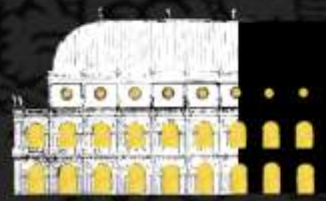
CONGRESSO NAZIONALE IRC 2023

Vicenza

Italian Resuscitation Conference 2023



20 • 21 OTTOBRE

Vicenza Convention Centre

LA RIVOLUZIONE DEI SISTEMI

IRC Italian Resuscitation Council

SURGICAL RESUSCITATION

GREGORIO TUGNOLI

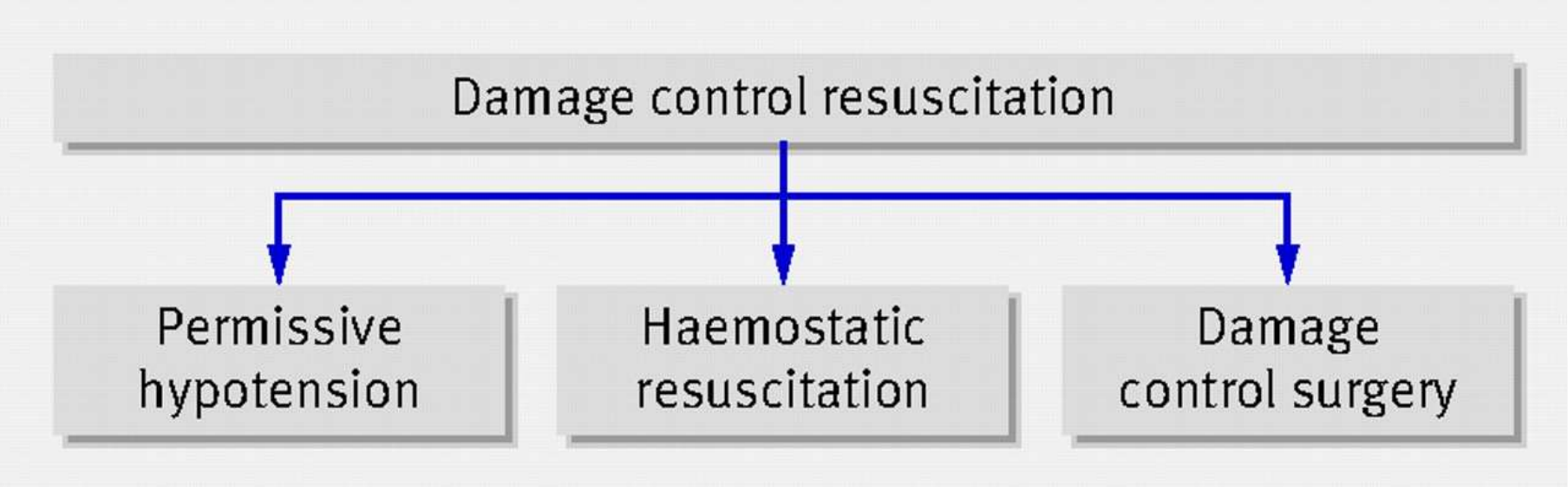
CHIRURGIA DEL TRAUMA

OSPEDALE MAGGIORE-BOLOGNA

Premessa: quale chirurgo del trauma?

Dell'inquadramento e gestione di tutti i traumi degli organi addominali, dei reni e della vescica e di tutti i traumi toracici che non richiedano competenze specifiche

E, comunque, se è vero che l' emorragia è la principale causa di morte evitabile, il chirurgo non può non essere presente nel trauma team



