

FEEDBACK TO THE FIELD (FT2F) #2: Use of the Pelvic Stabilizer (TPOD[®] Device)*

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** American Registry of Pathology in support of AFMES

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Original Release

FEEDBACK TO THE FIELD:

Use of the Pelvic Stabilizer (TPOD[®] Device)

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OVERVIEW:

- The TPOD[®] Pelvic Stabilization Device is used for field stabilization of suspected pelvic fractures.
- The device is claimed to provide “safe simultaneous circumferential compression of the pelvic region”.
- We have observed placement of these devices when performing the Computed Tomographic Imaging that precedes each autopsy at the Dover AFB Mortuary.

OVERVIEW:

- The instructions for use published by the manufacturer (PYNG Medical) outline a six step process*

INSTRUCTIONS AND USE **T-POD®**
Pelvic Stabilizer




1. Slide Belt under patient and into position under the pelvis.
2. Trim the Belt, leaving a 6-8" gap over the centre of the abdomen.
3. Apply Velcro-backed Pulley System on each side of the gap.
4. Draw the Pull Tab, creating simultaneous circumferential compression.
5. Secure the Velcro-backed Pull Tab to the Belt.
6. Record the date and time of application.

Powerful, Safe and Effective

T-POD® provides powerful, fast and safe simultaneous circumferential compression of the pelvic region.

The photos below demonstrate the T-POD®'s effectiveness in dosing and stabilizing the pelvic ring.



Pre-application of T-POD® Post-application of T-POD®

PYNG MEDICAL
7425 11 Deerwood Place
Richmond BC V6V 2B9 Canada
616 908 2667-7094
info@pyng.com www.pyng.com

PN-033a

*www.pyng.com



Slide Belt under patient and into position under the pelvis.



Trim the Belt, leaving a 6-8" gap over the centre of the abdomen.



Apply Velcro-backed Pulley System on each side of the gap.



Draw the Pull Tab, creating simultaneous circumferential compression.



Secure the Velcro-backed Pull Tab to the Belt.



Record the date and time of application.

OVERVIEW:

- In this communication we present images from two cases where the pelvic stabilization device was used and we observed variance from the recommended application steps at time of autopsy.

NOTE:

- This presentation makes no association between use of the device and outcome of treatment.
- We have no knowledge of the echelon of care, facility and individual(s) involved in device placement.

Case 1

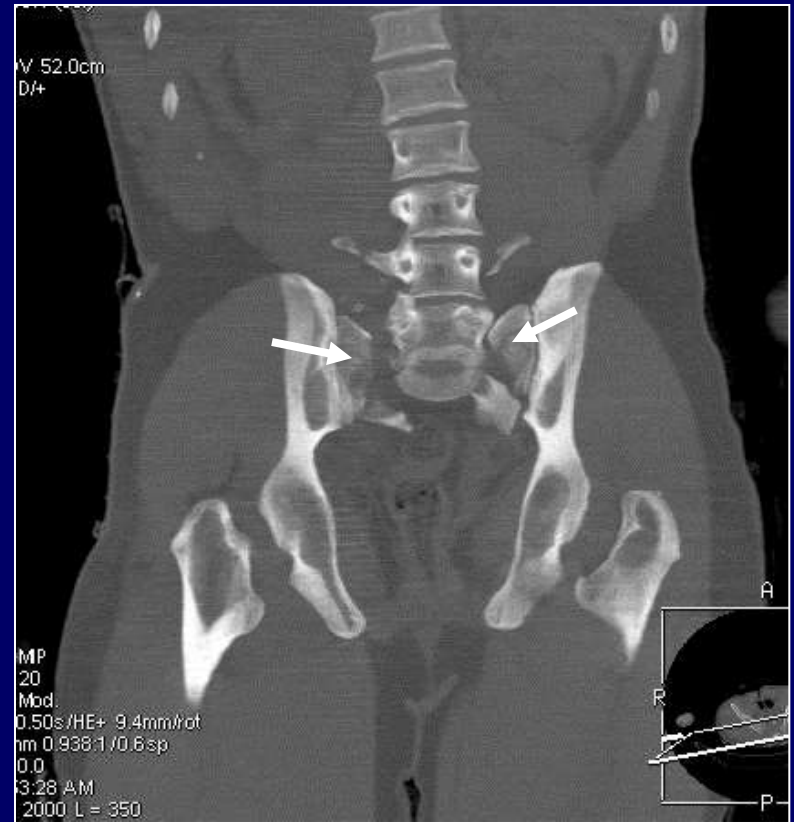
Multitrauma which included pelvic fractures. There was surgical intervention so the device was likely applied after the procedures.



