

Management of Pre Tibial Laceration / Haematoma

The majority of patients can be treated in ED with steristrips / drainage of haematoma & dressings.

Definitive Management of Pre Tibial Injury Completed in ED

Patients can be followed up in Primary Care.
Any community concerns regarding wound breakdown should be referred to Plastic Surgery.

Admission if Required

If Patient requires admission for Falls Assessment, OT/PT input, or ongoing medical care they should be admitted under Acute Medicine or Frailty.

Referral to Orthopaedics

Patients with uncontrollable bleeding will be admitted to Orthopaedic or Vascular Surgery for Emergency Management.

Orthopaedics will accept & manage wounds requiring simple primary closure. (Including drainage of haematoma not possible in ED)

Orthopaedics will admit patients with ongoing wound issues including pain and bleeding.

Orthopaedics will make onward referral to Plastic Surgery if required.

Referral to Plastic Surgery

Patients requiring surgical debridement, with or without reconstruction, will be undertaken by Plastic Surgery team at SJH

Appropriate patients may be discharged home for subsequent outpatient follow-up

Tissue Viability Service

The Tissue Viability Service can be contacted for dressings / wound advice if the parent nursing team have any concerns.

Tissue Viability can liaise with Plastic Surgery if Required.

Plastic Surgery Referral & Review

Referral is made by Orthopaedic Team
Contact Plastic Surgery Registrar On Call via Switchboard

In Hours - eMail photos +/- in person review by Plastic Surgery
Out of Hours - eMail photos

Images must only be sent to & from nhs.scot email accounts

All reviews must be documented contemporaneously on TRAK.