

# HOW IS WAR SURGERY DIFFERENT

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While civilian trauma surgery bears some of the hallmarks of the battlefield, there are fundamental contrasts in environment and injury pattern that must be appreciated: /uni25CF The environment of war is likely to be austere. While recent long-term deployment has led to the establishment of some well-equipped field hospitals, logistical and personnel restrictions mean that sophisticated diagnostic and therapeutic techniques may not be available. /uni25CF War is hostile and potentially dangerous. Necessary workforce protection must be considered to ensure the safety of medical personnel and patients alike. Modern fighting forces employ physician-led resuscitation, along The papyrus is named after Edwin Smith, the Egyptologist who discovered it in 1866; it is held at the New York Academy of Medicine, NY, USA. Dominique Jean Larrey, 1766–1842, French surgeon in Napoleon's Grand Armée. with forward surgical teams. Moving medical personnel closer to the fighting may increase their personal risk. /uni25CF War injuries are different from civilian trauma. Modern weapons may deliver such amounts of energy that the tissue destruction and patterns of injury seen are unlike all but the most extreme of civilian trauma. and /uni25CF War is a mass casualty situation. Although casualty numbers vary between treatment facilities, triage is an important aspect of military surgery. The dictum 'do the best for the most, not everything for everyone' is important and may require a change in thinking for many used to civilian practice. - /uni25CF War surgery is usually delivered in stages. The principles of damage control are often applied to allow transfer of patients between echelons of care. Careful planning, coordination and communication are essential. -

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