Limb vascular injury & threatened perfusion

Restore perfusion without avoidable delay.

INJURY PRIORITIES / ADULT TRAUMA

An ischaemic limb is a time-critical emergency. There is no safe waiting period that guarantees tissue survival.

01 Control haemorrhage

Use direct pressure, wound packing or a tourniquet as appropriate. Avoid blind clamping. Uncontrolled bleeding with haemodynamic instability needs simultaneous resuscitation and emergency surgical intervention.

02 Examine & realign

Document arterial and peripheral nerve findings with times. Urgently realign and splint a pulseless deformed limb, then repeat the examination. Persisting concern requires immediate consultant involvement.

03 Coordinate revascularisation

Obtain CT angiography when appropriate without delaying necessary intervention. Involve orthopaedic and vascular or plastic surgery. The 2026 BOASt calls for emergency revascularisation to commence within one hour of hospital arrival.

04 Plan the sequence

Discuss temporary vascular shunting, stabilisation, definitive repair and compartment risk as one coordinated plan. Define tissue viability and the reconstructive burden; communicate continuing perfusion checks and escalation triggers.

WATCH POINT Do not mistake the return of a pulse after reduction for proof that every arterial injury has been excluded.

DISCUSS WITH THE TEAM

What is the fastest achievable route to restoring flow, and which team is leading it?

READ THE SOURCES

[1] BOASt: Arterial Injuries Associated with Musculoskeletal Trauma (June 2026).