

ENDOVASCULAR RESUSCITATION AND TRAUMA MANAGEMENT

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ENDOVASCULAR RESUSCITATION AND TRAUMA MANAGEMENT (EVTM)

- The concept of using endovascular tools for bleeding control has been developed over the last 20 years, with major advances such as embolization, endografts, and, lately, the use of Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA)
- Endovascular repair endografts
 - Thoracic endovascular repair (TEVAR)
 - Inferior vena cava, abdominal aortic, thoracic aortic, iliac vein injuries
 - Popliteal artery, axillary artery... injuries
- Endovascular embolization
- **REBOA**

- Not limited to trauma, but also applies to other types of bleedings, such as
 - vascular emergencies
 - post-partum hemorrhages (PPH)
 - gastrointestinal and iatrogenic or spontaneous bleeders

 There is a very low level of evidence about REBOA's use for other types of hemodynamic instabilities (such as PPH and others)

REBOA - It's not new!

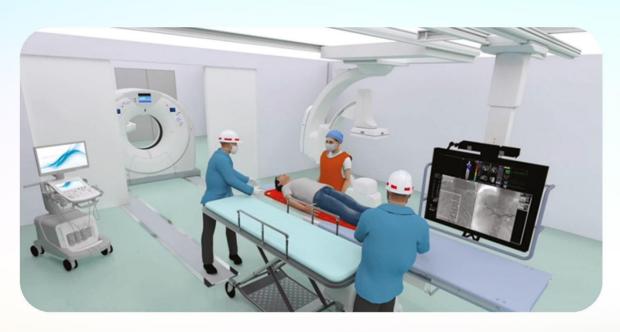
USE OF AN INTRA-AORTIC BALLOON CATHETER TAMPONADE FOR CONTROLLING INTRA-ABDOMINAL HEMORRHAGE IN MAN LIEUTENANT COLONEL CARL W. HUGHES, MEDICAL CORPS, UNITED STATES ARMY, WASHINGTON, D. C. (From the Division of Surgery, Army Medical Service Graduate School, Walter Reed Army Medical Center) C VERYONE is familiar with the practice of manually compressing the ex-L posed aorta for a period of time to control hemorrhage or to combat a hypotensive state unexposed aorta, a pa two critically injured minal end is occluded and rounded. The balloon begins 1 cm is inflated by filling with 20 c.c. of sterile normal saline solution (Fig. 2). It is sterilized by immersion in Zephiran solution for twenty minutes. The catheter was chosen for testing as an intra-aortic tamponade, primarily in those casualties with intra-abdominal hemorrhage whose shock could not be controlled by blood replacement. It was arbitrarily decided that the catheter

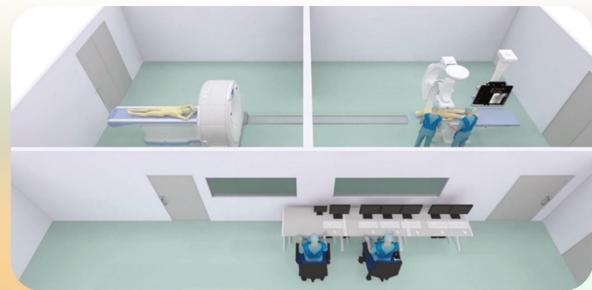
would be used only in moribund cases with evidence of intra-abdominal bleeding in which blood pressure could not be obtained after administration of 10 mits of blood. Use of the catheter was also considered in cases moribund

This technique was originally reported in 1954 by Lieutenant Colonel Carl W Hughes who performed the procedure on two critically ill soldiers.

Right center for correct operation

Hybrit Suit Rooms for EVTM





Some of these methods have been in use for many years, while some have been developed over the last 15-20 years. However, not all are used in primary trauma management.

We believe that EVTM should be applied in all severe trauma cases, even in the prehospital environment or battlefield.

