



MM

5/08/63



Patient profile

- 47 year old man
- Amphoe Nakhon Chai Si
- U/D Gout, type2 diabetes mellitus

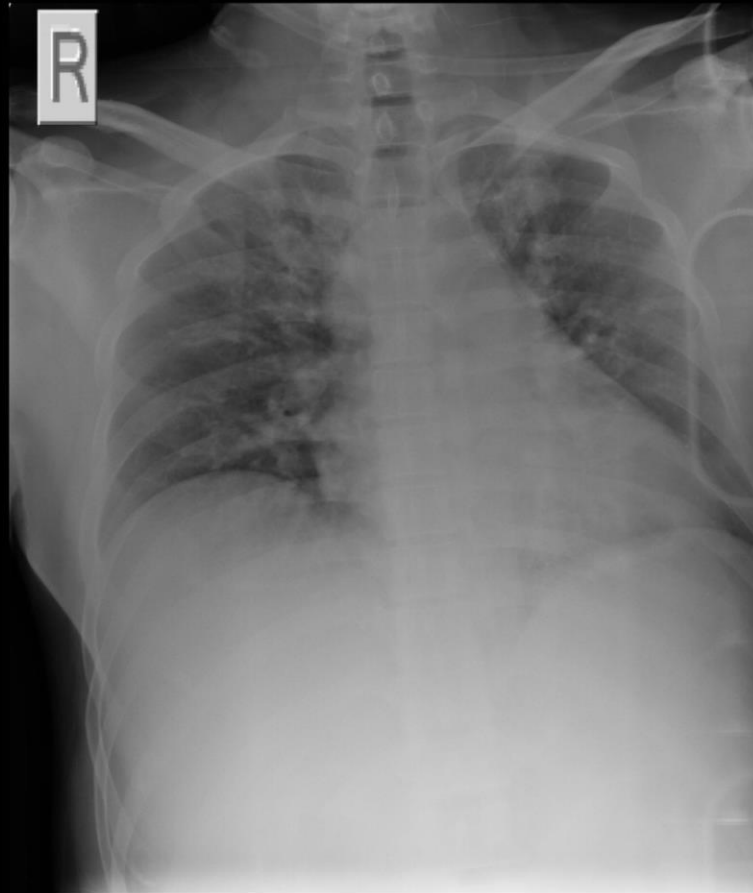
Present illness

- 2hr. prior to admission MCA, right thigh deformity and abdominal pain
- County hospital
 - E4V5M6 BP136/63 PR84 RR22
 - Abdomen: Generalized guarding, FAST positive
 - LW 4 cm deep to done with fracture seen at rt.thigh
 - MX: NSS 1000 ml iv load
 - Refer to NPH

