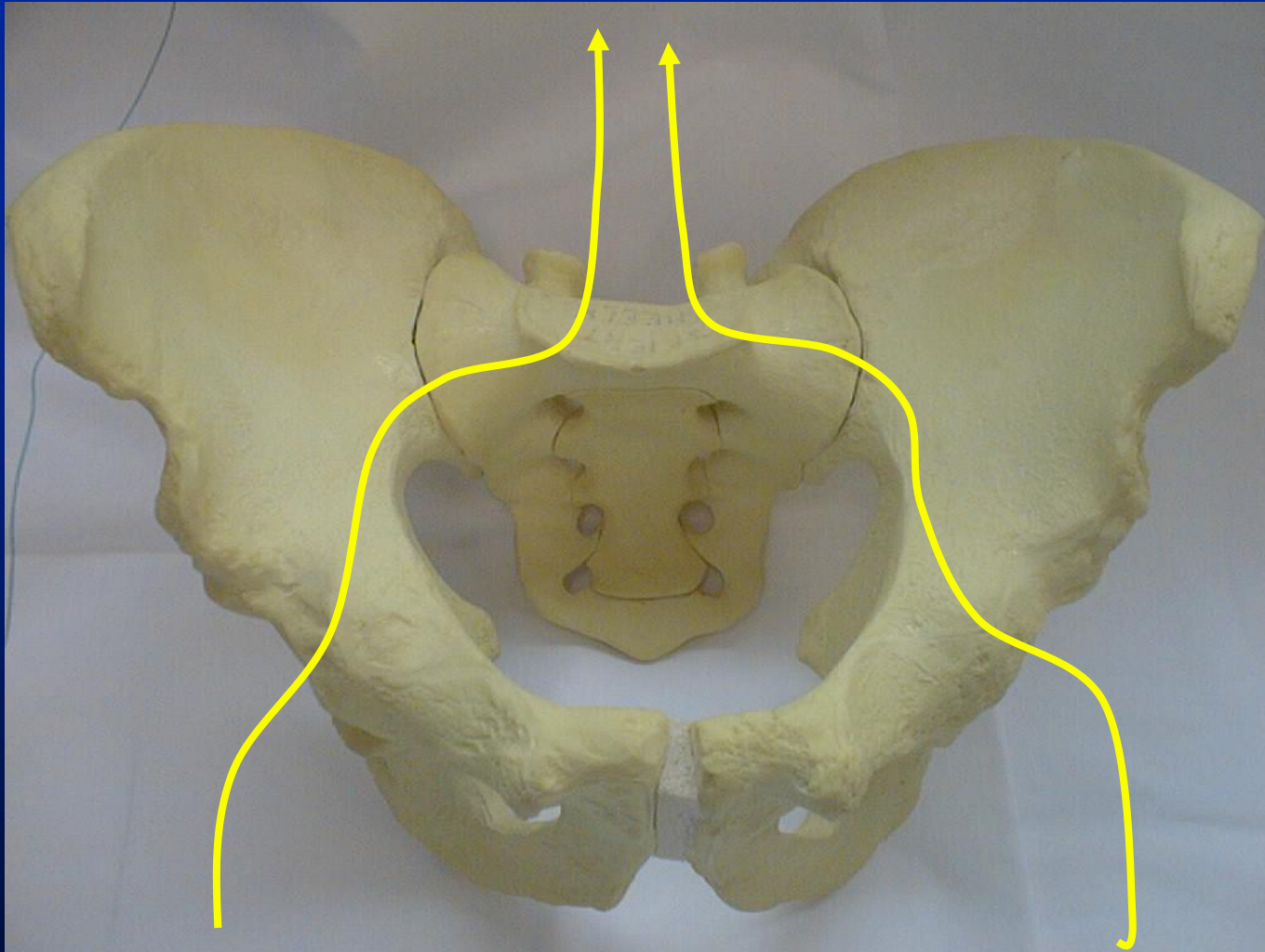
inlet view



lateral view

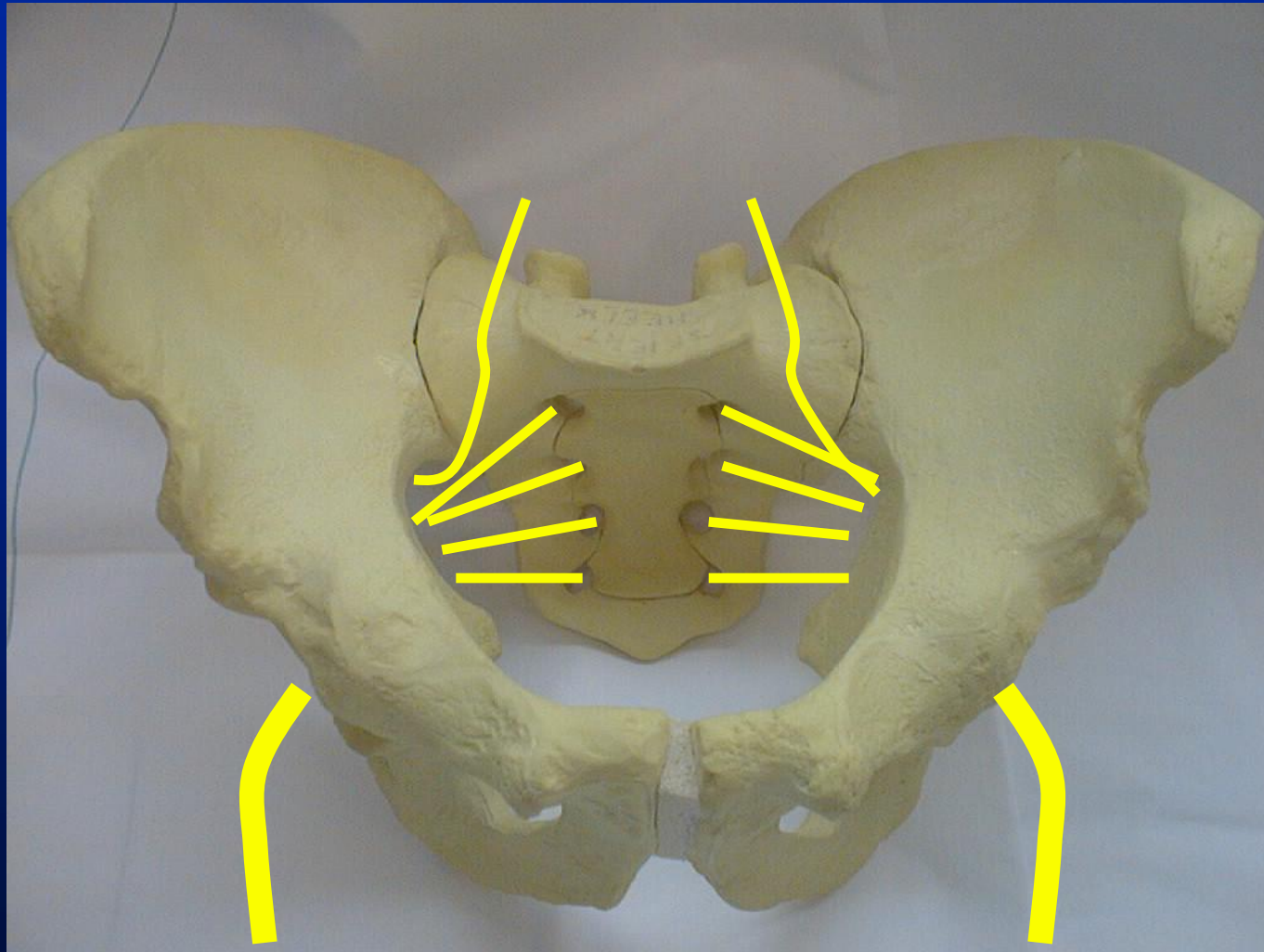


lesser pelvis

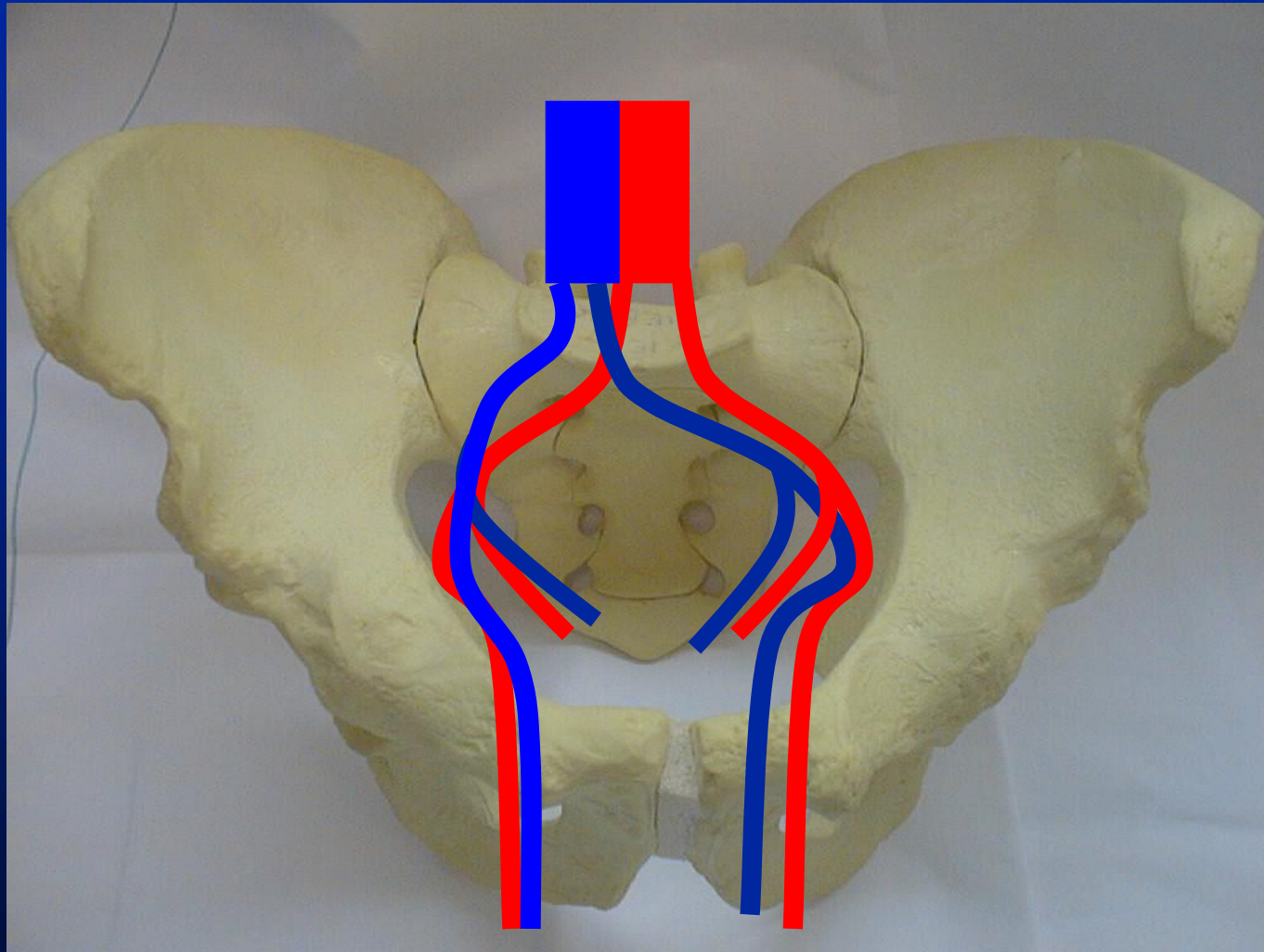


weight bearing