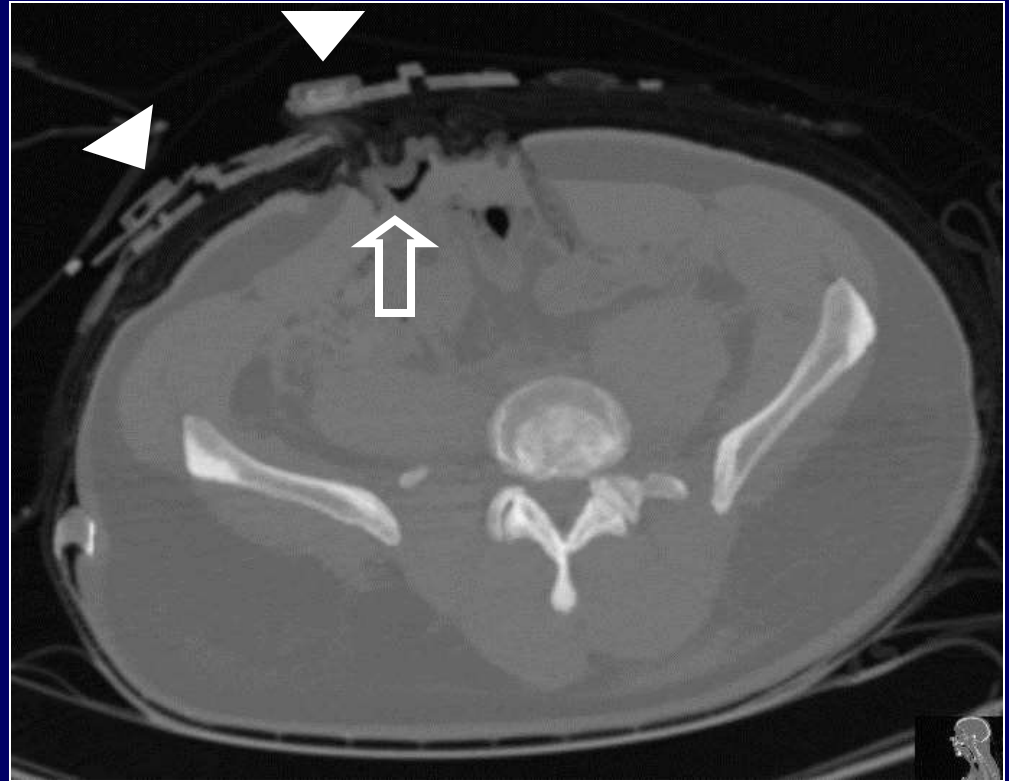
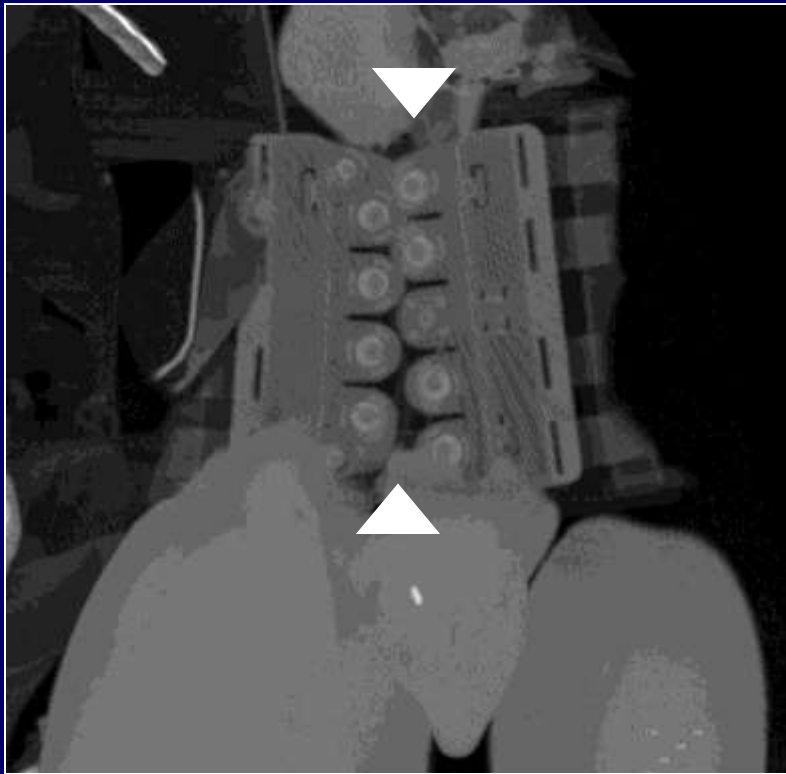
Front View



