

Oxfordshire Community Haematoma Pathway

Definition/Presentation

A haematoma is a dark red/black palpable collection of clotted or partially clotted blood in the tissues outside of the vessels standing proud of the skin, usually caused by blunt force trauma to the veins or arteries.

Types of Haematoma



Open Active Bleeding Haematoma

A large collection of blood that has accumulated within the subcutaneous tissue. The skin is no longer intact, the underlying tissue is exposed, and active bleeding is occurring.



Open Non-bleeding Haematoma

A large collection of blood that has accumulated within the subcutaneous tissue. The skin is no longer intact, and the underlying tissue is exposed.



Closed Haematoma

A large collection of blood that has accumulated within the subcutaneous tissue, causing excessive pressure that exceeds the normal pressure of the dermal and subdermal capillaries, resulting in necrosis (pedal pulses remain present). The skin remains intact.

Is it a Haematoma?



Bruise

- Damage to small capillaries leading to bleeding into the subcutaneous layer of the skin showing colour changes on the skin. Usually disappears in 2-3 weeks.



Deep Tissue Injury

- Purple or maroon localised area of discoloured intact skin due to damage of underlying soft tissue from pressure and/or shear. Evolution may include a thin layer of eschar and rapid exposure of additional layers of tissue even with optimal treatment.

Initial Assessment

- Complete full holistic assessment – assess causes (e.g. blunt force trauma, spontaneous), PMH, medication, bloods (consider INR), pain management.
- Review risk factors – Increased age (70+), female sex, long-term corticosteroid use, antiplatelet/anticoagulant therapy, trauma, decreased hormone levels, previous haematoma.
- If haematoma is present to lower limb, refer to Lower Limb Care Pathway and complete holistic lower limb assessment within 14 days of initial presentation. 20mmHg compression therapy can be applied in the absence of red flags.
- Record digital images.
- Map wound and calculate surface area.
- Complete wound assessment using TIMES framework and AMBL2 tool.

FIRST AID

Check for signs of Compartment Syndrome:

(An increase in pressure inside a muscle, which causes pain. This can be serious and needs treatment as soon as possible, call 999).

Faint/diminished pulses

Pain (severe burning/deep ache to muscles, aggravated by movement)

Numbness, weakness or pins and needles

Swelling or bulging of the muscle

Tightness or difficulty moving affected body part

Open Active Bleeding Haematoma

- Stop any bleeding by applying damp gauze and pressure for 15 minutes.
- Refer to Community Bleeding Guidance if bleeding persists or is excessive. Any concerns call 999.
- If haematoma is on the lower leg, elevate in line with heart.

Open Non-Bleeding & Closed Haematomas

- Rest the injured area.
- Apply an ice pack wrapped in a clean cloth for 20 minutes to reduce swelling.
- If haematoma is on the lower leg, elevate in line with heart.

Haematoma Management

Management usually involves removal of the haematoma as promptly as possible to:

- Reduce the risk of infection
- Minimise skin necrosis and tissue damage
- Encourage healing

An acute haematoma may become a chronic leg ulcer if there has been a delay in evacuation/debridement of the haematoma, underlying chronic oedema, venous or arterial disease, or a delay in the application of compression therapy (Nelzen, 2008).

- Do **NOT** apply Steristrips.
- Management can include conservative and/or surgical intervention.
- If patient is severely frail or nearing end of life, consider conservative management only.
- If haematoma is present to the lower limb, ensure arterial status is established prior to applying a debridement dressing (LLA + doppler).

Conservative Management

Aim: To debride the haematoma as painlessly as possible to prepare the wound bed for eventual healing. An appropriate dressing should provide the correct environment for the wound at a particular stage of healing and allow for infrequent dressing changes.

Milking of open haematomas: Once clot has formed and active bleeding has stopped, it may be possible to push the clot out of the opening in the damaged skin providing there is no surrounding cellulitis. Gauze may be used to gently grasp the clot and scoop it out if tolerated by the patient. If there is any resistance, please do not proceed.

Thorough cleansing: Enables debridement of any clots, devitalised tissue and eschar.

Surgical Management

Prompt surgical action is required to evacuate large haematomas causing significant pressure, or with suspected compartment syndrome, to release the tension and prevent further damage to the tissues and skin.

A referral to Plastics via the GP will need to be completed.

Where a haematoma has been surgically debrided and is **NOT** grafted, the wound can be managed conservatively with the use of dressings to facilitate healing.

Open Bleeding Haematoma

Stop bleeding by applying damp gauze and pressure for 15 minutes. See First Aid guidance for further information. Apply alginate dressing (e.g. Aquafibre Extra) to stem bleeding.

At next dressing change, if no risk of further bleeding, debridement can take place. Follow open non-bleeding haematoma guidance.

Open Non-bleeding Haematoma

Small and superficial haematoma without significant functional impairment or skin compromise:
Conservative management using wound dressings to allow reabsorption.

Larger haematoma with epidermal involvement only, some discomfort and limited mobility:
Possibility of reabsorption limited. Conservative management using wound dressings.

Large haematoma with dermal and/or subcutaneous involvement, significant pain and compromised mobility:
Refer to appropriate specialist service (Plastics for possible surgical debridement/evacuation and advice, or Tissue Viability for possible sharp debridement and further support).

Closed Haematoma

Small, asymptomatic closed haematoma: Protection and observation for haematoma to self-resolve/reabsorb.

Larger, symptomatic closed haematoma: Refer to appropriate specialist service (Plastics for possible surgical debridement/evacuation and advice, and Tissue Viability for further support).

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