Jansen J O et al. BMJ 2009;338:bmj.b1778

BMJ

Surgical resuscitation

OBIETTIVO

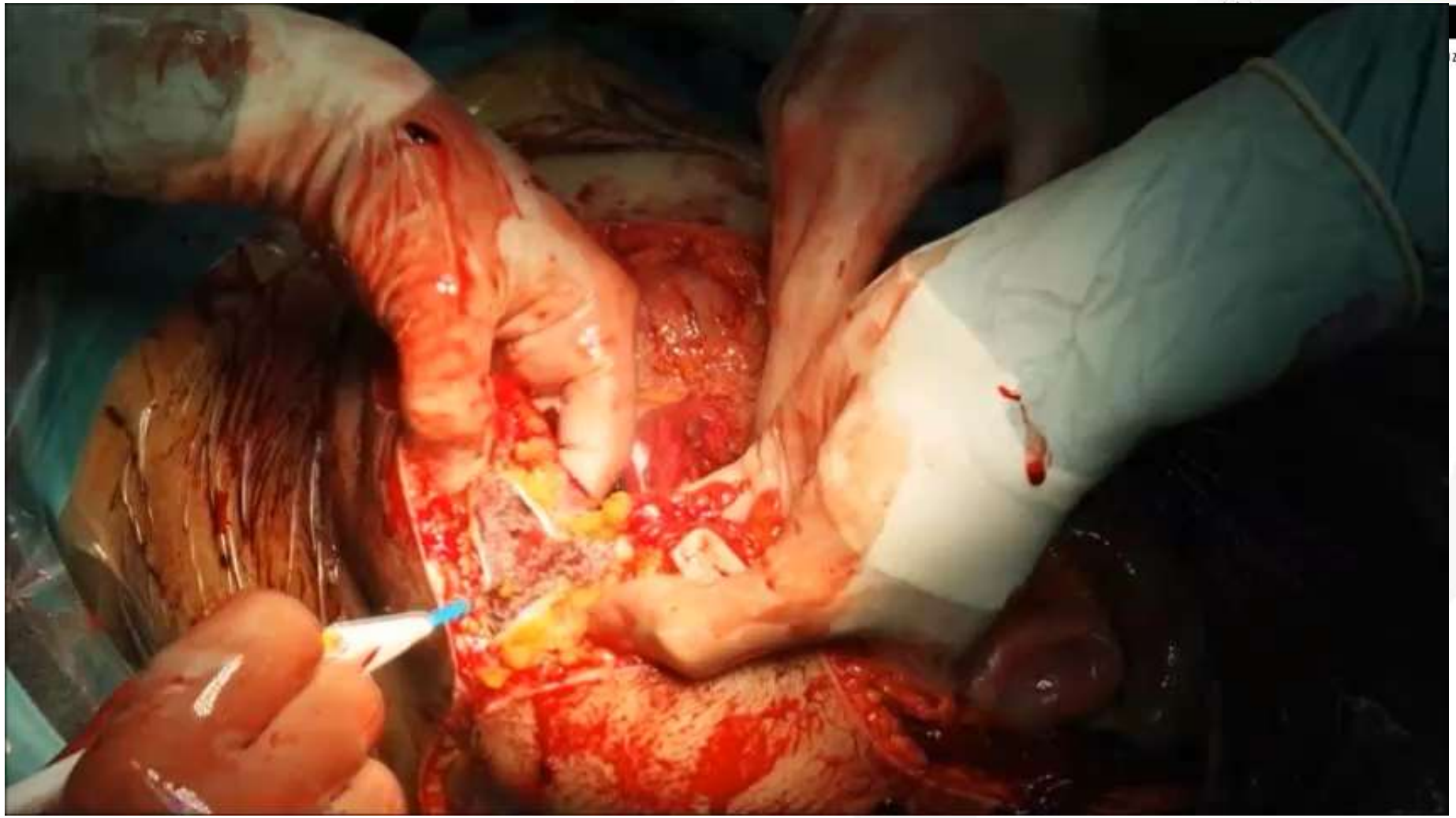
COME?