EVTM can be used in both developed and less developed countries, whether it be with a C-arm or in a hybrid suite.

In our country, in the emergency room;

Early femoral vascular access and reboa can be applied in a physical sense, but temporary!

What about Angiography, Embolization, Stent grafts? (for definitive hemorrhage control)

Is there a hybrid suites in Turkey?

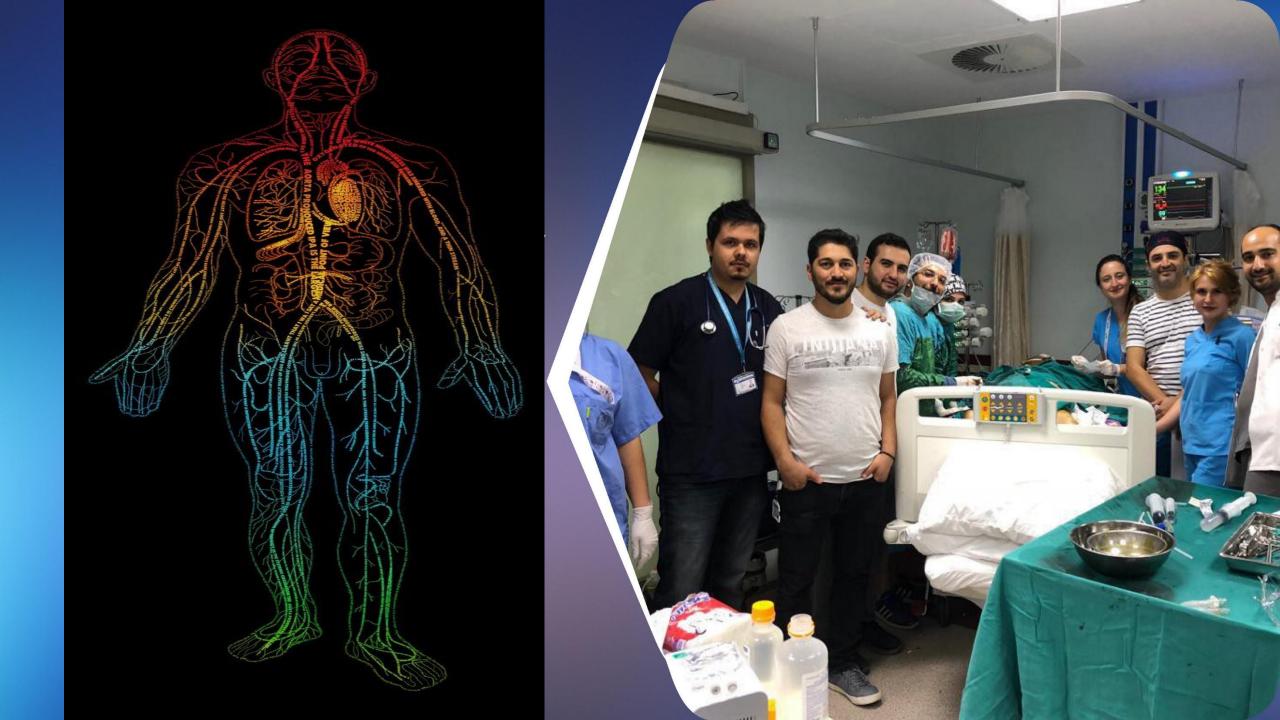
Can extracorporeal membrane oxygenation (ECMO) be added to this room?

There are clinics planned, project and under construction. Why not?

EVTM related disciplines, including intervention radiologists, trauma and vascular surgeons, intensivists and emergency physicians.

Why should emergency physicians apply endovascular interventions in the emergency department?





Because;
Multidisciplinary approach
and trauma team can work
with our team



Let's back to what we can do in Turkey....

Maybe someone is thinking somewhere or it will be dropped after that.



Success is not accidental







Thanks to EVTM team and Tal Hörer

