

MANAGEMENT OF GUNSHOT WOUNDS

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The management of gunshot wounds in a conflict setting may differ from that in civilian practice. The typical low-energy wounds caused by pistols are sometimes managed conservatively in civilian trauma centres with adequate wound care, cleaning and antibiotics. Military wounds are associated with higher energies, higher rates of infection and more severe injury. The extent of these injuries, including the size of the wound cavities, may not be adequately assessed without thorough surgical examination (Figure 34.3). As such, most penetrating wounds in the military setting are explored under anaesthetic. The extent and capacity for recovery of the temporary wound cavity may not be appreciated at the time of the first operation. A damage control approach should be adopted if the physiology of the patient dictates it. An interval period may also allow for adequate appreciation of the permanent wound cavity, along with the response of the surrounding structures and demarcation of non-viable tissue.

(b) Figure 34.3 Entry wound to the right shoulder (a) with the wound extended in order to assess it adequately (b) .

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