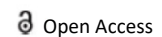




COMMENTARY



Impact of Surgical Trauma on Patients

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Description

Trauma surgery is a surgical speciality that treats traumatic injuries, often in an acute situation, using both operative and non-operative care. General surgeons who specialise in trauma surgery typically finish fellowship training in surgical critical care or trauma. The patient must first be revived and stabilised before being evaluated and managed by the trauma surgeon. The trauma team, which ordinarily consists of nurses and other support personnel as well as resident doctors in teaching hospitals, is also headed by the attending trauma surgeon.

Any harm resulting from or connected to major surgery is referred to as surgical trauma. Trauma starts in the operating room before general anaesthesia and before the first surgical incision, as noted by surgeon Francis Moore more than 60 years ago. It's less competitive than vascular surgery or some of these other subspecialties with fewer programmes, like laparoscopic surgery or bariatric surgery, because many programmes offer trauma care. Changes in behaviour can be permanent for some people, but they can also be persistent. Some patients may have increased confusion or disorientation after surgery. Others that are older could have POCD.

The majority of injuries to the neck, chest, abdomen, and extremities may be treated by trauma surgeons; thanks to the extensive extent of their surgical critical care training. While injuries to the central nervous system are often handled by neurosurgeons, most musculoskeletal trauma in significant portions of Europe is managed by trauma surgeons; trauma orthopaedic doctors in the US and the UK handle skeletal injuries. Facial injuries are often treated by maxillofacial surgeons. There is significant variation across hospitals in the degree to which other specialists, such as cardiothoracic surgeons, plastic surgeons, vascular sur-

geons, and interventional radiologists are involved in treating trauma patients.

Trauma surgeons need to be knowledgeable about a wide range of general surgical, thoracic, and vascular procedures and be able to make complex decisions, frequently with little notice and little information. It is necessary to be proficient in every facet of critical care and intensive care medicine. There is a lot of night, weekend, and holiday work, and the hours are erratic.

The majority of patients who arrive at trauma centres have multiple wounds affecting several organ systems; therefore their care frequently necessitates a large number of diagnostic tests and surgical operations. Such procedures are prioritised by the trauma surgeon, who also creates the overall treatment strategy. The moment the patient enters the emergency room, this procedure begins and continues throughout the operation room, intensive care unit, and hospital floor. In the majority of settings, patients are assessed in accordance with a set of established protocols (triage) created to quickly identify and treat life-threatening illnesses. Non-life-threatening injuries are dealt with after such conditions have been addressed (or ruled out).

Acute surgical treatment

Numerous developments in trauma and critical care over the past few decades have increased the use of non-operative treatment for injuries to the neck, chest, and abdomen. Musculoskeletal injuries are the most common ones that need surgery. Because of this, some trauma surgeons in the US focus at least some of their practise on general surgery. Trauma surgeons handle a sizable share of the emergency general surgery calls in the majority of American university hospitals and medical institutes. Acute care surgery is the term for the area of medicine that combines trauma surgery and emergency general surgery.