Case One

A 26-year old male injured in a motorcycle crash was hypotensive on arrival in the emergency room. **Injury radiographs** reveal an open book pelvic ring disruption. The patient had an associated femur fracture. A **Pelvic Binder** was placed and the patient’s blood pressure normalized. He underwent retrograde femoral nailing the day of injury, with the binder in place. Two days later, he underwent **definitive fixation** of his pelvic ring.

**Case Report Courtesy of:**
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[Images of radiographs showing pelvic ring disruption, binder in place, and after definitive fixation.]
Case Two

A 19-year old male injured in a high speed motor vehicle crash was hypotensive on arrival in the emergency room. Injury radiographs reveal a grossly unstable pelvic fracture and an associated subtrochanteric femur fracture. Traction was applied to both legs and Pelvic Binder was placed. The patient’s blood pressure improved. He underwent angiographic embolization of a bleeding pelvic vessel, with the Binder in place. On the day of admission, he underwent percutaneous screw fixation of the posterior pelvic ring, external fixation of the anterior ring, and intramedullary nail fixation of the subtrochanteric fracture. Post-operative inlet radiograph reveals the embolization coil.

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Injury radiograph reveals a pelvic ring disruption.

Radiograph with binder in place. Patient also underwent angiographic embolization with the binder in place.

Post-operative inlet radiograph.
Case Three

A 36-year old male injured in a high speed T-bone motor vehicle crash was hypotensive on arrival in the emergency room. Injury radiographs reveal a grossly unstable pelvic ring disruption. Traction was applied to the left leg and a Pelvic Binder was placed. The patient’s blood pressure normalized. The next day he underwent definitive percutaneous fixation of his pelvic ring.

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Injury radiograph.

Radiograph with binder in place.

Radiograph after definitive fixation.

pelvicbinder
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