European Society for Trauma and Emergency Surgery

Section for Disaster and Military Surgery

Section Chair

Sten Lennquist, Sweden

From the board of the section

Phillip Fischer, Germany; Boris Hreckowski, Croatia;

Fernando Turegano, Spain; Eric Voiglio, France

From the former editorial board of IJDM

Fikri Abu Zidan, United Arab Emirates; Tim Hodgetts, UK; Eric Noji, USA;

Norman Rich, USA; Avraham Rivkind, Israel; Donald Trunkey, USA;

Tore Vikström, Sweden; Per Örtengren, Sweden

Introduction to the third “Focus-on” issue specially devoted to papers within the field of the ESTES section for Disaster and Military Surgery

S. Lennquist

Published online: 1 February 2011
© Urban & Vogel 2011

Dear Readers,

Welcome to the EJTES third focus-on issue on Disaster and Military Surgery!

This particular field is undergoing a very rapid and extensive development. This reflects the situation in the world today, where the risk for major incidents and disasters has significantly increased during recent years, parallel to the structural and political development in the world: increase of the global population, increased concentrations of people in densely populated areas, increased traveling, production and transport of hazardous materials, and, last but not least, global terrorism, a threat that has come to stay and means that we, anywhere in the world, regardless of political or military involvement, and without any warning, may have to deal with large numbers of injured or critically ill casualties. And, finally, there is today an agreement that climatic changes, partly caused by humans, has lead to an escalating of what we call natural disasters.

Parallel to this, the vulnerability of our health care for incidents of these kinds has, in fact, increased: reduced reserve capacity because of increased demands on

efficiency, increasing dependence on advanced technology, increased subspecialization with difficulties in handling conditions outside one's own specialty.

All this means increasing demands on our health care staff: optimal management and performance in major incidents requires planning, preparedness, education and training, and also research and methodological development.

The Section of Disaster and Military Surgery is one of the most active sections in the ESTES and now has almost 200 active members. The section organises several post-graduate courses every year and has initiated different scientific projects. The programs of the section during ESTES congresses are well attended. This reflects that the members of the ESTES take an active role in the important professional responsibility to be prepared to respond accurately to major incidents.

This focus-on issue also reflects an increasing interest for scientific reporting within this field.

Scientific reporting is an area of this field that has to be both extended and improved, and is a prerequisite for further development [1]. Therefore, it is a special pleasure for me to introduce to the readers of the EJTES a number of papers with potential to promote our knowledge in this important area, starting with two reports from one of the major natural disasters during recent years: the Wenchuan

S. Lennquist (✉)
Disaster and Military Surgery, Linköping, Sweden
e-mail: lennquist@telia.com

earthquake in China of May 2008. The first report by Fan et al. gives a good overview of the types and distribution of injuries in this kind of event. The high incidence of soft tissue injuries (48%) may be reason to comment. The high load of such injuries cannot, of course, be treated by specialists in these situations, not even by staff with experience of trauma or emergency medicine, but by all kinds of health care staff. With accurate treatment, the majority of such injuries are curable without complications. However, with the wrong treatment, they will lead to complications, may be even loss of limb and life. This emphasizes that all medical staff, regardless of specialty, should have knowledge about the principles for the treatment of such injuries under these conditions (high-energy, severe contamination, delayed treatment). The importance of thorough wound cleaning and wide indications for leaving wounds open for delayed primary closure is not known by all medical staff, which was illustrated in the tsunami disaster, where the vast majority of the injured also had soft tissue injuries [2, 3].

The second report from the Wenchuan earthquake by Wang et al. deals with the anesthetic management of injuries from the disaster. In the population studied, of those requiring surgery, 39% had epidural anesthesia and 17.7% cervical plexus block. This illustrates both the need and benefit of extended use of these methods in such situations, and this should be paid attention to in our preparedness and training for major incidents.

A third report from an earthquake by Colgrave is a collective review of reports from the Chi-Chi earthquake in Taiwan of September 1999. Deficiencies in preparedness were reported, but also how these experiences were analyzed as a base for improvement, and this is the way we have to work, as within all fields of medicine.

This, however, requires consequent reporting of experiences, and if this reporting should be possible to use scientifically, it must be standardized. Within our section has been developed a protocol for the standardized reporting of results and experiences from major incidents [4]. In this issue, Marres et al. [5] present a study where this protocol has been used to report the collected experiences from the responses to major incidents by the Major Incident Hospital in Utrecht, the Netherlands, a unique and impressive resource. We hope for an extended use of this protocol in the near future—it is available on the website of the journal.

Psychological consequences to major incidents are common, but still not paid attention to sufficiently everywhere. It is natural that the main focus is primarily on the somatic side to secure life and health, but it is not good if we leave psychological impairment that could have been prevented by better preparedness with regard to these aspects. Serralta-Colsa et al. report a follow-up on this after the Madrid terror bombings in 2004, studying the quality of life and post-traumatic stress disorder (PTSD) in a group of victims.

Four papers deal with civilian gunshot wounds, one original paper by Chamisa reporting the pattern of such wounds in Durban, South Africa, illustrating the extent and consequences of this problem for the community, and another original paper by Gröbe et al. illustrating the problems with viscerocranial gunshot wounds. Both papers reflect the increasing intentional violence in the world today. Two case reports illustrate clinical problems related to two different kinds of gunshot injuries.

Finally, Marshall presents a paper that is more a base for debate than a scientific report, but still deals with a problem of high actuality in the modern community: the definition of the term refugee in a world where we are facing the displacement of individuals and populations for many different reasons.

From the Editorial group, we hope that this focus-on issue will attract the interest of our readers and also stimulate more contributions within the field that this issue deals with.

Sten Lennquist

References

1. Lennquist S. Promotion of disaster medicine to a scientific discipline—a slow and painful, but necessary process. *Int J Dis Med.* 2003;2:95–9.
2. Lennquist S, Hodgetts T. Evaluation of the response of the Swedish healthcare system to the tsunami disaster in South East Asia. *Eur J Trauma Emerg Surg.* 2008;34:465–85.
3. Edsander-Nord Å. Wound complications from the tsunami disaster: a reminder of indications for delayed closure. *Eur J Trauma Emerg Surg.* 2008;34:457–64.
4. Lennquist S. Protocol for reports from major accidents and disasters. *Eur J Trauma Emerg Surg.* 2008;34:486–92.
5. Marres G, Bemelman M, van der Eijk J, Leenen L. Major incident hospital: development of a permanent facility for management of incident casualties. *Eur J Trauma Emerg Surg* 2009;35:203–11.