

Preface



Ronald V. Maier, MD
Guest Editor

Optimal care of the injured patient continues to evolve. Seemingly well established and defined protocols and approaches to care have come under scrutiny and debate and, ultimately, driven by evidence-based data, are re-defined. As in the past, many of these changes in approach to the injured patient occur in response to the knowledge gained from military conflicts. Also, it is becoming increasingly evident that “the world is flat,” not only from a global economic perspective, but from a medical care initiative as well. The challenges we face in the care of the injured patient bring us all closer together. This issue of the *Surgical Clinics of North America* provides an update of knowledge in the care of the injured, and presents the latest approaches to trauma care for our global habitat. It is evident that we must continue to investigate, test, and evolve to reach the best approach to the care of the injured patient.

The current issue contains a carefully selected, broad spectrum of articles from leaders in the field, including those recently returned from military deployment, to update the surgical practitioner. Documentation continues to indicate that prevention is the most efficacious approach to lessening the impact of trauma in America. The global challenge of the injury epidemic and the importance of improvements in injury care and prevention throughout the world are increasingly recognized. The struggle for trauma system development, the threat of inadequate support, the lack of stability in infrastructure, and the challenge of maintaining the balance between inclusivity and exclusivity while optimizing standards of care, remain significant threats to advances in trauma care. The entire gamut of injury is

addressed in this monograph, from the optimal delivery of prehospital care to the challenge of providing access to the increasing numbers of active elderly patients sustaining critical and potential life-ending injuries. New physiologic, molecular, and genomic understanding of the impact of simple maneuvers is helpful, such as in the choice of resuscitation fluid, where this understanding helps define which, when, and how much fluid to use. The concept of damage control to prevent the potential terminal sequence of events known as the “bloody triad,” along with improvements in the care of specific organ injuries, including thoracic and central nervous system, and the unique physiologic concepts involved in the care of environmental injury, both thermal and cold, are presented by leaders in these fields. The unique aspects of care required by the injured child and the elderly are presented as well.

The resulting compilation is a timely and current discussion of critical issues in the care of the severely injured patient as we move into the twenty-first century. Old dictums have become challenged, new knowledge has contributed to improvements in care, and both are occurring as the access to trauma care for the critically ill is facing its greatest challenge. The improvements in care have led to an increase in survival and a decrease in long-term morbidity for the injured patient that is indeed exciting, gratifying, and encouraging, but the epidemic of death and disability from injury continues in the United States and globally. This global epidemic demands our ongoing clinical and research commitments, objective assessment, and analysis of outcomes to optimize care delivery for this critically ill patient population. We hope the reader enjoys the current updates, ongoing developments, and recurring debates in this always exciting and rewarding arena.

Ronald V. Maier, MD, FACS

Department of Surgery, University of Washington

Harborview Medical Center

325 Ninth Avenue

Box 359796

Seattle, WA 98104-2499, USA

E-mail address: ronmaier@u.washington.edu