

Using HemaClear® on a Mono-trauma Left Knee-distal Femur: A Case Report

Peter Reynders MD PhD,

Professor, Department of Trauma Surgery, University of Leuven, Belgium

A Twenty-three old woman was involved in a road-traffic accident. She sustained a closed mono-trauma to her left knee-distal femur (according to AO it was classified as 33-C3 fracture). Initial fixation was done with an external fixator (fig.1a&b)

We chose to use HemaClear® XL for this case as our exsanguination and occlusion method because it is sterile and has a narrow profile. Once in place, HemaClear allows access to the whole limb as opposed to classical pneumatic tourniquet, which due to its width, obstructs and diminishes the surgical field on the proximal thigh.

Applying HemaClear was simple even over the comminuted fractures. Three staff members were involved in the application process: one staff member held the limb and an elevated angel applying axial traction as the other two members pulled the device straps rolling it over the limb into the final occlusion location. HemaClear exsanguinates as it is rolled over the leg and exerts consistent pressure at the occlusion site occluding blood flow and eliminating the need for an Esmarch bandage, tourniquet machine and sterile stockinet (fig. 2a&b).

An open reduction and internal fixation was performed (fig. 3a&b&c&d)

Initial Fixation



Fig. 1a



Fig. 1b

HemaClear® Application Technique – Axial Traction



Fig. 2a



Fig. 2b

Complete Anatomical Access



Fig. 3a



Fig. 3b

Results



Fig. 3c



Fig. 3d