

DAMAGE CONTROL

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Following major injury , protracted surgery in the physio logically unstable patient can in itself prove fatal. Patients with the 'deadly triad' (hypothermia, acidosis and coagulopathy) are those at highest risk. Damage control or damage limitation surgery is a concept that originated from a naval shipbuilding stra tegy , whereby ships were designed so that the damage was kept 'local' and only minimal repairs were needed to prevent the ship from sinking while definitive repairs waited until it had reached port. The technique has been adopted follow ing major trauma and includes initial care and resuscitation (damage control resuscitation) and the surgical correction of the injury (damage control surgery). The minimum amount of surgery needed to stabilise the patient's condition ma y be the safest course until the physiolog ical derangement can be corrected. Damage control surgery is restricted to only three goals: /uni25CF stopping any active surgical bleeding; /uni25CF controlling any contamination; /uni25CF restoring normal physiology . Once the first two have been achieved then the operation is suspended and the abdomen temporarily closed to allow for restoration of physiology to occur. The pa tient's resuscitation then continues in the ICU, where other therapeutic interven tions can take place. Once the physiology has been corrected, the patient warmed and the coagulopathy corrected, the patient is returned to the operating theatre for any definitive surgery DAMAGE CONTROL

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