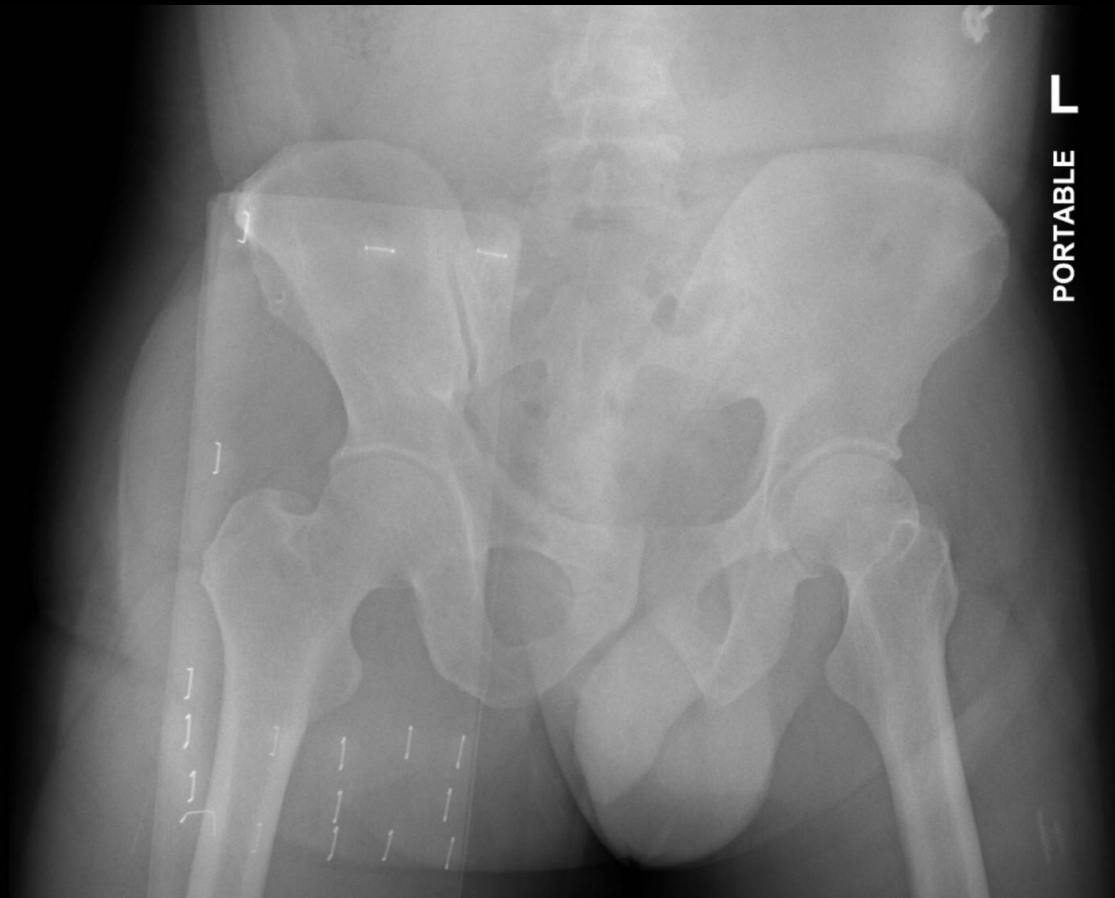
NPH

- At ER 2.30
 - BP 115/74 PR 103 RR 22 O₂SAT 99 DTX 173 HCT 27
 - FAST positive at hepatorenal pouch
 - Consult surgery emergency
- Mx
 - G/M PRC 4 unit, FFP 4 unit
 - PRC 1 unit iv freeflow
 - NG, foley catheter
 - CT brain and whole abdomen emergency

