



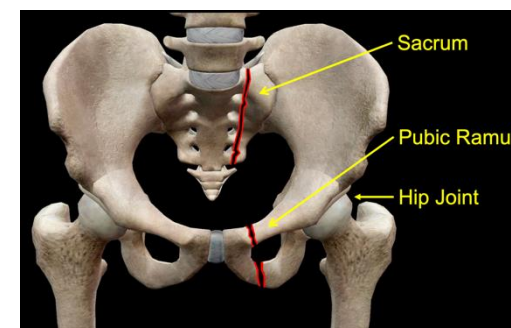
## North East London & Essex Trauma Network

### Lateral compression pelvic fracture guidance V1.0 (Aug 2022)

Lateral compression pelvic fractures usually arise from low-energy trauma, such as a fall from standing height or less. They can affect any age group but are more common in older adults.

#### Plan for treating clinicians:

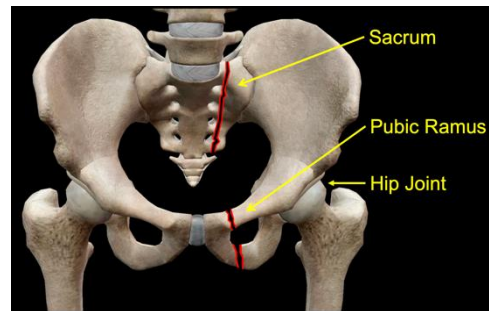
- LC-1 fractures, demonstrated in figure 1, are considered to be 'stable injuries', which are at **very low risk** of displacement or instability
- The patient should be encouraged to mobilise and can rehabilitate without restriction.
- Follow local trust pain management guidelines and refer to the acute pain team for further advice and assistance
- **Some patients remain unable to mobilise due to pain, despite a seemingly stable injury. Therefore, if a patient remains immobile due to pain after 72-hours from injury, despite active involvement of medical, pain and physiotherapy teams, please contact us again, via referapatient, to consider them for operative management.**
- Risk assessment for VTE chemoprophylaxis is mandatory as per NICE guidelines (NG89). Prophylaxis is usually advised, using LMWH, for a minimum of one month (recommendation 1.11.2) but clinicians should repeat their risk assessment according to clinical requirement.
- Ensure necessary precautions are in place to prevent pressure damage and/or skin ulceration/moisture lesions. Air mattresses are safe to use in this patient group.
- In frail or older patients, please arrange orthogeriatric review and comprehensive geriatric assessment within 72-hours, as detailed in the *care of the older or frail orthopaedic trauma patient* BOAST.
- If, with suitable analgesia, the patient can mobilise within 72-hours, we do not normally arrange formal follow-up in our pelvic outpatient clinic.
- Patients who were mobile pre-injury but are completely unable to mobilise, after 72-hours, due to pain from their pelvis, should be re-referred with updated pelvic X-rays (AP, inlet and outlet views) through the referapatient system.
- Please provide the patient (and their next of kin, if appropriate), with a print-out of the patient information sheet attached.





## Patient information sheet for lateral compression pelvic fractures, following a fall or minor injury

The X-rays and scans that you have had in hospital have been reviewed by one of our orthopaedic pelvic experts and these confirm that you have sustained a break/s in your pelvic bone. The type of injury you have sustained is called a 'Lateral compression pelvic fracture', otherwise known as a 'Pubic Ramus fracture'.



Although the pelvic bones may be broken in several places, the fractures have not moved very much from their normal position and so this is a 'stable injury'. In other words, the ligaments that support your pelvis (the 'pelvic floor') are still intact and strong. This means that you can even get up and try to walk and the pelvis won't displace or move into a bad position. You are safe to try to mobilise despite your break. We have good evidence from research to show that walking early after an injury like this is very beneficial, in terms of preventing conditions like blood clots, pressure sores, infections and muscle wasting.

As you begin to mobilise, the bones will move about a tiny bit and so it can be painful. Pain experts will come and review you to make sure you're on the best painkillers and that they don't mix badly with any other medications you might already be taking.

Sometimes, despite your best efforts to get out of bed and start walking, the pain is just too much, even after a few days. If you find that after 3-days or so from the time of injury you are still unable to get moving properly because the pain is too severe, please speak with your orthopaedic doctors and ask them to contact us (the pelvic specialists) at the Royal London Major Trauma Centre again. You will need to have further X-rays of your pelvis before this happens so we can assess if there have been any changes. Depending on the outcome, we may offer to transfer you over to our care at The Royal London, for an operation to stabilise your pelvis with internal screws. This operation would make the bones of the pelvis more rigid and so less painful, thereby allowing you to walk more comfortably. Normally, we allow patients to try walking for a few days without surgery because most people don't end up needing an operation. Hopefully that will be the case for you too.

In the very unlikely event that you *do* end up needing an operation, one of the orthopaedic surgeons will discuss the surgical procedure with you (and your next of kin if you wish) in more detail, after you are transferred to the specialist pelvic centre at The Royal London Hospital.

If you have any worries, concerns, or questions about your injury, you can speak with the orthopaedic team at your current hospital. Alternatively, you can speak with one of our nurse specialists here at The Royal London Major Trauma Centre, who are extremely experienced in managing patients with these injuries, Monday to Saturday, 8am to 5pm.

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