lumbosacral plexus



arteries and veins

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# injury patterns

# pelvic fracture classification

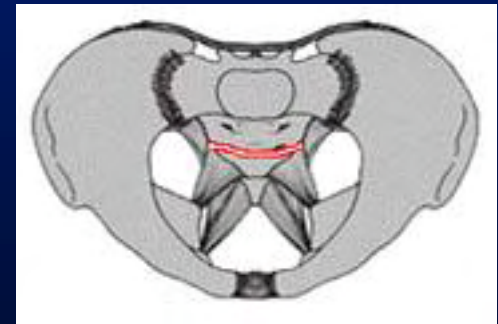
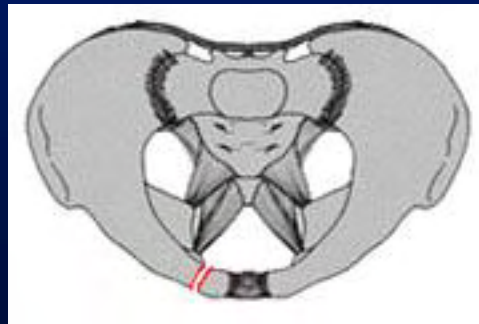
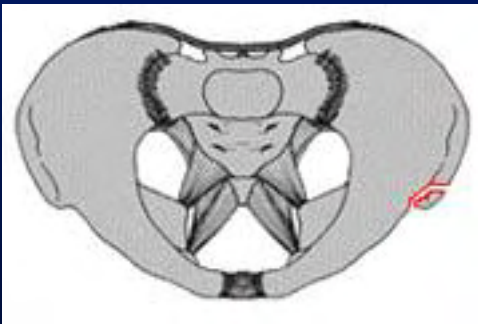
- A. ring stable
- B. ring partially unstable (horizontally)
- C. ring completely unstable (vertically)

