



Dose FAST scan affect trauma mortality?

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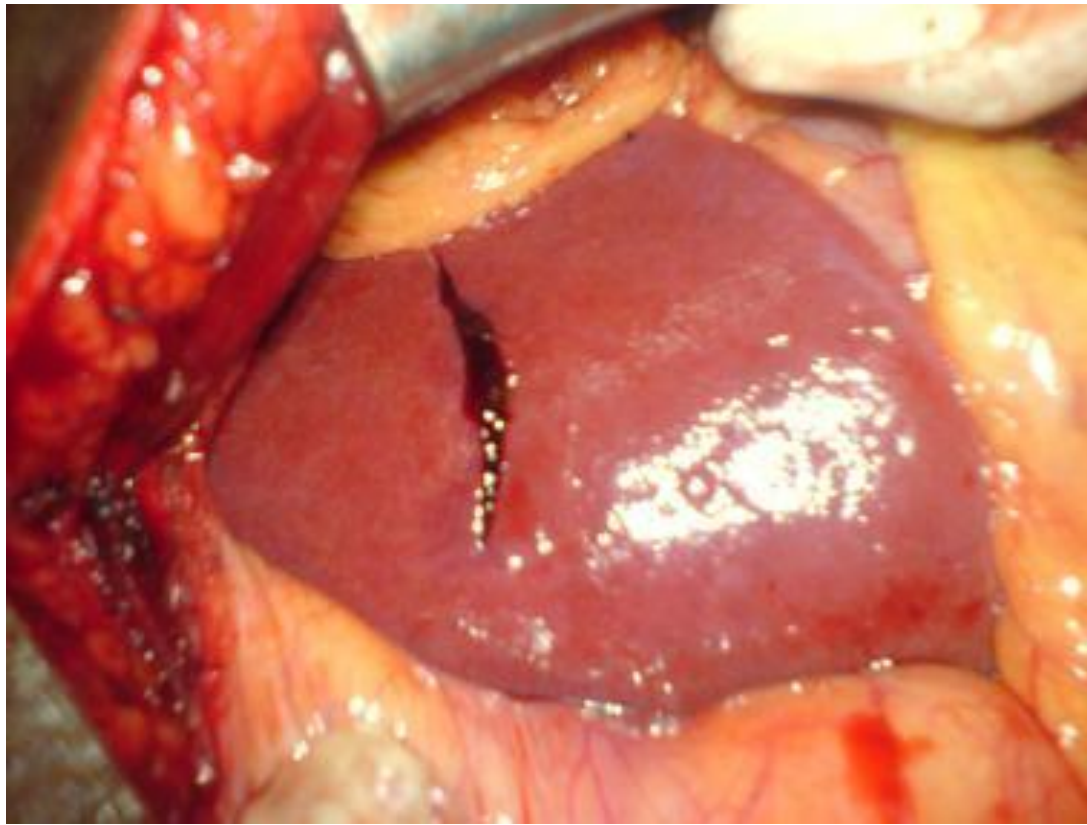
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What do you do to this...



What about this?



Who has one of these?



Who does/needs your ultrasound?

- Radiology team
- Emergency department team
- General surgery team
- All of the above
- It depends

Focused Assessment Sonography of Trauma “FAST”



Extended FAST “eFAST”



ATLS protocol

- A
- B
- C
- D
- E
- FAST

Time = Blood = Life

Do you remember the last time you did a CT scan / CXR on your trauma patient?



~~Who does/need your Ultrasound~~

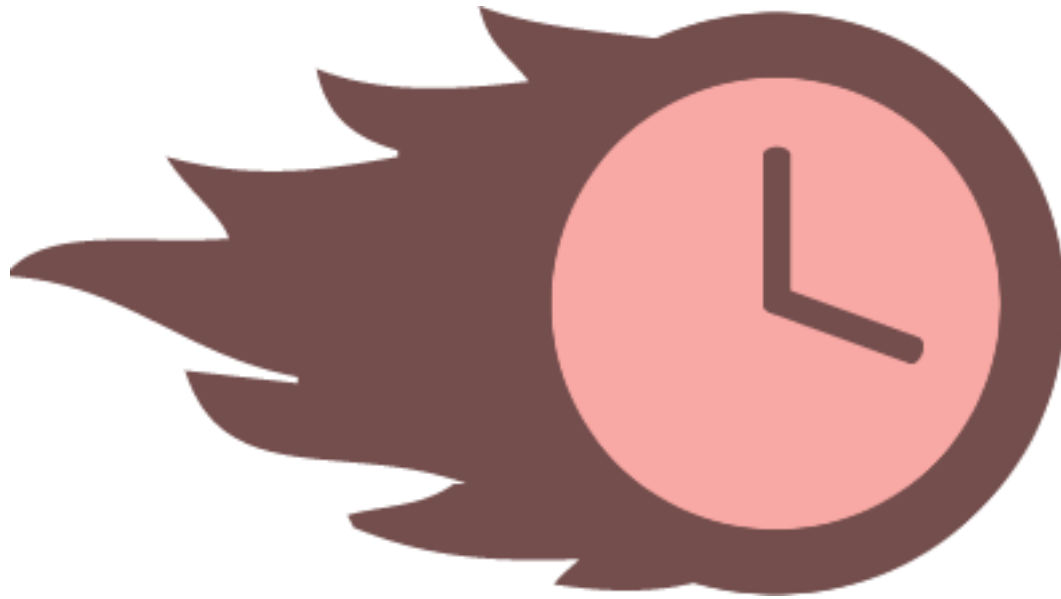
WHEN is FAST done in your
trauma room?

Does affect mortality?

YES



Why?



Why different numbers?

- It is just a tool for diagnosis not treatment
- Question asked in research e.g. sensitivity for laparotomy
- Patient stability
- What are you seeing?
 - Organs
 - Cavity
 - Fluid
 - retroperitoneal



Why different numbers?

- Dynamics of bleeding
- Injury type
- Area of Injury
- Serial FAST examinations
- User/Machine dependent

Summery

- FAST/eFAST improves mortality
- If you don't use it, start. If you use it, practice.
- Know what are your limits
- Know what are FAST/eFAST limits



Thank you

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