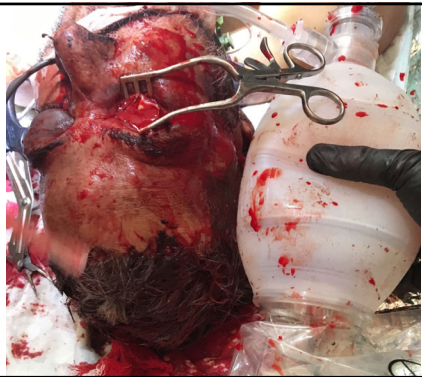


MASSIVE OCULAR HEMORRHAGE

PRESENTED BY
SGT PATRICK MURPHY
RANGER MEDIC

HISTORY

- ADULT MALE IN CENTCOM AOR
- MOI: IED W/ FALL FROM 2ND STORY OF BUILDING
- PT. UNRESPONSIVE UPON ARRIVAL
- ONLY HEMORRHAGING FROM RIGHT EYE SOCKET
- NO RADIAL PULSE



COURSE OF ACTION TO CONTROL HEMORRHAGE

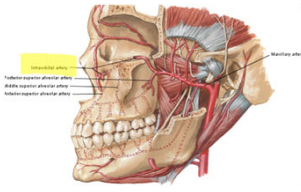
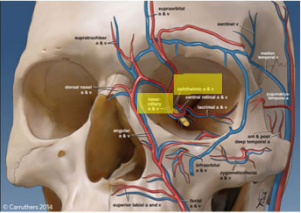
- DIRECT PRESSURE W/ HEMOSTATIC GAUZE
- MULTIPLE ATEMPTS WITH SUTURE AND HEMOSTATS TO LIGATE/ CLAMP THE ARTERY
- WHEN THE ARTERY WAS UNABLE TO BE LOCATED THE EYE SOCKET WAS PACKED WITH HEMOSTATIC GAUZE AND THE EYELIDS WERE SUTURED TOGETHER TO MAINTAIN PRESSURE

CASUALTY AFTER HEMORRHAGE CONTROL

Casualty received six units of blood and blood products!



Where did the bleed originate from?



LESSONS LEARNED & CONSIDERARIONS

- YOU CAN EXSAGUANATE FROM THE EYE!
- Consider use of epinephrine or TXA soaked gauze to slow the bleed
- Packing the eye potentially increased ICP
- Penetrating shrapnel may have been inserted deeper into brain tissue
