



Controversial Australian Snakebite Treatment: The Deepest Cut of All.

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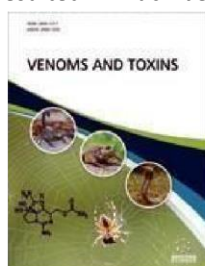
Abstract:

Background: In Australia, until the late 1960s, the emergency first aid treatment for venomous snakebite included cutting to cause bleeding at the bite site in the mistaken belief that it would flush toxins from the wound, thus reducing the patient's systemic envenoming. However, it failed in this regard and instead caused the patient additional discomfort. Today, again, cutting is used in hospitals during surgical fasciotomies when managing snakebite.

Objective: The study aimed to report on the rare use of hand and forearm fasciotomies in Australia in October 2021 following snakebite, and highlight the resultant extended morbidity experienced by the patient.

Patient Account: Common mulga snake (*Pseudechis australis*) bite has been reported in the Pilbara region, Western Australia by a 39-year-old male snakebite victim, with his narrative detailing the events prior to the snakebite until the completion of his outpatient treatment.

Conclusion: The consensus worldwide is that antivenom is the primary treatment for venomous snakebite and, although a patient may present with symptoms mimicking compartment syndrome, this disease is extremely rare, especially in Australia, where the fangs of endemic snakes are generally too small to penetrate sufficiently deep to cause other than shallow subcutaneous swelling. The avoidance of surgical intervention in snakebite treatment resulted in much better outcomes for the patient.



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