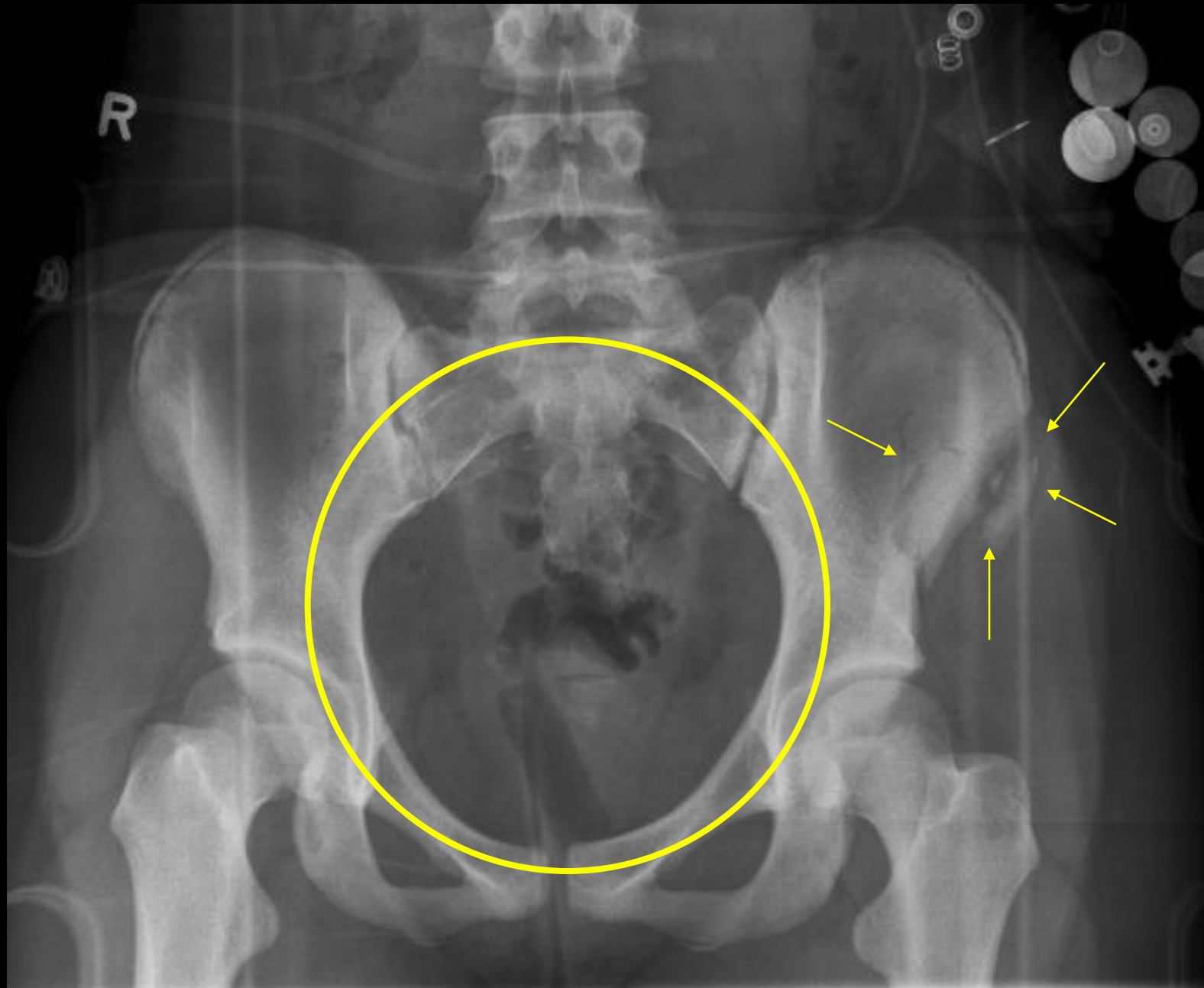
# pelvic fracture classification

A. ring stable

B. ring partially unstable (horizontally)