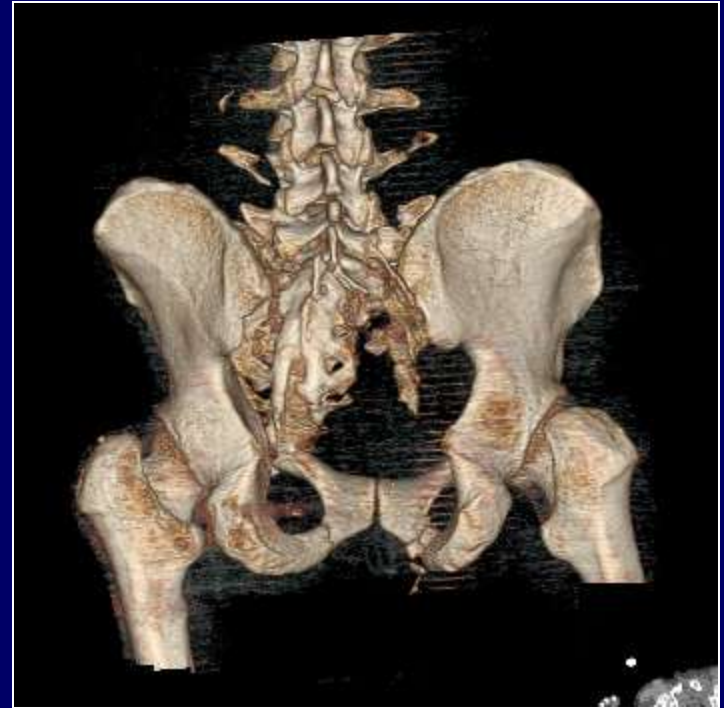
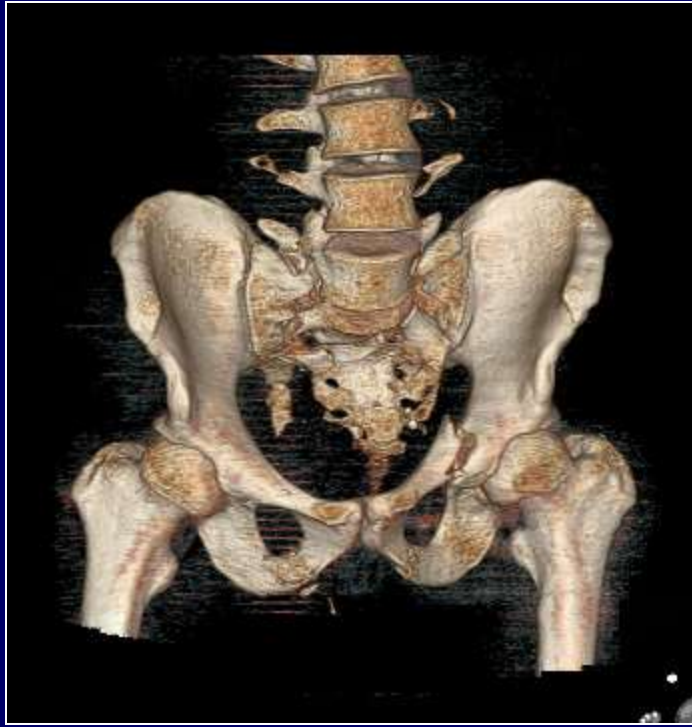
Back View



Axial and coronal CT images show bilateral sacral fractures (solid arrows).



