

Compartment Syndrome

What is it?

Increased pressure in a discrete fascial region that leads to decreased perfusion and eventually function.

Early findings: pain, may be more severe than anticipated based on injury

Late findings: neurologic deficit, loss of pulse

“5 Ps” Pain, Pallor, Pulselessness, Paresthesia, Paralysis

Why review it?

Concern for compartment syndrome requires **URGENT** surgical evaluation for prompt management.



	EXTREMITY Compartment Syn	ABDOMINAL Compartment Syn (ACS)
Who is at risk?	<ul style="list-style-type: none"> • Trauma or Vascular patients • Specific attention paid to polytrauma with TBI or spinal cord injury • Prolonged immobilization • Animal bites • IV drug use 	<ul style="list-style-type: none"> • Patients undergoing massive resuscitation • Trauma and burn patients • Abdominal or retroperitoneal illness Ex: pancreatitis, massive ascites, ruptured AAA Still possible in an open abdomen • Critically ill patients
Monitoring	<ul style="list-style-type: none"> • Clinical exam • CK levels, BMP • Extremity circumference • Possibly – compartment pressure 	<ul style="list-style-type: none"> • Clinical exam • Bladder pressure as a surrogate for intraabdominal pressure (most accurate on intubated, sedated, paralyzed patient) • Cardiac and pulmonary status, airway pressures, urine output
Consult	General Surgery Blue, Vascular Surgery or Orthopedic surgery, depending on etiology	General Surgery Blue Immediately: Place foley, NGT, drain ascites if present