C. ring completely unstable (vertically)



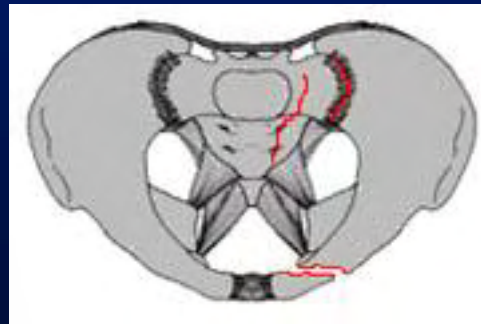


# pelvic fracture classification

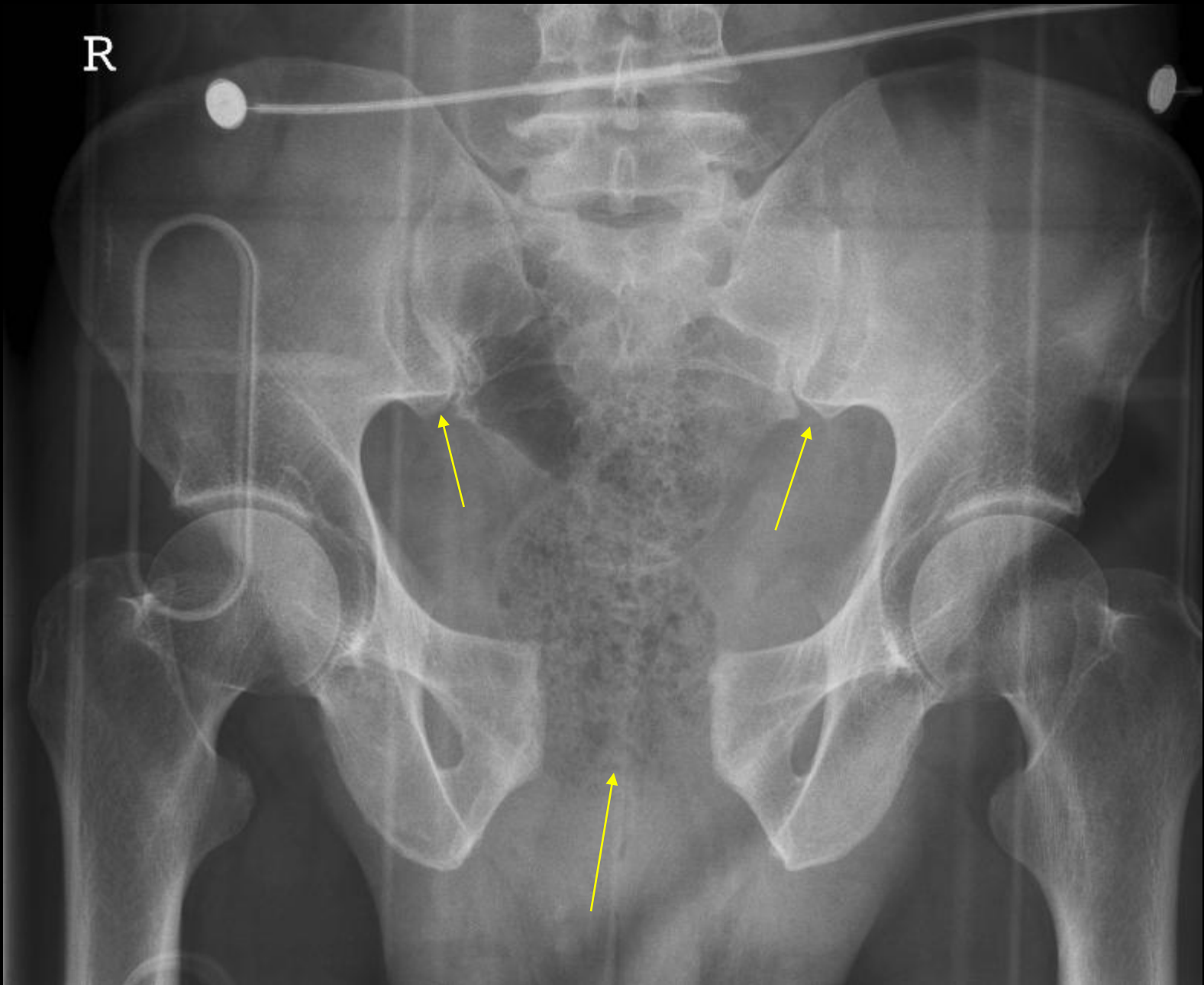