SENZA DIAGNOSTICA

NEL PIU' BREVE TEMPO POSSIBILE

NEL MODO PIU' SEMPLICE POSSIBILE

Il fattore «tempo» e la DCS



Surgical resuscitation

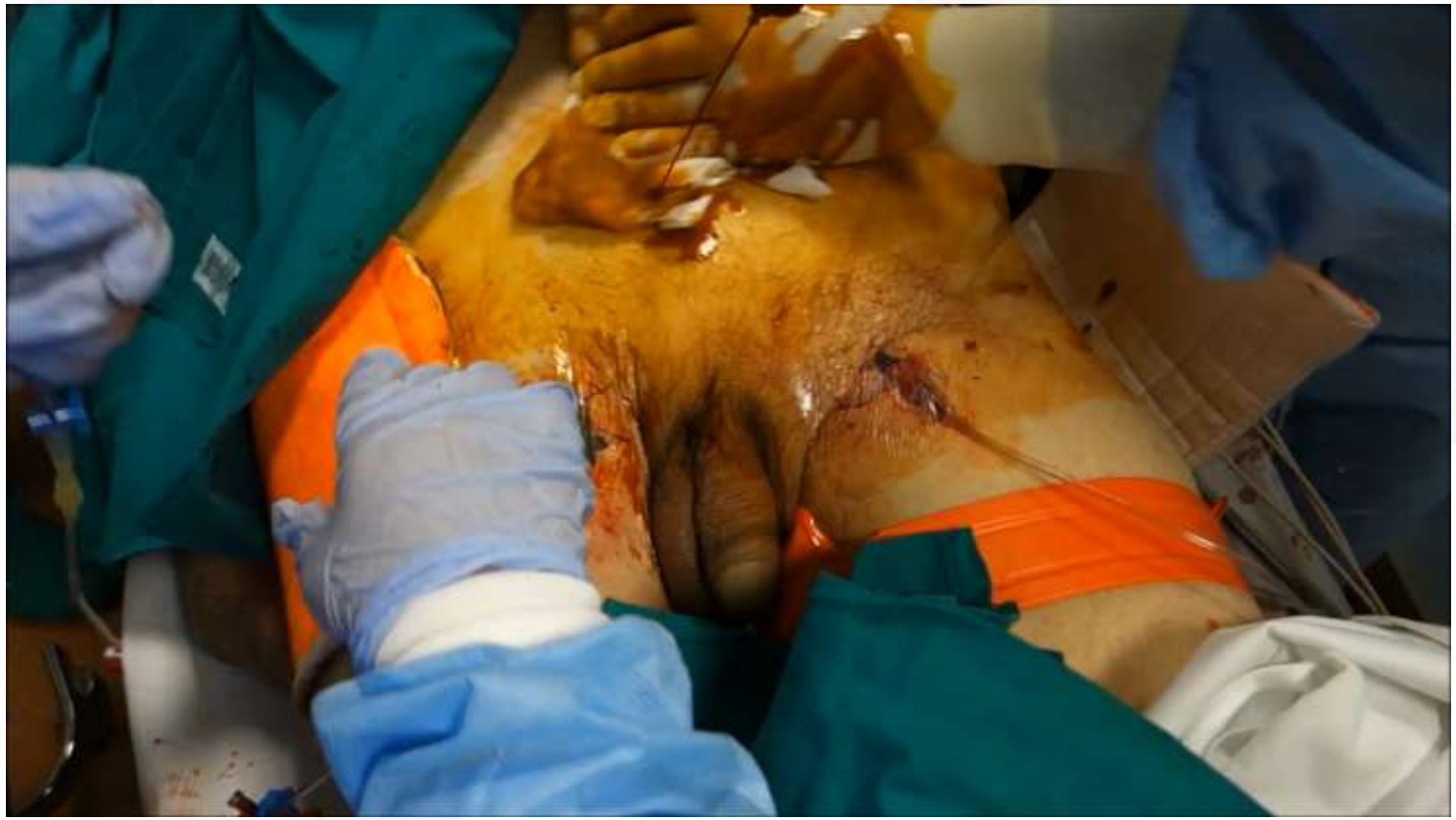
Jang et al. Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine (2016) 24:3
DOI 10.1186/s13049-016-0196-5

Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine

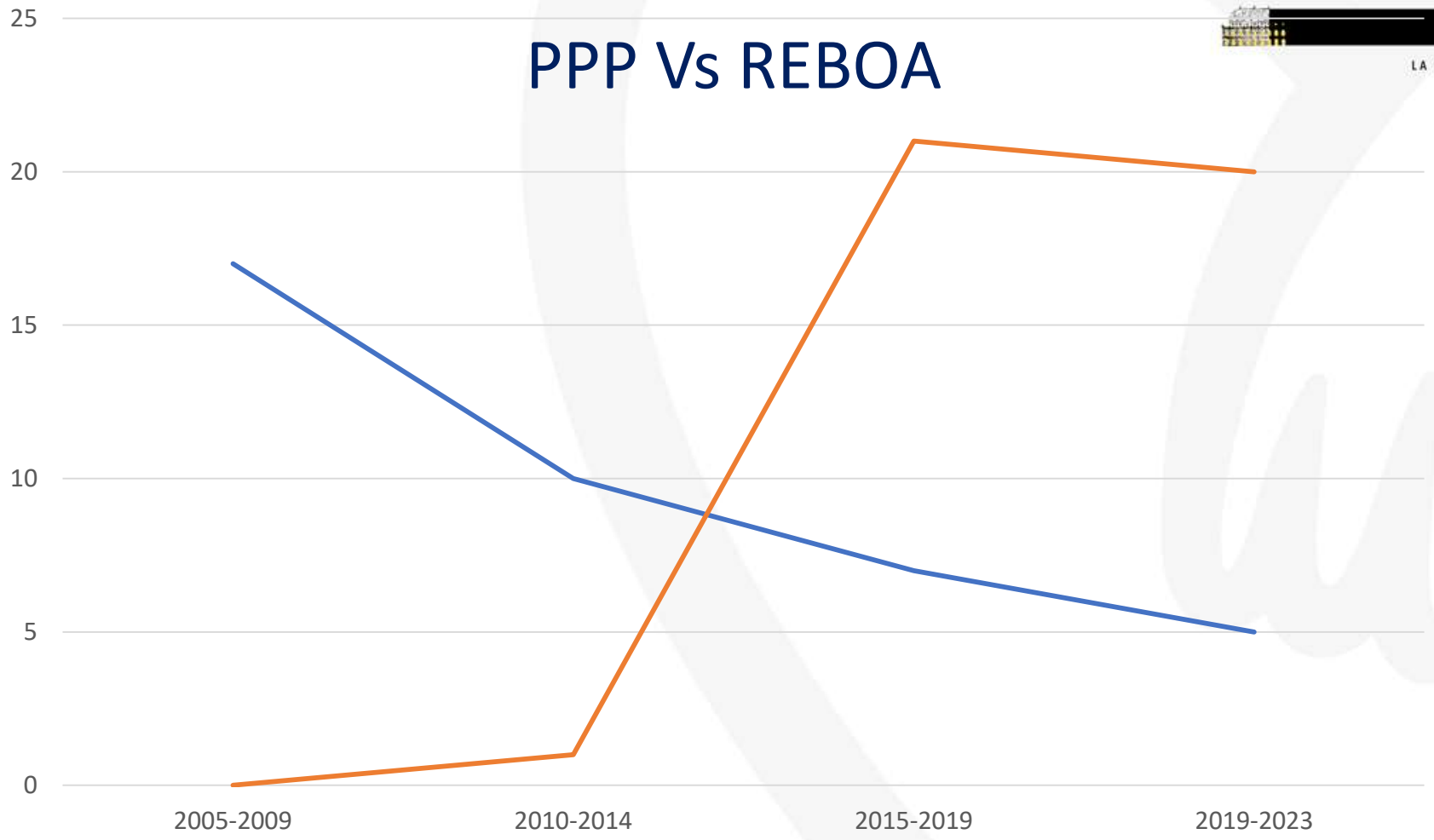
ORIGINAL RESEARCH Open Access

Preperitoneal pelvic packing in patients with hemodynamic instability due to severe pelvic fracture: early experience in a Korean trauma center

Ji Young Jang, Hongjin Shim, Pil Young Jung, Seongyup Kim and Keum Seok Bae*



PPP Vs REBOA



Surgical resuscitation


Contents lists available at ScienceDirect
International Journal of Surgery
journal homepage: www.journal-surgery.net

Review

Resuscitative thoracotomy

Gerd Daniel Pust*, Nicholas Namia

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1. Indications

Classic indications:

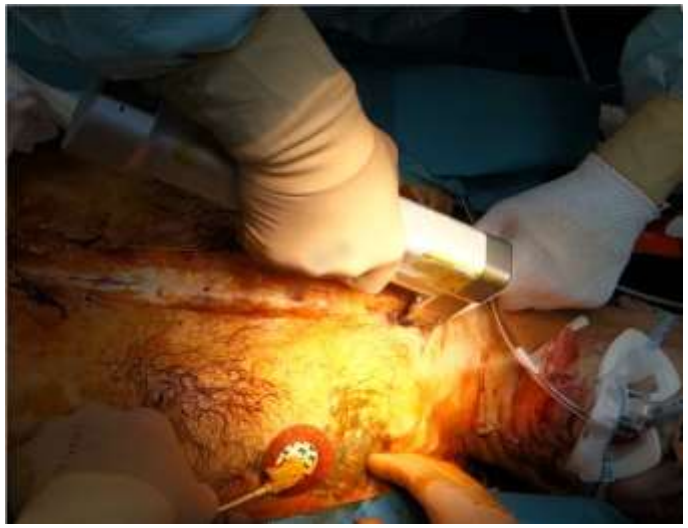
1. Penetrating trauma injuries with pre-hospital cardiac arrest.
2. Blunt and penetrating trauma suffering cardiac arrest upon arrival to the hospital or while in the trauma bay.
3. Patients with blunt and penetrating trauma suffering cardiac arrest while undergoing surgical procedures in the operating room, e.g. laparotomy or repair of peripheral vascular injuries.

Expanded indications:

1. Blunt trauma with cardiac arrest prior to hospital arrival.

3. Objectives of resuscitative thoracotomy

1. Control of thoracic hemorrhage
2. Relief of cardiac tamponade
3. Immediate repair of cardiac injuries
4. Open cardiac massage to restore cardiac output and circulation
5. Control of abdominal hemorrhage by cross-clamping of the descending thoracic aorta
6. Control of major thoracic vascular or pulmonary hilar injuries (Fig. 1).
7. Internal defibrillation in patients with ventricular fibrillation cardiac arrest.



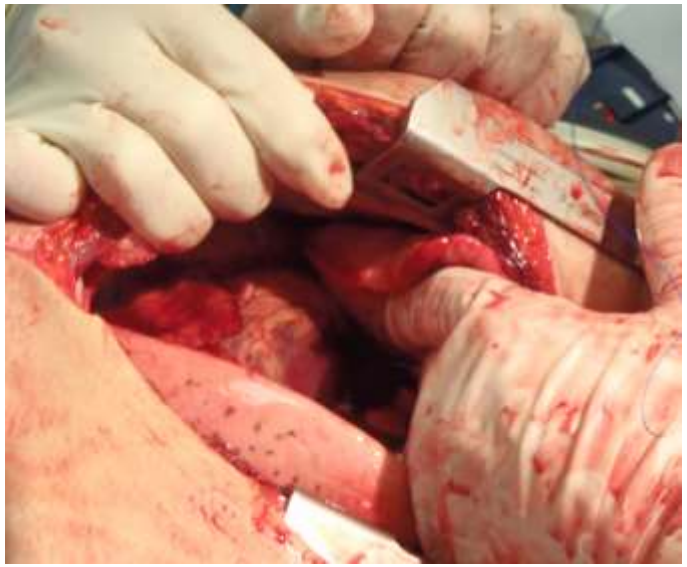
World J Surg (2013) 37:1277–1285
DOI 10.1007/s00268-013-1961-5

