

Introduction

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Injury seldom respects anatomical boundaries, hence the division of the body into the abdomen and the thorax is artificial. Therefore, injury to the torso with its associated physiological consequences is more appropriate. The torso is generally regarded as the focal point of the human body, consisting of the chest, abdomen and pelvis and not including the head, neck, arms and legs. About 42% of all deaths are the result of brain injury, but some 39% of all trauma deaths are caused by major haemorrhage, usually from torso injury (Figure 29.1). Historically, injury was treated on an anatomical basis; however, it has become clear that physiology should be the overriding consideration. The driver of successful resuscitation is therefore the preservation of normal physiology. Techniques such as damage control resuscitation and its key component damage control surgery have dramatically improved survival through an understanding of the best techniques required to restore physiological stability (see Chapters 1, 26 and 27).

Other 6% CNS Unknown MOF 7% 42% 0% Bleeding 39% Bleeding + CNS 6% Figure 29.1 Causes of death in trauma. CNS, central nervous system; MOF, multiple organ failure. The operative approaches to the thoracic cavity • The special features of an emergency department • thoracotomy for haemorrhage control The indications for, and techniques of, the trauma • laparotomy The philosophy of damage control resuscitation • The management of trauma to the pelvis •

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