A. ring stable

B. ring partially unstable (horizontally)

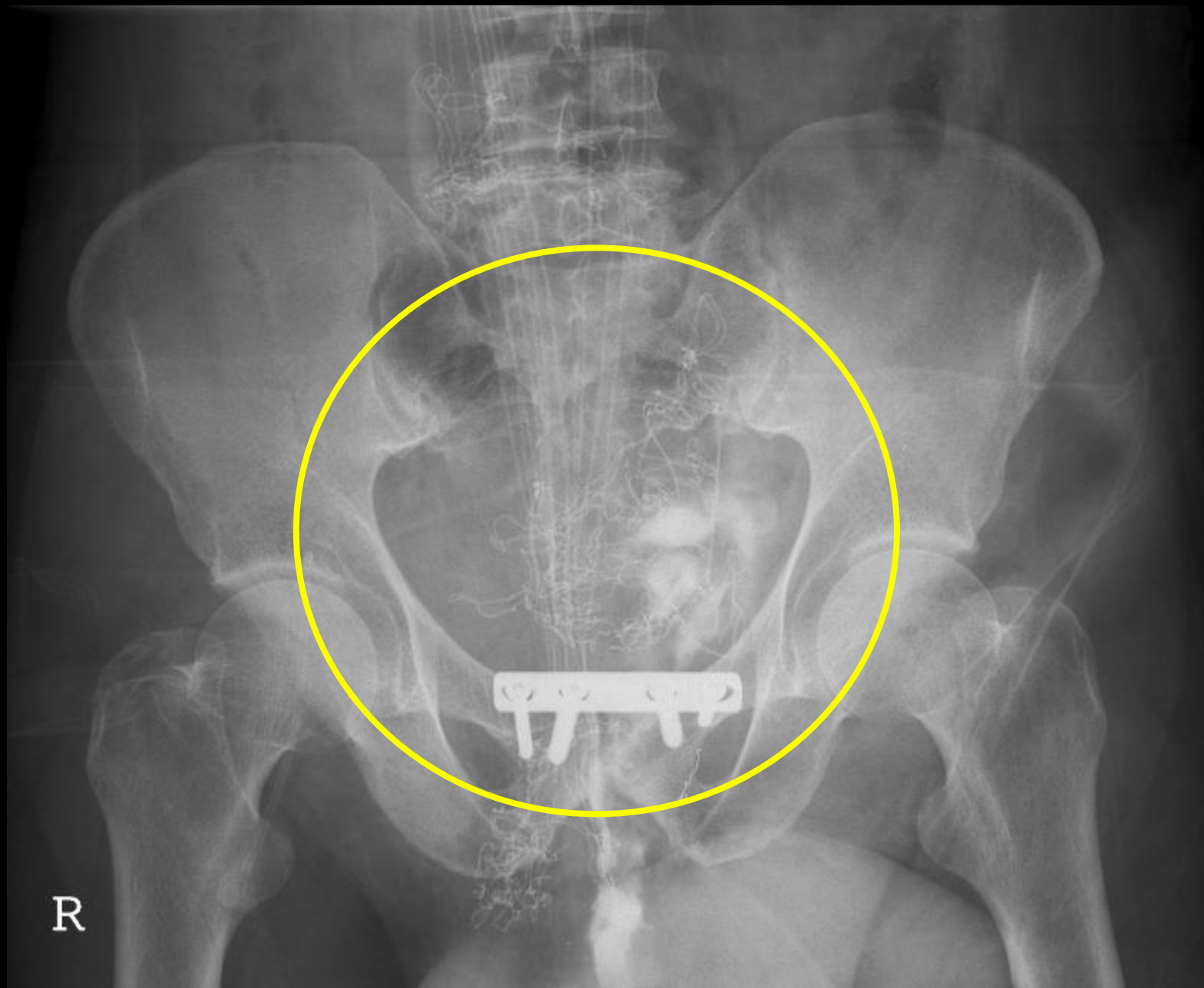
C. ring completely unstable (vertically)