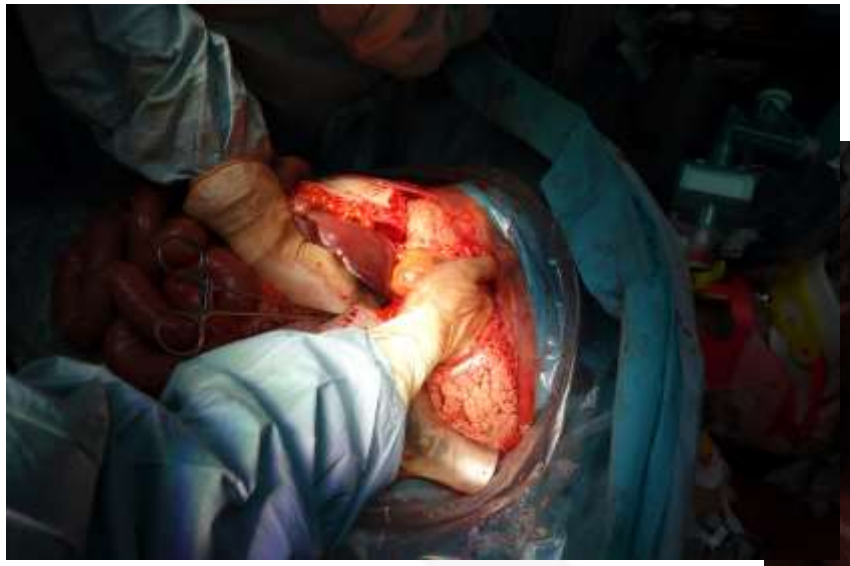
World Journal of Surgery

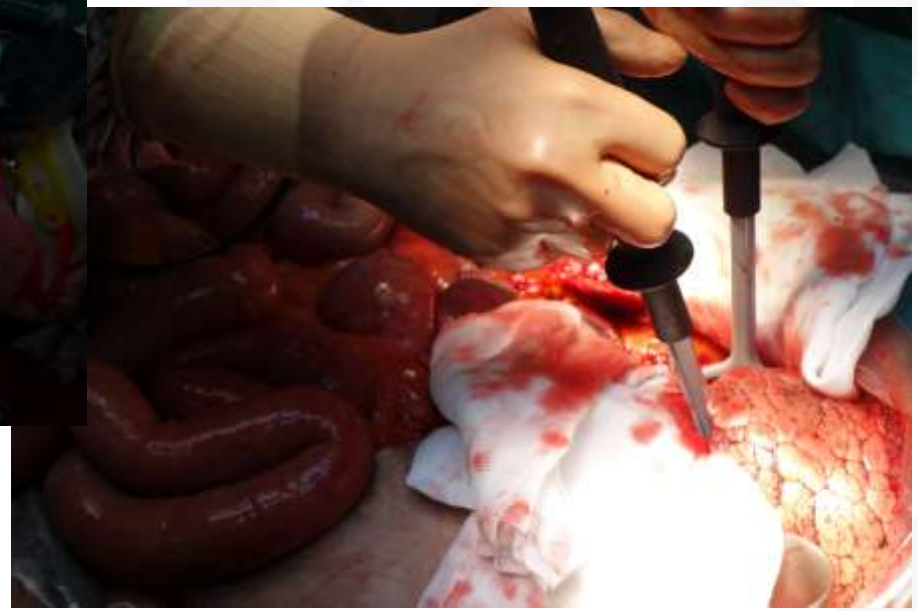
Bilateral Anterior Thoracotomy (Clamshell Incision) Is the Ideal Emergency Thoracotomy Incision: An Anatomic Study

