

# PRINCIPLES OF WAR SURGERY

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Battlefield death occurs early (or immediately) because of devastating central nervous system injury and haemorrhage, or - - - late because of infection. Some of the injuries causing immediate death (including brain, heart and great vessel injury) are 11 non-survivable and may only be managed with prevention. Treatment of haemorrhage is therefore the mainstay of military trauma medicine. Bleeding should be recognised 12 and managed from the point of wounding. Tourniquets are indicated for the control of catastrophic extremity bleeding. Non-compressible torso haemorrhage carries a poor prognosis, although it may be amenable to methods of endovascular 14 control not yet commonly used. A damage control approach to surgery must be employed to stop bleeding, to remove necrotic tissue and foreign material and to reduce contamination. In addition to life-saving surgery, procedures to salvage limbs, including revascularisation 10 (or temporary shunting) and fasciotomy, should be considered early, when physiology allows.

gunshot wounds and explosions among US personnel. Gunshot (% of total Explosion (% of injuries) total injuries) US Civil War 91 9 First World War 65 35 Second World War 27 73 Korean War 31 69 Vietnamese War 35 65 Iraq/Afghanistan War 19 81 10 Adapted from Owens et al .

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Revision #1

Created 2025-12-31 15:14:11 UTC by Omar Ayman

Updated 2025-12-31 15:14:11 UTC by Omar Ayman