

Liver Trauma



Introduction.

Liver trauma may occur in isolation or as part of polytrauma. It is important not to lose focus on the patient's key injuries. Most liver trauma is managed conservatively while the other injuries require the services of a MTC. Consequently the place of safety for these patients is the MTC.

Patients with Polytrauma.

In the presence of polytrauma, irrespective of the severity of liver injury the network policy is to urgently transfer these patients to the MTC (St Georges) via the ED to ED pathway.

If the liver trauma is a major issue then MTC consultant to consultant discussion will occur with Kings College team regarding onward liver trauma care. This has been agreed via the Network CDs of both trauma networks.

Individual trauma units are NOT to try to refer to the Kings Team who will not be expecting an out of network TU referral. Additionally the liver service at KCH is run via hepatologists and is not a point of first contact for these patients.

Haemodynamically Unstable Liver Injury (isolated)

These patients have the potential to be extremely unwell and may require urgent damage control prior to specialist surgical opinion. Transfer to the MTC is appropriate via the ED to ED pathway. Onward management by the Kings team can then be arranged as above.

Haemodynamically Stable Liver Injury (isolated)

The bulk of these will be admitted to the local trauma unit under the general surgeons or transferred as a secondary transfer to the general surgeons at St Georges as a specialist to specialist transfer.

Patient safety is paramount and in cases of difficulty consultant to consultant discussion should occur. The referral route to the MTC is the same as all 'Immediate Trauma Transfers' and is via the ED duty Consultant.