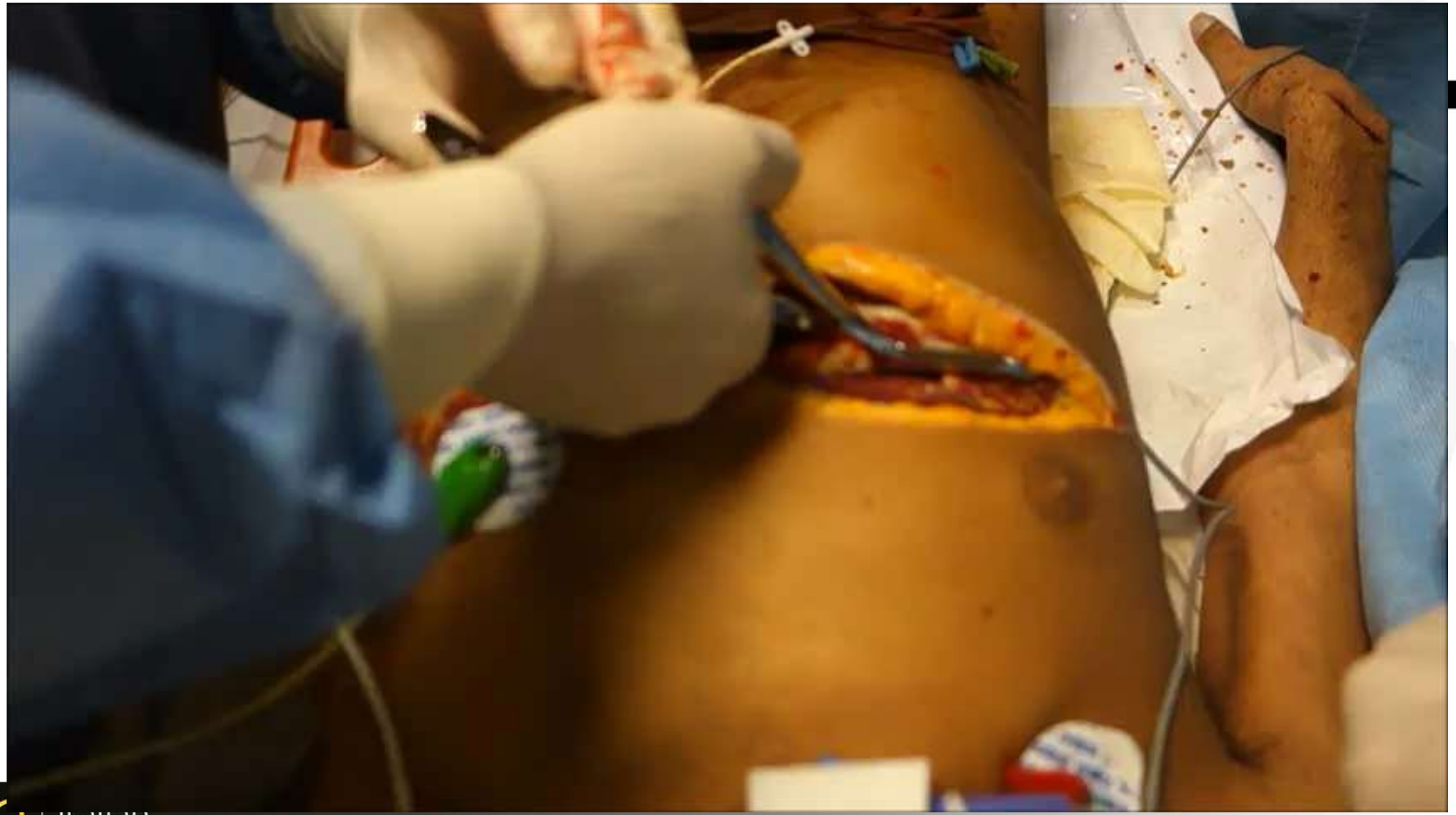
Eric R. Simms · Alexandros N. Flaris · Xavier Franchino · Michael S. Thomas · Jean-Louis Caillot · Eric J. Voiglio

Published online: 23 February 2013









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Results

Updates in Surgery (2019) 71:121–127
https://doi.org/10.1007/s13304-018-0607-4

ORIGINAL ARTICLE

Outcomes and indications for emergency thoracotomy after adoption of a more liberal policy in a western European level 1 trauma centre: 8-year experience

Edoardo Segalini[1] · Luca Di Donato[2] · Arianna Birindelli[1] · Alice Piccinini[3] · Alberto Casati[1] · Carlo Coniglio[4] · Salomone Di Saverio[1,5] · Gregorio Tugnoli[1] · Bologna Trauma Team collaborative group

Received: 7 March 2018 / Accepted: 11 November 2018 / Published online: 26 December 2018

ERT indications

	SBP<60/Extremis	CA in ER during DC Resuscitation	PEA US: cardiac contraction	Asystole US: No cardiac contraction, No pericardial effusion
Penetrating Trauma	***YES***	***YES***	***YES*** If CA <15'	*Grey zone**
Blunt Trauma	Thorax → ***YES*** Abdomen/Pelvis → first Laparotomy/REBOA	***YES***	***YES*** If CA <10'	***NO***
Massive TBI Age Comorbidities	*Grey zone**	*Grey zone**	*Grey zone**	***NO***