Coronal and axial CT showing the TPOD pulley (arrowheads) anterior to the abdominal surgical defect (open arrow).



3D MDCT reconstructions show bilateral sacral fractures and ischial and pubic fractures.

TPOD[®] pulley applied to an uncut belt in variance with instructions.



After removal intact pulley mechanism was confirmed.



Case 2

Multitrauma which included pelvic fractures.
Pulley applied to an uncut belt, off center
and not maximally tightend.



Pulley applied to an uncut belt, off center and not maximally tightend.



Gap present bilaterally, note overlap of the belt.

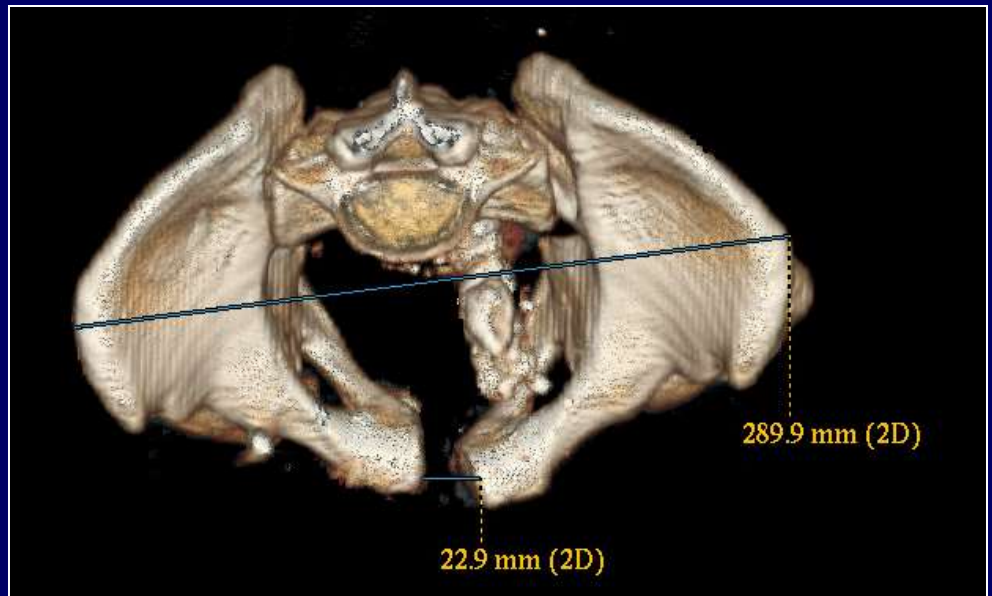
Repositioning and tightening of the pulley visibly reduced the gaps on both sides.



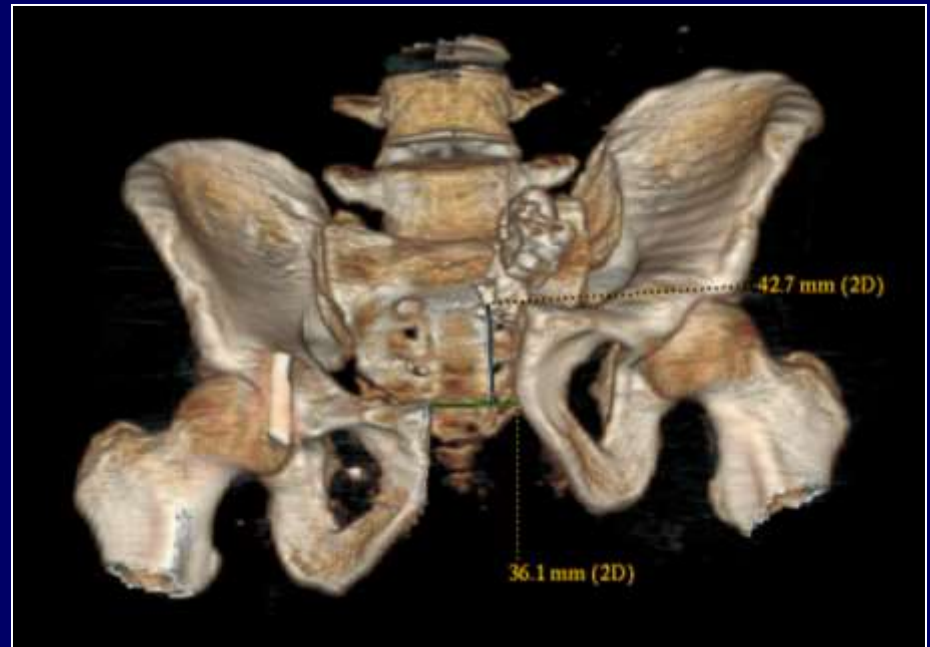
Pelvic fracture positions before and after tightening of the device. Pulley applied to an uncut band.