Chest AP



Pelvis AP

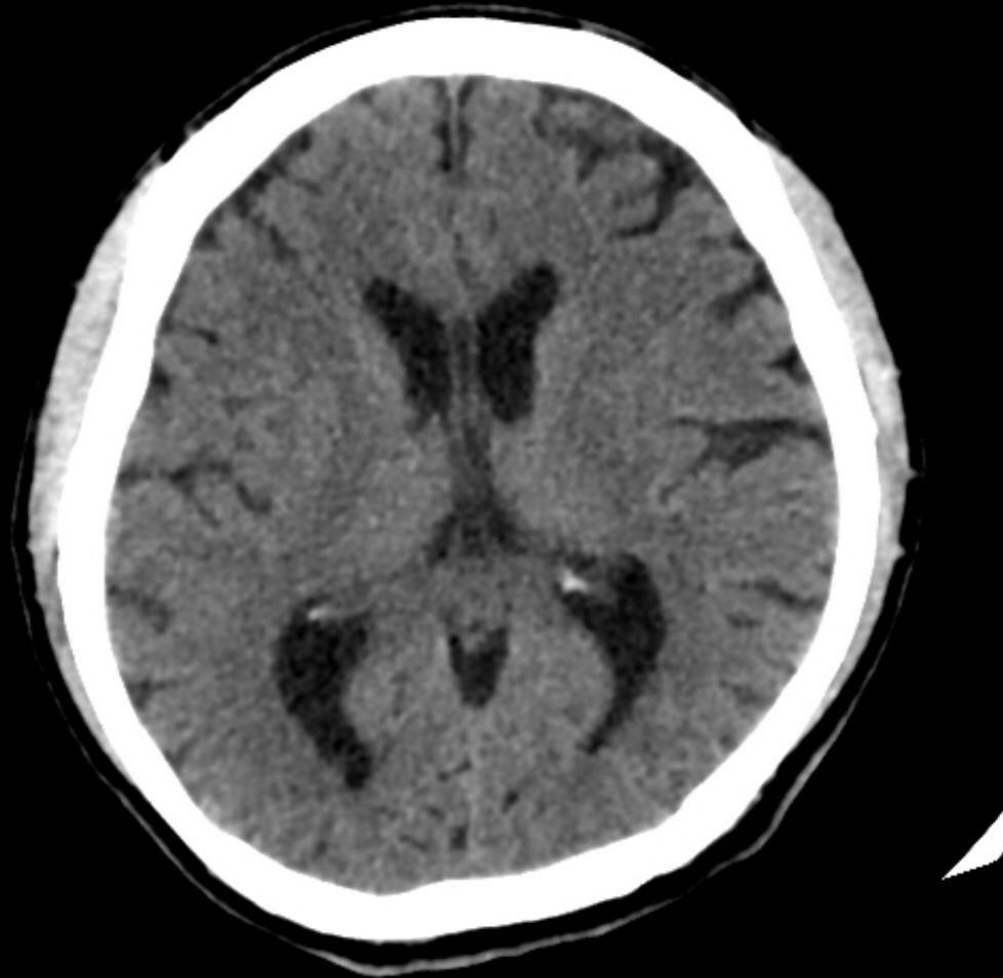


Rt.femur



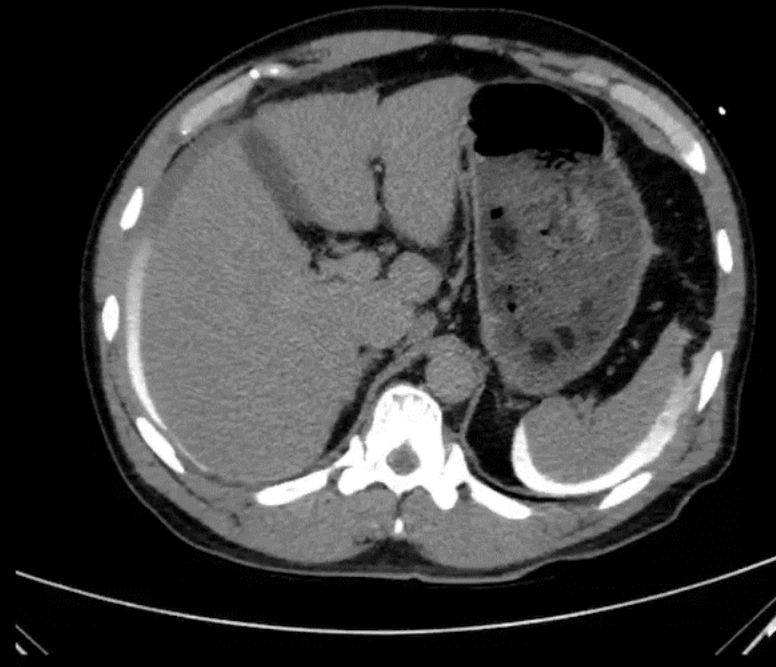
CT brain

- No fx
- No ICH



CT abdomen

- Intraperitoneal bladder rupture



Sx

- Set OR for EL with repair bladder emergency

Ortho

- Open fracture right femur
- Set OR for ORIF with locking compression plate rt.femur

Operative finding

- Bladder tear length 10 cm. from apex to superior surface
- Small perforation length 5cm. at 70cm. from DJ junction

Operative procedure

- Double layer suture bladder with vicryl2-0, continuous
- Small bowel repair
- Jackson-Pratt drain at cul-de-sac

- Time: 1hour 20 min
- Blood loss 200 ml

Post operative

POD	Event	Management
1	Full bladder Obstruct foley with clot	Try irrigate
2	Fever	<u>Septic work up</u> Step ATB to meropenem
	Pneumonia	ET tube Transfer to ICU
4		Off ET tube
6	SSI	Parital stitch off <u>Pus culture</u>
	polyuria	Consult med: polydipsia
7	Phlebitis lt.hand DVT rt.leg	Start vancomycin enoxaparin
11	Continue fever	<u>CT whole abdomen E</u> <u>Septic workup</u>