** Grey zone: Decision must be discussed with Trauma Leader and Trauma Surgeon*

Results

Table 1 The outcomes after ET during the period between January 1st, 2010 and December 31st, 2012, before the adoption of the more liberal policy

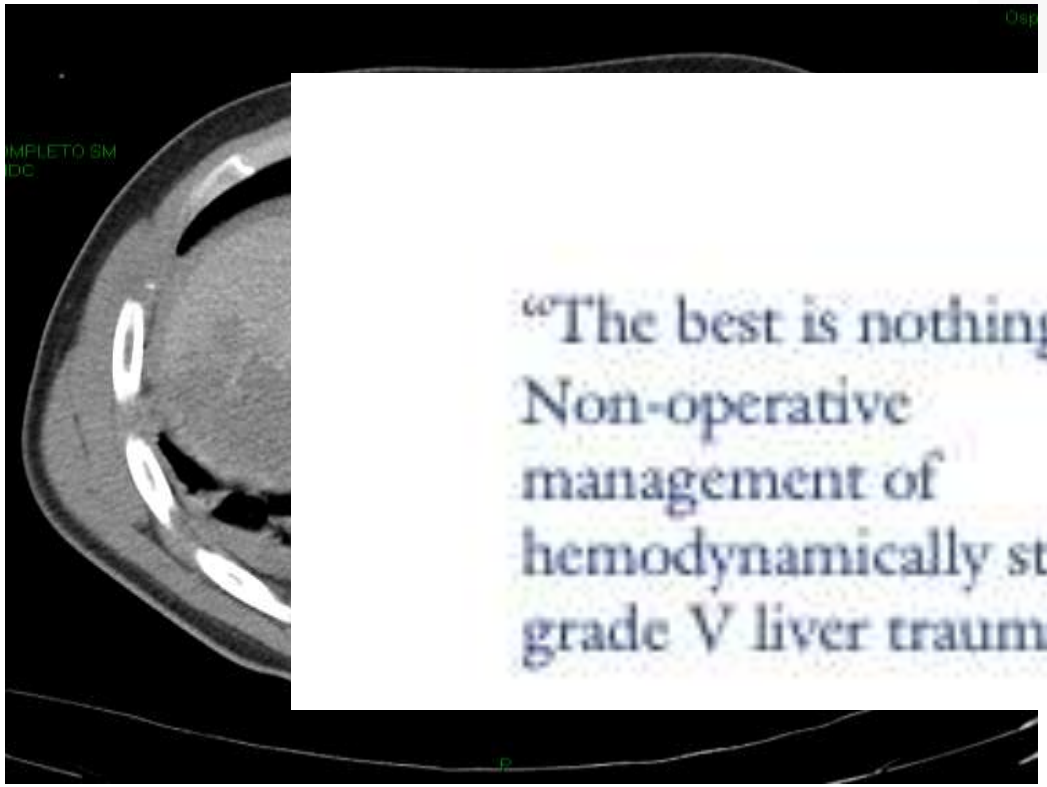
2010–2012	Total	Dead during ERT	Survived to the ERT	Dead in ICU	Survived
Patients	10	6 60%	4 40%	3 30%	1 10%

Table 2 The outcomes after the adoption of the more liberal policy, during the period between January 1st, 2013 and May 31st, 2017

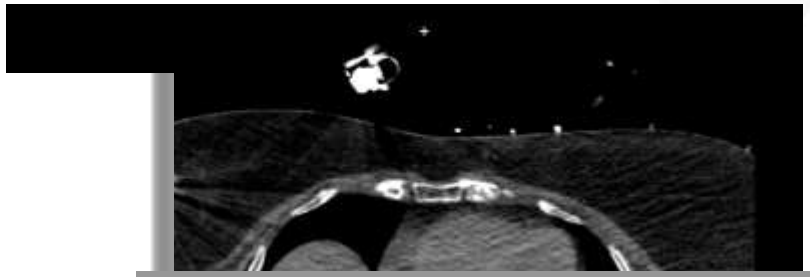
2013–2017	Total	Dead during ERT	Survived to the ERT	Dead in ICU	Survived
Patients	17	9 52.9%	8 47%	4 23.5%	4 23.5%