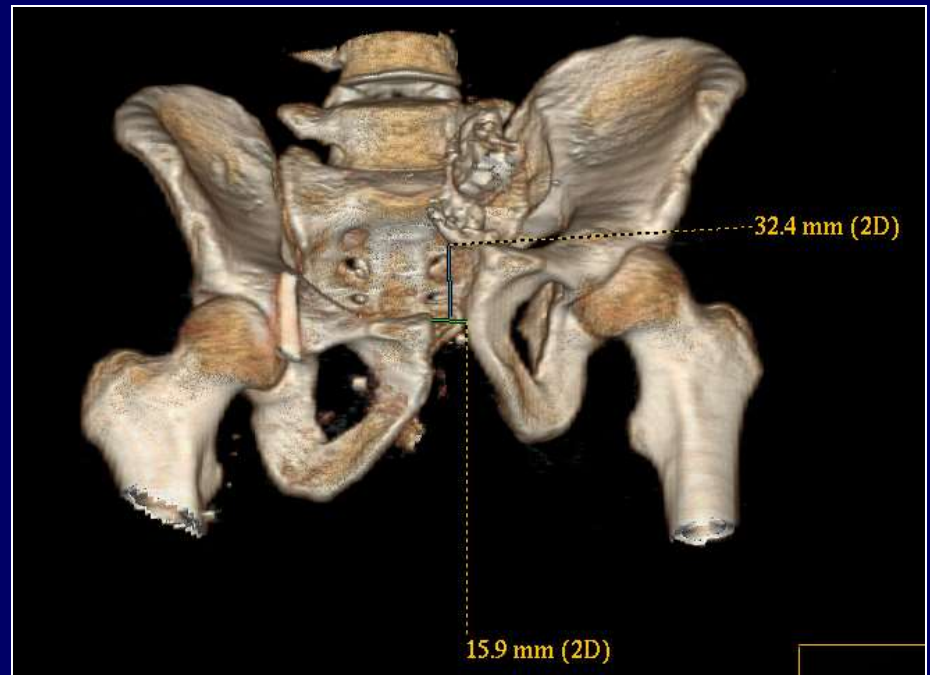
Pubic symphysis gap reduces by 14.2mm



Pelvic fracture positions before and after tightening of the device. Pulley applied to an uncut band.



Pubic symphysis gap reduces by about 2 cm.



CONCLUSION:

This communication reports two cases showing TPOD[®] Pelvic Stabilization Device utilization with variance from the recommended application steps.

In one case pulley tightening demonstrated the device's ability to move pelvic fracture fragments.

Caution:

This presentation makes no association between application of the TPOD® Pelvic Stabilization Device and outcome of treatment. The clinical circumstances and specific details surrounding the delivery of emergency treatment in these cases is unknown.

This material is intended for educational and training purposes. If portions are extracted, the following statement must be included:

“Source: Armed Forces Medical Examiner System”

NOTES of CAUTION:

- The clinical circumstances and details surrounding emergency treatment in these cases is unknown
- This presentation makes no association between device placement and outcome of treatment
- This case series is drawn from cases with fatal injuries, which may skew data

For FT2F Comments / Questions / Requests:
Contact the Armed Forces Medical
Examiner System (AFMES)

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