ONE-PAGE CHEAT SHEET

Vascular emergencies

Aneurysms, ischaemic limbs, compartment syndrome

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Free surgical teaching

ABDOMINAL AORTIC ANEURYSM

- Aorta 3 cm or more; UK screening: one ultrasound for men at 65
- Surveillance: 3.0–4.4 cm yearly; 4.5–5.4 cm every 3 months
- Repair at **5.5 cm** in men (5.0 in women), growth over 1 cm a year, or symptoms

RUPTURED AAA

- Abdominal, back or flank pain, collapse, pulsatile mass, hypotension
- **Permissive hypotension** (systolic 70–90 in a conscious patient)
- CT angiogram if stable enough → EVAR if the anatomy suits; unstable → theatre

ACUTE LIMB ISCHAEMIA

- **6 Ps**: pain, pallor, pulselessness, perishing cold, paraesthesia, paralysis
- Embolus (AF, sudden, normal other leg) vs thrombosis (previous claudication)
- Rutherford: I viable; IIa marginally threatened; **IIb immediately threatened** (sensory loss, weakness); III irreversible

MANAGEMENT

- IV heparin, analgesia, urgent vascular review
- Embolectomy, thrombolysis or bypass according to cause and class
- Class III: amputation or palliation
- After revascularisation: watch for **reperfusion** (hyperkalaemia, myoglobinuria) and compartment syndrome

COMPARTMENT SYNDROME

- Pain out of proportion, **pain on passive stretch**
- Pulses are often present until late
- Delta pressure (diastolic minus compartment) under 30 mmHg → **fasciotomy**

CHRONIC LIMB ISCHAEMIA

- ABPI under 0.9 = PAD; under 0.5 = severe; over 1.3 = calcified vessels (diabetes)
- Best medical therapy: antiplatelet, statin, stop smoking, supervised exercise
- Chronic limb-threatening ischaemia: rest pain, ulcers, gangrene

EXAM PEARLS

- Compression bandaging for venous ulcers only if ABPI is 0.8 or more
- Leriche syndrome: buttock claudication, absent femoral pulses, erectile dysfunction

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