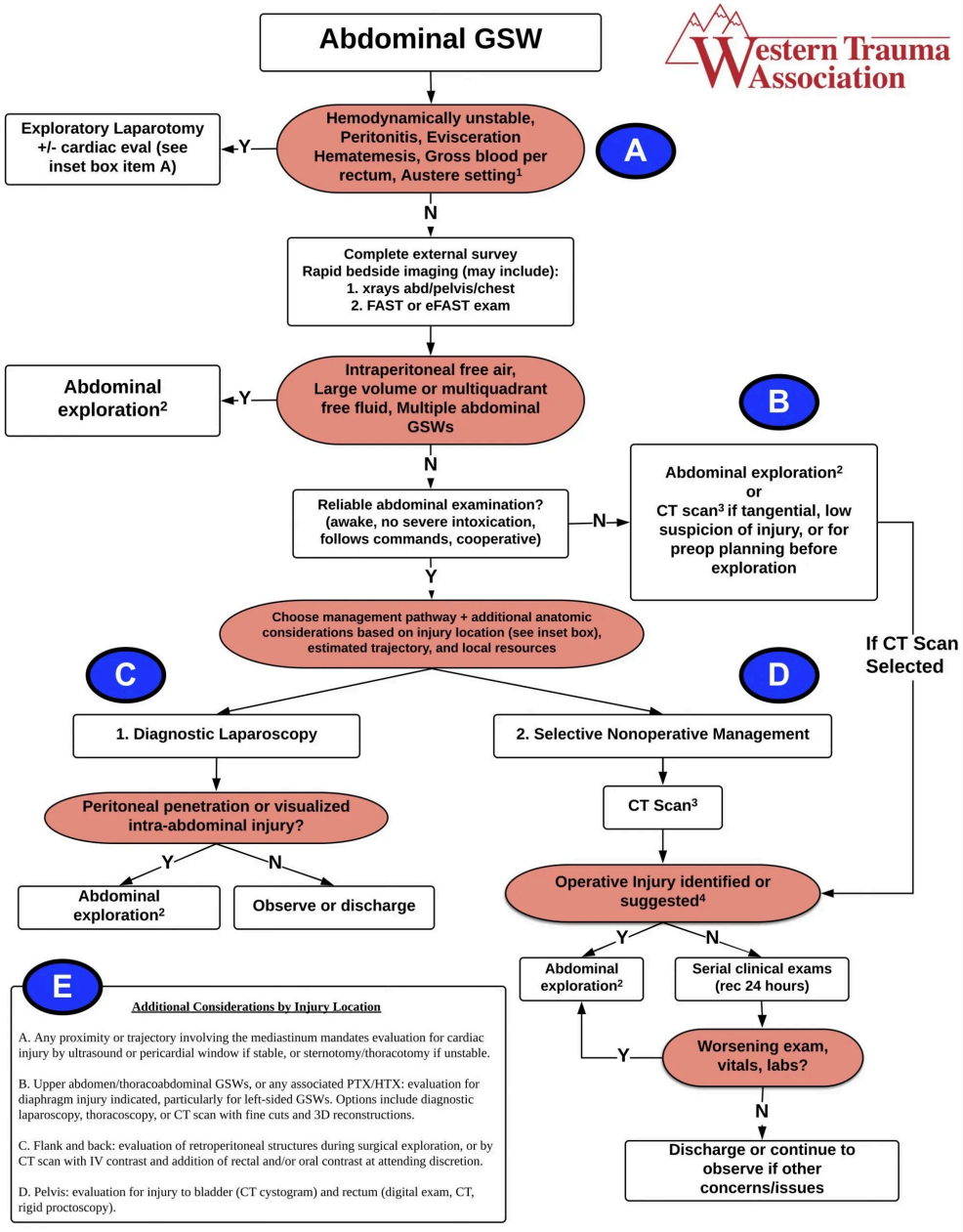
Abdominal GSW
Western Trauma Association
Hemodynamically unstable, Peritonitis, Evisceration Hematemesis, Gross blood per rectum, Austere setting[1]
A
Y
Exploratory Laparotomy +/- cardiac eval (see inset box item A)
N
Complete external survey
Rapid bedside imaging (may include):
1. xrays abd/pelvis/chest
2. FAST or eFAST exam
Intraperitoneal free air, Large volume or multiquadrant free fluid, Multiple abdominal GSWs
Y
Abdominal exploration[2]
N
B
Reliable abdominal examination? (awake, no severe intoxication, follows commands, cooperative)
N
Abdominal exploration[2] or CT scan[3] if tangential, low suspicion of injury, or for preop planning before exploration
Y
Choose management pathway + additional anatomic considerations based on injury location (see inset box), estimated trajectory, and local resources
If CT Scan Selected
C
D
1. Diagnostic Laparoscopy
2. Selective Nonoperative Management
Peritoneal penetration or visualized intra-abdominal injury?
Y
N
Abdominal exploration[2]
Observe or discharge
CT Scan[3]
Operative Injury identified or suggested[4]
Y
N
Abdominal exploration[2]
Serial clinical exams (rec 24 hours)
Y
Worsening exam, vitals, labs?
N
Discharge or continue to observe if other concerns/issues
E
Additional Considerations by Injury Location
A. Any proximity or trajectory involving the mediastinum mandates evaluation for cardiac injury by ultrasound or pericardial window if stable, or sternotomy/thoracotomy if unstable.
B. Upper abdomen/thoracoabdominal GSWs, or any associated PTX/HTX: evaluation for diaphragm injury indicated, particularly for left-sided GSWs. Options include diagnostic laparoscopy, thoracoscopy, or CT scan with fine cuts and 3D reconstructions.
C. Flank and back: evaluation of retroperitoneal structures during surgical exploration, or by CT scan with IV contrast and addition of rectal and/or oral contrast at attending discretion.
D. Pelvis: evaluation for injury to bladder (CT cystogram) and rectum (digital exam, CT, rigid proctoscopy).