

EMERGENCY THORACIC SURGERY

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Emergency thoracic surgery is an essential part of the armamentarium of any surgeon dealing with major trauma. A timely surgical intervention for the correct indications can be the key step in saving an injured patient's life. It is important to make a distinction between: immediate thoracotomy in the emergency department for the control of haemorrhage, cardiac tamponade or internal cardiac massage; emergency sternotomy for anterior mediastinal structures and the heart; planned thoracotomy for definitive correction of the problem - this usually takes place in the more controlled environment of the operating theatre. The clinical decision as to whether a patient requires surgery in the emergency department or they can be transferred to the operating theatre can be complex. It is far better to perform a thoracotomy in the operating theatre, either through an anterolateral approach or a median sternotomy, with good light and assistance and the potential for autotransfusion or bypass, than it is to attempt heroic emergency surgery in the resuscitation area. However, if the patient is in extremis with a falling systolic blood pressure, there is no choice but to proceed immediately with a left anterolateral thoracotomy. In certain circumstances, when care is futile, it may not need to be performed at all. A resuscitation room thoracotomy following blunt trauma has limited indications and is rarely successful.

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