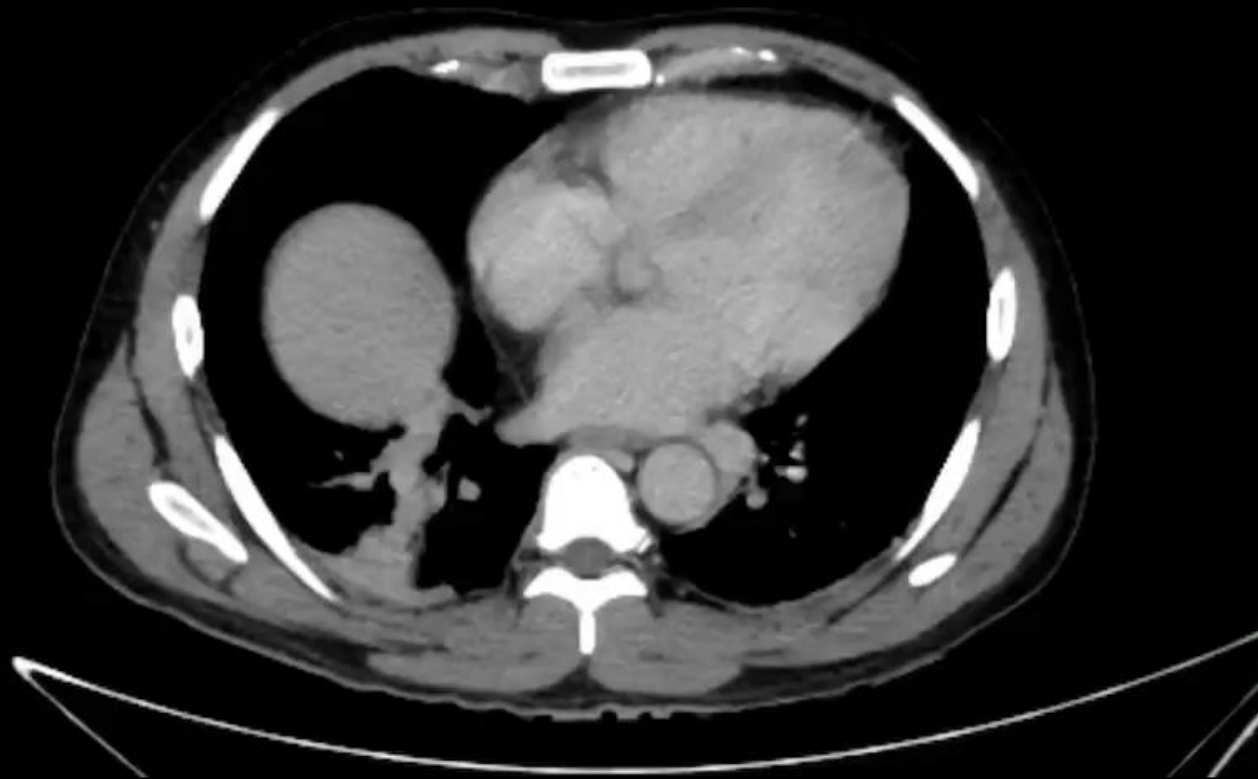
POD2

- H/C x II: no growth after 5 days
- Urine culture: no growth after 2 days

POD6

- Pus culture
 - E.coli
 - Sent. mero

CT POD11



POD11

- H/C: Staphylococcus hominis MRSE x1 bottle
 - Sent vancomycin
- Urine culture: candida tropicalis

Post operative

POD	Event	Management
12	Intraabdominal collection	Ultrasound guide PCD Pus 40 ml
13-17	Still fever PCD wasn't working	Start levofloxacin
18		Set OR explore lap.

Pus culture from PCD

- Escherichia coli and Enterococcus faecalis
 - Sent: levocloxacilin

Second operation finding

- Perforation site 1.5 cm at anterior border of bladder
- Infected and fragile tissue of seromuscular layer
- Intact small bowel anastomosis

Second operation procedure

- Repair bladder with vicryl 2-0, two layers
- Bladder irrigation to confirm

Post 2nd operation

- Reduce fever symptoms
- Continue ATB:
 - levofloxacin 14 days
 - Still on Meropenem after off levofloxacin
- Soft diet post op day 4
- Bridging enoxaparin to warfarin
- Off foley catheter after 2nd operation for 14 days

List

- Bladder rupture
- Open fracture rt. Femur with DVT
- Polyuria
- Phlebitis