3b. Pelvic & Acetabular (P&A) Fractures

All patients must be seen by a T&O Consultant in the TU before consideration of a referral. All referrals not reviewed by a named T&O Consultant will not be accepted.

Not all P&A fractures need referral to the MTC. Isolated pubic rami, undisplaced pelvic ring and undisplaced acetabular fractures can be safely managed at the TU by the Local Trauma & Orthopaedic (T&O) Service +/ or by other local guidelines.

Any patient who is haemodynamically unstable with a pelvic ring fracture requires urgent resuscitation in the TU and urgent transfer to the MTC. We advise urgent TU TTL-to-Aintree MTC TTL discussion in these cases.

A patient presenting with an acute dislocation or fracture-dislocation of the native hip ideally requires an urgent reduction under general anaesthesia with muscle relaxation in the TU, to avoid the complications of nerve palsy, chondrolysis or avascular necrosis. This should be performed by the T&O Team on call, with Consultant involvement. It is vital to perform and document a thorough neurovascular examination of the affected limb before and after reduction. Non-urgent referral to the MTC can then be made via the MT TNC at Aintree, if required. If there is any concern around the immediate clinical/surgical management of the acute dislocation then this should be managed by a T&O Consultant-to-Consultant phone call made via Aintree Switchboard at any time.

All suspected Pelvic Ring or Acetabular Fractures require resuscitation &/or a CT scan prior to referral. Most P&A fractures do *not* need urgent referral and should be admitted to the TU for T&O Consultant review. They can be referred during normal working hours by the admitting T&O Consultant at the TU to the MT TNC at Aintree MTC via Aintree Switchboard, if required.

If a pelvic binder is applied to a pelvic fracture then it should be left on for no more than 24hrs (ideally < 6hrs).