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A pragmatic approach to tracheal trauma

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Tracheal trauma is being increasingly reported following incidence of road side accidents. It can be due to blunt or penetrating injuries. Cervical structures are more likely injured along with proximal tracheal tears, while thoracic injuries involving the diaphragm and ribs, are usually seen with distal tracheal trauma. Prompt diagnosis and staging of such patients should be mandatory, in order to ensure that they reach skilled hands for appropriate timely surgical management. Vigilant perioperative care is necessary for stabilization of these patients. The importance of appropriate management at every level i.e. initially primary till finally the tertiary centre will be stressed upon in my talk. A young male with history of RSA suffered lower cervicotracheal penetrating injury. He had a sucking wound and surgical emphysema which lead to severe respiratory distress. He was saved by immediate surgical intervention and intense perioperative care. His case report will also be presented along with for better emphasis on this topic.

Biography

Vikas Saroha served in the HCMS, Haryana for 16 years which included eminent work in Polio eradication and RNTCP programmes of WHO after graduating from Thanjavur Medical College, Tamil Nadu. He completed his Post-graduation in General Surgery from Rohtak, Haryana followed by Super specialization in Cardiothoracic Surgery from Army Hospital (R&R), New Delhi. He is currently working in Vascular and Thoracic surgery Department of Sir Gangaram Hospital. His area of interest is in dealing with/ innovations in aortic and thoracic emergency and trauma patients.

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