



**G Diaphragm Injury Evaluation**

All thoracoabdominal stab wounds (SW), or any abdominal SW with associated pneumo or hemothorax, are presumed to have a diaphragm injury (DI). The risk is higher on the left side. If another indication for operation is present, then examine/repair the diaphragm at that time. If no immediate operation is indicated, then a laparoscopic diaphragm evaluation is indicated. This should be delayed (>8-12 hrs) to allow serial exams and ensure no hollow viscus or other operative injury is present. Thoracoscopy is an acceptable alternative, and is the procedure of choice if a co-existing retained hemothorax is present.

There is some data now that high resolution CT scan may provide adequate imaging to rule out a DI. A focused fine-cut CT should be performed, and repeat delayed imaging to ensure no DI should be considered.

*\* decision to discharge in CP3 should be individualized based on the clinical evaluation, imaging findings, and reliability of the patient. Note that CT scan can have false negatives for hollow viscus injury, particularly when performed shortly after the initial stab injury.*