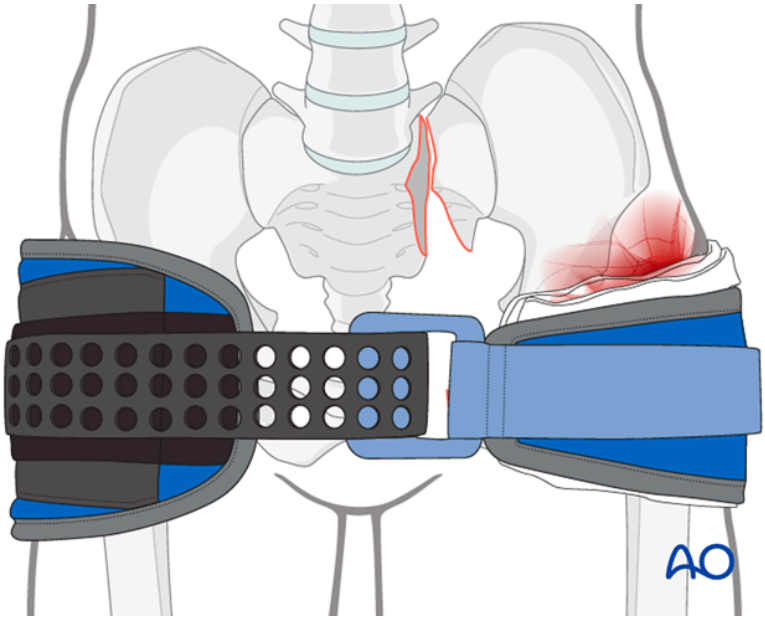
TTL TIP 2

Getting the best from Pelvic binders



Pelvic binders should be used on all patients with a suspected unstable pelvis. They are often, but not always placed by paramedics/PHEM teams.

1. Always check the position of the binder

    1. It should be at the level of the greater trochanters and not the iliac bones. If it's in the wrong place (usually too high) move it to the right place.

    2. Once you are sure the binder is in the right position, check it is on tightly. Different binders have different mechanisms, so make sure you know how to do this. The type we used to use at St Emlyn's "clicks" when it is tight enough, now we have one that fixes with velcro and it's more subjective, but what it is is 'tight'.

2. If you are unsure whether a patient has a binder on from the standby call, place an open binder on the bed before you move the patient across so that it will be in the right place once the patient moved across.

3. When you take the binder off, make sure you request a plain X-ray to be taken soon after release. This should be done in ED, before your patient goes to the ward. This is to ensure that you don't miss an unstable open book pattern. If the pubic symphysis is disrupted the binder may be holding everything nicely in position and your CT may look normal, but when you release

it the pelvis may open up. This is also the case when you have identified a pelvic fracture on CT but decide it's stable and the binder can come off. It can, but always check with a post binder removal X-ray. It is technically possible to do measure the pubic symphysis distance with ultrasound before and after binder removal, but we do not recommend this as a definitive test.

The trauma CT will (usually) rule out bony injury, but until the binder is off, you have not ruled out an unstable pelvic ligament injury. Check that pubic symphysis, for example: it should be 6mm or less.