Series on vascular injuries. Part III: complex injuries and difficult problems

Surgical strategies for their management

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It has been an honor to edit these three volumes of the *European Journal of Trauma and Emergency Surgery* dedicated to the management of vascular injuries. These three volumes contain manuscripts that deal with some of the most difficult injuries that a trauma surgeon will encounter.

“Let him who wishes to be a surgeon go to war.” This aphorism by Hippocrates, pronounced approximately 350 years prior to the birth of Christ, is as relevant now as it was in the past. Although injuries to blood vessels have been well known to trauma surgeons throughout the ages, as they arise in both the military and civilian arenas of warfare, vascular injury management did not begin its long and arduous development until the contemporary wars of the twentieth and twenty-first centuries. World War I, World War II, the Korean and Vietnam conflicts, as well as the recent Iraq and Afghanistan conflicts provided surgeons

with large numbers of casualties, which led to various surgical advances. It is somewhat ironic that all of these conflicts have prompted such great progress in the management of vascular injury.

Seminal studies produced by trauma surgeons with both civilian and military experience, who painstakingly collected and analyzed outcome data under the most adverse conditions, have significantly increased our knowledge to the level that currently allows trauma surgeons to save both lives and limbs.

To pay homage to all that have contributed would be impossible. However, they have a special place in my heart. Recently, around the world, the word “hero” has been bandied about in a way that, in my personal opinion, diminishes its meaning. Rest assured that all of these surgeons who have advanced the field of vascular injury management are unsung heroes who fulfill my own definition of the term, which is: those who are first in and last out of military and urban arenas of warfare, who lead from the front and—when it appears that all hope is lost—serve as the pillar against which all adversity must break; who are willing to sacrifice to protect their own; who give all of the credit to their team when things go well and take all of the blame when they fail; who share their knowledge from the heart and give it freely; and finally, those who refuse to leave anyone behind, dead or alive.

It is those trauma surgeons who have dealt with, and continue to deal with, vascular injuries while facing these tough and testing conditions that qualify for my definition of “heroes.” The long evolution of vascular injury management was initiated by surgical mavericks who, undaunted, pressed on against all odds, guided by the classic statement made by William Stewart Halsted in 1912: “One of the chief fascinations in surgery is the management of wounded vessels.”

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I wish to extend my congratulations and respect to all of my co-editors and contributors for their contributions and support. I extend my deepest respect to all trauma surgeons of the past, present, and future. I raise my sword to salute them; I will drink a cup of wine happily, while offering the toast, “Here is to us, those of us, damn few.” Because of us, innumerable lives and limbs have been saved and families reunited, and together we have spared countless parents and families from having to stand in front of caskets containing their loved ones. Once again, I would like to thank Dr. Ingo Marzi and all of my colleagues on the editorial board for the faith they have placed in us. I would also like to recognize Dr. Patrizio Petrone, our Chief Research Coordinator here at the Division of Trauma Surgery, Surgical Critical Care and Acute Care Surgery, Department of Surgery, New York Medical College and Westchester University Medical Center, as well as Dr. Juan Manuel Verde and Dr. Alejandro J. Perez-Alonso from our

institution, who are past and current international visiting and research scholars, for their superb efforts and persistence in helping us to coordinate the academic initiatives that have facilitated the compilation of these three issues.

We have dedicated this issue to Dr. Norman Rich, a superb friend, mentor, and distinguished colleague; a true surgeon amongst surgeons and a true professor amongst professors. These issues are also dedicated to all wounded soldiers: past, present, and—unfortunately—future. It is my most fervent hope that we as trauma surgeons continue our fight against war, for no greater commitment exists among trauma surgeons than to save lives, alleviate pain, teach, investigate, and advocate for peace.

I now take respectfully my leave as the main editor of these three volumes.

Conflict of interest None.