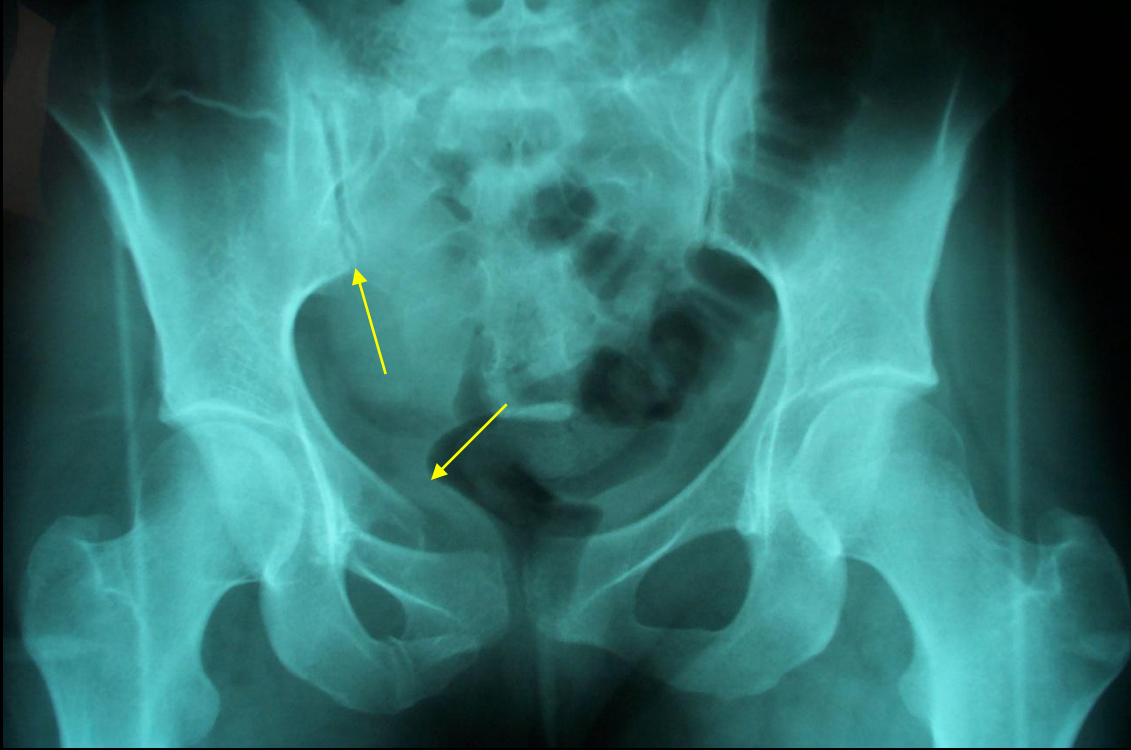


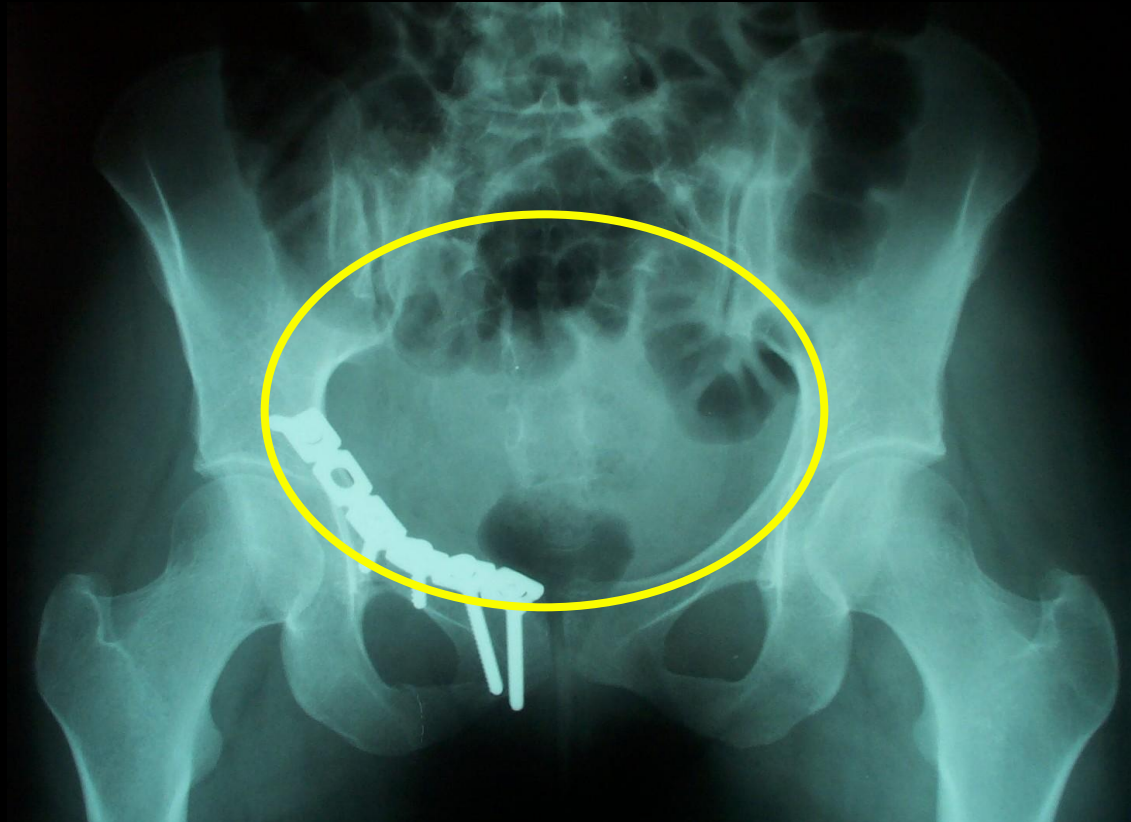
R









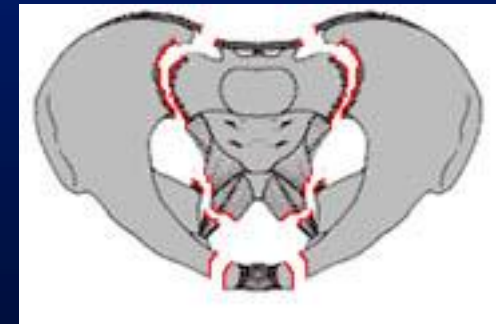
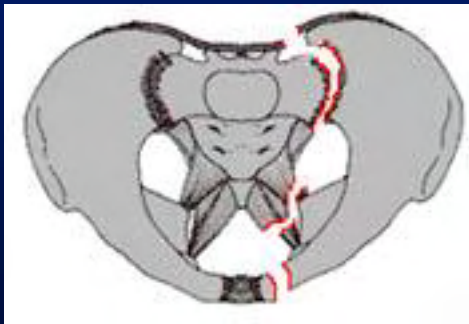


