Consultation and operational policy for pathologies and procedures of the extremities; compartment syndromes and amputations	
Policy Owner: MOH committee on hospital clinical services and policies	**Policy code: A-ADM-006**
Section location: General and allied specialized health care facilities and services: Administrative/General	**Effective date:** 25/10/2020
Applies to: General and allied specialized health care facilities and services	**Revision dates:** 25/10/2022
Approvals: MOH committee on hospital clinical services and policies	**Signature/Date** 25/10/2020
Approved by: chairman of orthopedic surgery	
Approved by: chairman of general surgery / Head of Vascular Unit	
Approved by: Director of technical affairs	
Approved by: Assistant undersecretary of technical affairs	
Notes:	

1. Introduction

1.1 compartment syndrome of the extremities is an acute surgical emergency that is usually secondary to trauma (orthopedic, burn, crush, high pressure injections and vascular insufficiency). It may occur in anatomical areas of which some surgical specialties overlap in expertise, competency and management.

Regardless of the anatomical area, or cause, the final outcome of compartment syndrome, if not managed in a timely fashion, is either loss of limb (secondary to vascular insufficiency and ischemia) or function (secondary to nerve and muscle loss).

Vascular insufficiency resulting in gangrenous digits or extremities is furthermore another surgical emergency the final outcome of which, if not managed in a timely fashion, can lead to either loss of limb or loss of life as a whole.

2. Purpose;

It is the purpose of this policy to;

2.1

Delegate the different extremity related pathologies accordingly to the respective surgical specialties (vascular surgery, orthopedic surgery etc.) with the most

competency and expertise regarding the pathology under which care the patient will best be served.

2.2
Guide the consulting services to the direction of consultation regarding the respective pathologies.

2.3
Outline the duties and responsibilities of the consulting and consulted services regarding their respective patients.

3. Operational Policy

3.1 Lower limb compartment syndrome;

3.1.1
For patients presenting with clinical evidence of compartment syndrome involving the lower extremities ***presenting to the emergency room***, please follow **MOH admission policy code A-Adm-003.**

3.1.2
For patients presenting with clinical evidence of compartment syndrome involving the lower extremities ***in a ward (or ICU)*** **and**;

3.1.2.1
The patient had undergone an orthopedic procedure on that respective limb within the past 30 days, the ***orthopedic surgery team*** should be consulted.

3.1.2.2
The patient had undergone a vascular procedure on that respective limb within the past 30 days, the ***vascular surgery team*** should be consulted.

3.1.2.3
The patient is admitted with clinical evidence of burn-related compartment syndrome, the ***plastic surgery team*** should be consulted.

3.1.2.4
The patient had ***NO*** history of orthopedic or vascular surgery and ***NO*** evidence of orthopedic, vascular or burn injuries, the ***vascular surgery team*** should be consulted.

3.2 Upper limb compartment syndrome;

3.2.1

For patients presenting with clinical evidence of compartment syndrome involving the upper extremities *presenting to the emergency room*, or in the ward (Or ICU), the ***orthopedic surgery team*** should be consulted ***firstly*** AND then the ***vascular surgery team*** should be consulted accordingly.

3.3 lower limb ischemic gangrene

********MOH admission policy code A-Adm-003 still applies and should be followed regarding ***traumatic*** injuries necessitating amputations*.

3.3.1

For patients presenting with clinical evidence of nonsalvagable ischemic ***gangrene*** involving the ***lower extremities*** *presenting to the emergency room*, or in the ward (Or ICU), requiring possible amputation, the ***general surgery team*** should be consulted for management and care.

3.3.2

For patients presenting with clinical evidence of nonsalvagable ischemic ***gangrene*** involving the ***lower extremities*** *presenting to the emergency room*, or in the ward (Or ICU), requiring possible amputation, and within 30 days of vascular reconstructive procedure, the ***vascular surgery team*** should be consulted for management and care if the patient is in any hospital with a vascular surgery in-house unit/service.

3.3.3

For patients presenting with clinical evidence of nonsalvagable ischemic ***gangrene*** involving the ***lower extremities*** *presenting to the emergency room*, or in the ward (Or ICU) in a hospital with NO vascular surgery in-house unit/service, requiring possible amputation, and within 30 days of vascular reconstructive procedure, the ***general surgery team*** should be consulted for management and care.

3.4 Upper limb ischemic gangrene

3.4.1
For patients presenting with clinical evidence of nonsalvagable ischemic ***gangrene*** involving the ***upper extremities (regardless of etiology)*** *presenting to the emergency room*, or in the ward (Or ICU), requiring possible amputation, the ***orthopedic surgery team*** should be consulted for management and care.

This policy is set to be reviewed and or amended every 2 years by the committee.

Any urgent need for amendment of the policy should be requested formally in writing by the requesting service/specialty to the assistant undersecretary for technical affairs for review.

The above set policy and review cycle is meant to provide the times needed for all departments to adapt to the set practice and adopt competency improving steps which will best serve the patients and avoid burden on the healthcare services.