

# Pathway for a Limb Haematoma

**Definition:** A Haematoma can be described as a swelling caused by bleeding into the tissues usually as the result of injury (Smith and Williams, 2004) Although most lower leg haematomas are caused by trauma, some will form spontaneously (Pagan and Hunter, 2011).



## 1. First Aid

### For a new bleeding haematoma

- Stop any bleeding
- Apply an alginate dressing, absorbent secondary dressing and a double layer of tubular bandage or a crepe bandage applied in a figure of eight
- Elevate limb.

**Do not apply steri-strips or sutures.** If any sutures or strips are in place, please remove them.

### For a new non - bleeding haematoma

- Rest the injured part
- Ice it with a cold pack or ice wrapped in a cloth, 20 minutes on and 20 minutes off
- Compress the area with a bandage which is firm, but not tight
- Elevate the injured part.

Bruises on dark skin develop the same way as on light skin. The colour can appear different depending on the skin tone.

## 2. Assessment

- Confirm the cause and any related co-morbidities
- Check bloods (INR)
- Under take regular observations to monitor for signs of sepsis
- Provide analgise if required
- Obtain clinical photography as per local policy
- Complete a wound assessment using TIMES

## 3. Treatment and Management

### Closed Haematoma



### Surgical Management is required

- Refer urgently to Orthopaedics or Vascular for Evacuation

### Open Wound Post Evacuation



- For minimal to moderate exudate apply UrgoStart Plus Border
- For heavy exudate apply a UrgoStart Plus Pad with Kliniderm superabsorbent pad with safe soft bandaging.
- Change as per exudate requires (as a minimum weekly).

### Open Non Bleeding Haematoma



### Debridement (if safe to do)

- Apply Flaminal Gel to the wound bed/haematoma and with a Biatain silicone OR Kliniderm superabsorbent pad with safe soft bandaging
- Change twice weekly.

### Open Bleeding Haematoma



### Stop the Bleeding

- Apply Kaltastat dressing and a Biatain silicone OR Kliniderm superabsorbent pad with safe soft bandaging.
- Change twice weekly
- Regularly monitor dressing for active bleeding.

## 4. Referrals and Continued Management

**Secondary Care:** Refer all open wounds to Skin Integrity who will support the ongoing management with the ward and arrange for a Lower Limb assessment to be undertaken.

**Primary care:** Refer all open wounds to a Tier 3 or 4 service who will support the ongoing management and arrange for a Lower Limb assessment to be undertaken.

If the named product on this pathway is not available a temporary second line product is available to use. This can be found within the main text of the Doncaster Wide Wound Care Formulary Document.