



Damage Control Surgery; A 3 Year Experience-Are we overusing an effective tool?

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Abstract:

Use of Damage control surgery (DCS) continues to be a topic of debate in Trauma(T) and Acute Care Surgery(ACS) patients. DCS has been accepted as beneficial despite the paucity of evidence. DCS was designed to help patients overcome the “Lethal Triad” of acidosis, coagulopathy and hypothermia.

We performed a retrospective analysis on 51 patients undergoing DCS for Trauma (n=26) or ACS (n=25). We collected demographic and outcome data including age, gender, ICU (ICU-LOS), hospital length of stay (H-LOS), ventilator days, open abdomen days, returns to OR, and survival to discharge. The median age for Trauma was 48 vs 50 for ACS (p=n.s). H-LOS, ICU-LOS, ventilator days were all longer in Trauma vs ACS. At least 1 component of the triad was present in 85% of Trauma patients vs 36% for ACS (p<0.05). ISS in trauma correlated with survival. There was no correlation between the presence of triad and survival in trauma patients. The presence of triad reduced survival in ACS from 100% to 77.7 % (p<0.05). Average duration of open abdomen was longer in trauma (6.5 + 0.4 days) vs ACS (3.6 + 0.4 days, p<0.05) as was the number of returns to the OR. Overall survival comparing DCS Trauma (77%) vs DCS for ACS (92%) was not statistically significant.

Conclusion: We found that DCS is used more often in ACS patients without presence of the lethal triad suggesting overuse in this patient population. Trauma mortality does not seem to correlate with the number of components of the lethal triad present



Biography:

Dr. Akella Chendrasekhar is a general surgeon in Staten Island, New York and is affiliated with one hospital. He has been in practice for more than 20 years.

Publication of speakers:

1. Systemic inflammatory response syndrome and platelet count $\geq 250 \times 10^9$ are associated with venous thromboembolic disease. Pate, A., Baltazar, G. A., Labana, S., Bhagat, T., Kim, J., Chendrasekhar, A.
2. Higher haemoglobin levels and dedicated trauma admission are associated with survival after severe traumatic brain injury. Baltazar, G. A., Pate, A. J., Panigrahi, B., Sharp, A., Smith, M., Chendrasekhar, A.
3. Malnutrition as measured by albumin and pre-albumin on admission is associated with poor outcomes after severe traumatic brain injury. Baltazar, G. A., Pate, A. J., Panigrahi, B., LaBoy, S., Prosnjak, R., Mody, A., Chendrasekhar, A.

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