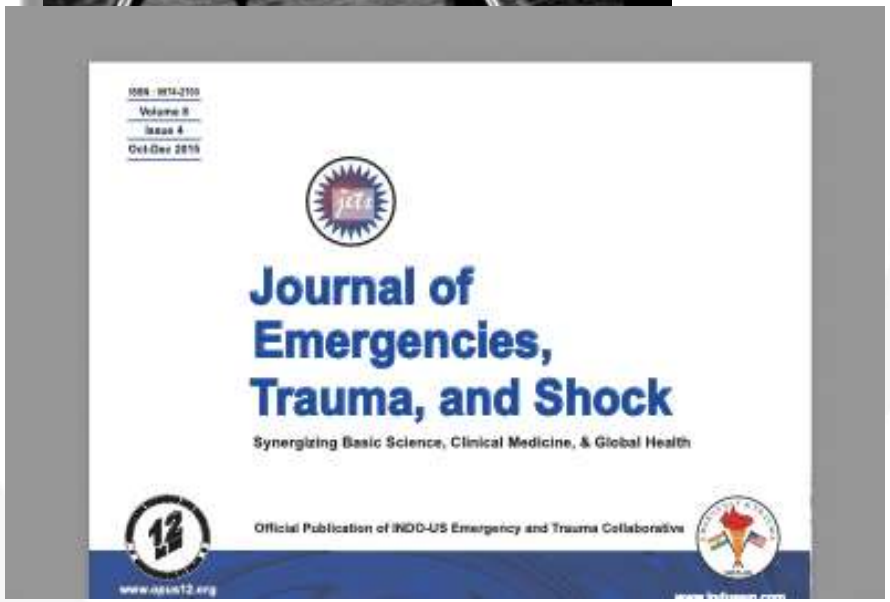
2018-2023	Total	Dead during ERT	Survived to the ERT	Dead in ICU	Survived
Patients	23	18 78,2%	5 21,7%	1 4,3%	4 17,3%

The best is……



"The best is nothing": Non-operative management of hemodynamically stable grade V liver trauma





Infine…..surgical resuscitation: gestione dei conflitti

Conflitto : processo di interazione tra individui che richiede uno sforzo per affermare risorse, potere, status, convinzioni, preferenze e desideri

(Rahim, Managing conflicts in organization, Quorum Books 2001)

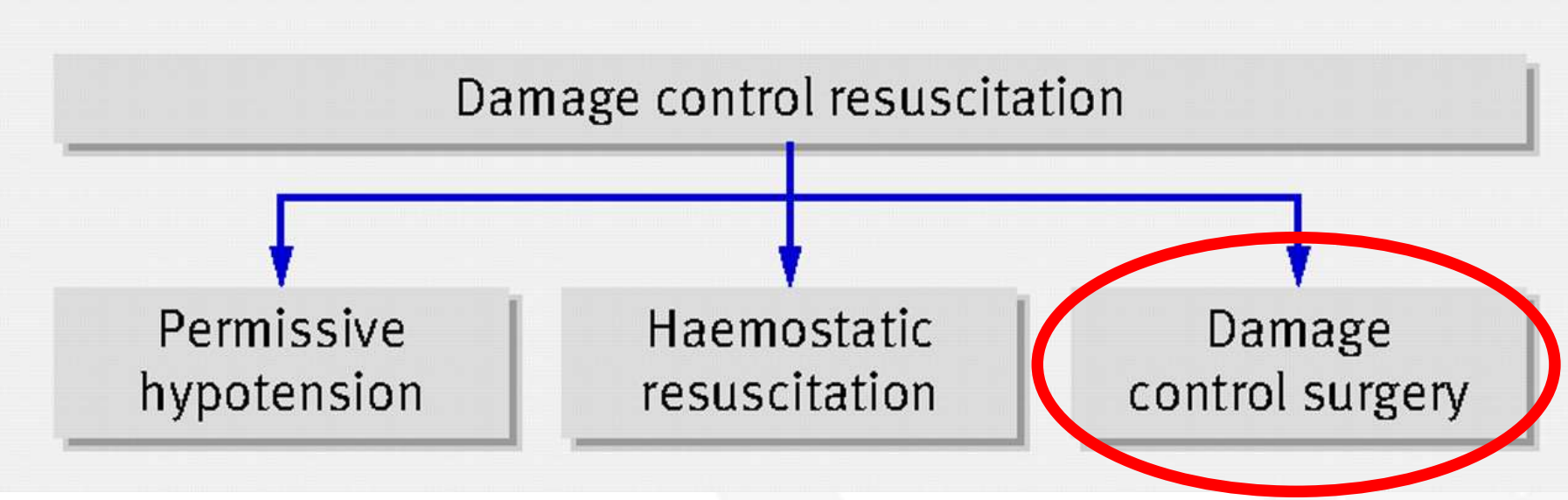
I chirurghi entrano in conflitto più che qualsiasi altra categoria di medici ed i loro conflitti sono i più difficili da trattare. In sala operatoria le maggiori cause di conflitto riguardano le indicazioni, la tempistica, i ruoli, la sicurezza, la sterilità e il controllo delle situazioni critiche

(Skjorshammer, Studdert, Kresser)

(Lingard, Med Educ 2002)

Da molte fonti l'analisi e la risoluzione dei conflitti vengono indicate come una competenza indispensabile del chirurgo (L'*American College of Surgeons*, nell'ambito del corso "*Surgeons as Leaders*", include istruzioni per il trattamento di tali problematiche)

Conclusioni



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GRAZIE PER LA VOSTRA ATTENZIONE!

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