

Objectives

The **primary aim** is to compare the 24-hour mortality of patients who received unilateral embolization with that of patients who received bilateral embolization for pelvic trauma.

Secondary aims are to compare prevalence of post-operative ischemic and infectious complications and late (7-day) hospital mortality in each of these groups.

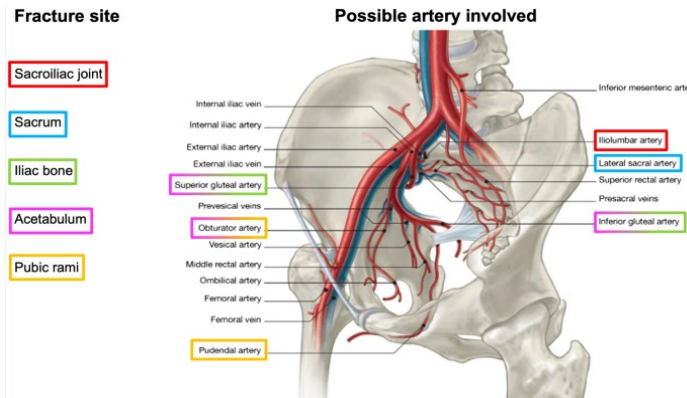
Background

Traumatic pelvic fractures are associated with a high rate of mortality (5-10%), and mortality can be as high as 60% in patients with hemodynamic instability.

Embolization of pelvic arteries is an effective intervention for hemorrhage control in cases of pelvic fracture.

Background (continued)

The decision to perform selective embolization is becoming more palatable as high-quality CT imaging has been demonstrated to be reliable in guiding angiographic decisions. There is contrasting information from small studies as to whether unilateral or selective embolization would provide equivalent benefit to bilateral embolization and would provide less harm than bilateral embolization.



Methods

This study will be conducted through the **Research Consortium of New England Centers for Trauma (ReCONNECT) group** as a retrospective, multi-site study. Hartford Healthcare (HHC) will serve as the lead site and data coordinating center.

Data will primarily be extracted from the trauma registries of Level 1 trauma centers in New England with additional manual review and extraction from the electronic medical records (EMR) if necessary.

This study is now open