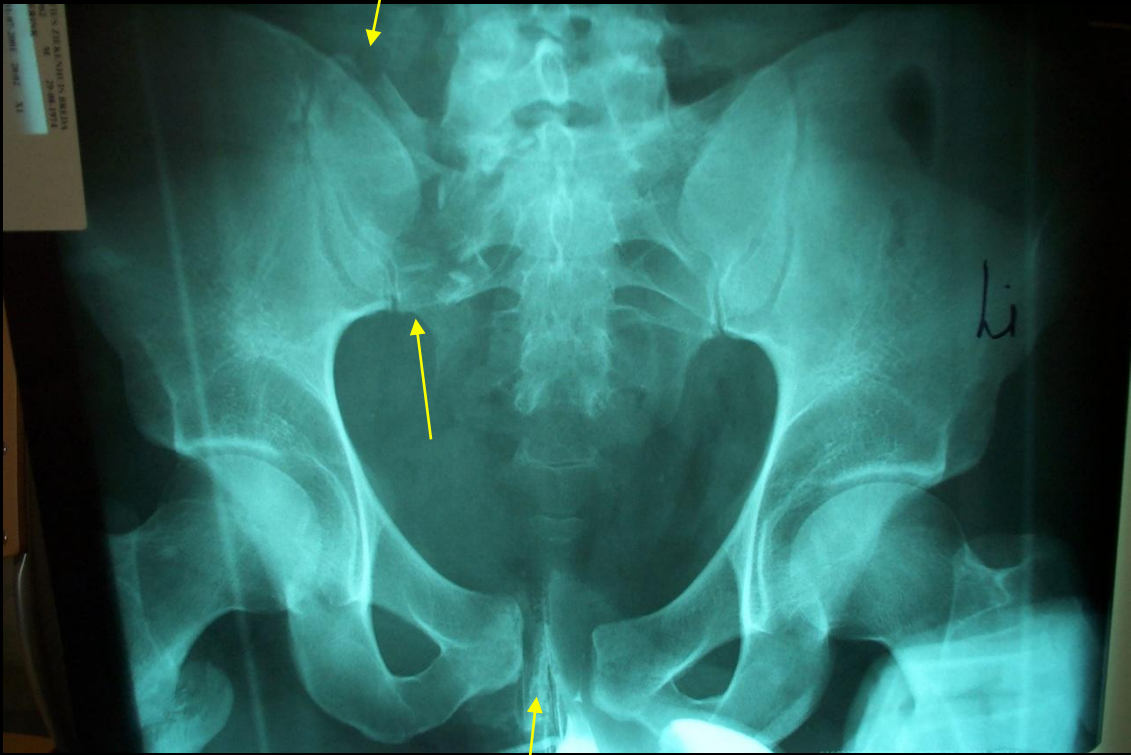
# pelvic fracture classification

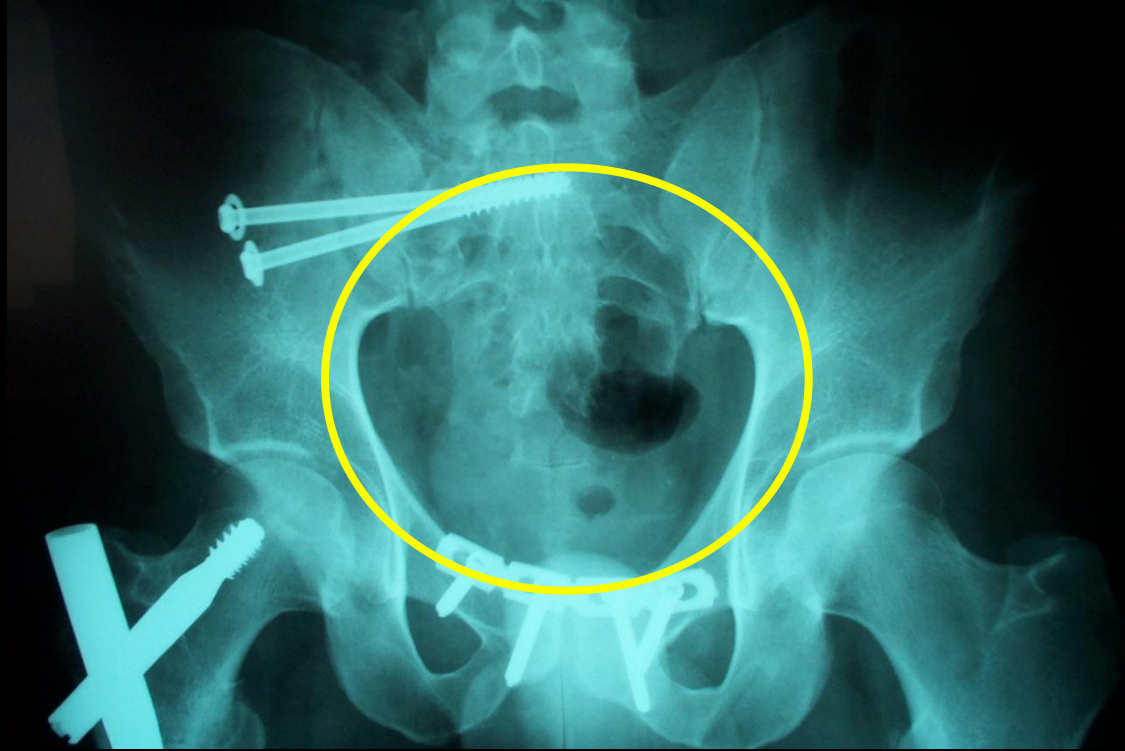
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B. ring partially unstable (horizontally)

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# injury mechanisms





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## clinical signs

# PELVIC FRACTURES

*assessment and treatment*

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# treatment

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take home messages

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## *assessment and treatment*

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### take home messages:

injury mechanism/pattern: 3 different types of pelvic ##

little physical examination

AP X-ray usually sufficient – beware of posterior complex!

prepare for massive blood loss (open ##!!!)

treatment: compress the lesser pelvis

exfix for temporary stabilisation