

Trauma surgery in South Africa: Outcome results from a suburban community hospital



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Aim



- To determine survival rate after penetrating & blunt trauma to the trunk

Introduction



- 1.3 million population
- High trauma / HIV rate
- Limited resources
- No Specialist post in surgery
- Referral to Groote Schuur Hospital

Patients & Methods

June 2000 – May 2004

1. Demographics:

- Age
- Gender



2. Type of injury:

- Stab
- GSW
- Blunt

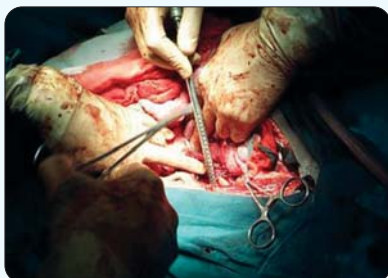
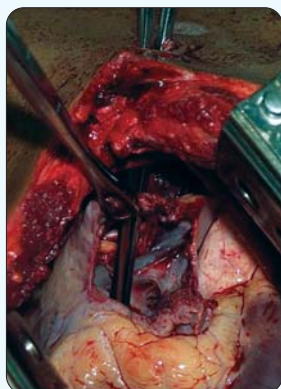
3. Procedures:

- Intercostal Drain
- Thoracotomy
- Laparotomy
- Damage Control



4. Operator status:

- Consultant
- Registrar



Results

	Total	Alive	Dead	Non therapeutic	Relook
IC Drain < stab chest	4048	99.8% (4038)	0.2% (10)		
Thoracotomy <Stab Chest	69	79% (55)	21% (14)	8% (6)	
Thoracotomy <Stab heart	59	71% (42)	29% (17)		
Thoracotomy <GSW chest	17	35% (6)	65% (11)		
Laparotomy <Stab trunk	608	96% (587)	4% (21)	9% (58)	4% (29)
Laparotomy <GSW trunk	317	88% (279)	12% (38)	6% (20)	6% (20)
Laparotomy <Blunt trauma	44	84% (37)	16% (7)	6% (3)	13% (6)

- 92% patients male (average 27 years)
- 86% Death in first 24 hours < Shock or Multi organ failure
- One in three damage control patients survived
- Registrars as first operators
 - >50% of laparotomies for penetrating injuries
 - 25% of thoracotomies
 - 30% of laparotomies for blunt injury

Conclusion

- Initial Preliminary Audit
- Bias because of pre-hospital referral system
- >95% chest trauma treated conservatively
- Emergency thoracotomy survival :
Stab lung / wall > stab heart > GSW chest
- Emergency laparotomy survival :
Stab trunk > GSW trunk > Blunt abdominal trauma
- Further prospective data collection needed

"There is no way to Peace, Peace is the way!"
Mahatma Ghandi