December 5, 2008

Hello from B dad

I hope everyone had a happy Thanksgiving. For all the fisheaters like myself on the email list Advent has begun. Earlier this week we had a Christmas Tree lighting ceremony in the little Chapel in the bowels of the hospital. The Chaplain led us in some Christmas Carols and the hospital commander spoke a few words. It was nice, and it was fun. For a lot of the soldiers this is their second Christmas in a row away from loved ones. I can only imagine. Most of the folks here are on month 14 or 15, and several have missed two of their children's birthdays. This is not an easy time for families to be a part. A poem was read called Standing Watch. It is quite touching and comes up on Google if you are interested in reading it.

The last week here was the busiest so far, so buckle in this is a long one. Since my last email I have been in the OR everyday but one. The day following the last email I did several big burn cases with Dr. Renz the burn surgeon from Brooke Army Medical Center. The following day I was on primary call. That morning at around 0615, I was about to call Sara when I heard a very loud explosion. The embassy down the road had been hit by a rocket fired from B dad into the Green Zone. Immediately we were again on lockdown, and shortly thereafter the traumas started to roll in. I got a frantic call to get down to the Trauma room, and upon arrival they were treating a UN Security forces guy. He was receiving CPR and he had penetrating trauma to bilateral groins. Apparently he had been awake and moving everything when he came in. I did not know how long they had been giving CPR, but I got the chest tray out and opened his chest. There was no cardiac motion at all, and the ED docs informed me that at least 6 urgent surgicals were just minutes away. After assessing the situation we decided to call it and conserve resources for the next batch coming in. The first in was another UN Security guy with injuries to his abdomen and bowel hanging out. He also was initially awake and alert, but he took a turn for the worse quickly. We intubated him and rushed him upstairs. The shrapnel had entered on the right side of his lower abdomen and crossed the midline exiting out of his left groin making a long tangential laceration in his common femoral vein (the big blood vessel in the groin). Myself, another General Surgeon, and the Vascular Surgeon got him upstairs to the OR and we began exploring him. By the time we got upstairs his abdomen was tense. He had several injuries to his intestines and part of his colon. The mesentery (blood supply) was obliterated to these portions of the intestines and bleeding pretty bad. His groin did not look to good either. We got control, stapled off and resected the damaged bowel. The vascular surgeon repaired the injury to the vein in the patient's groin. He got 16u of blood and ffp. We left his bowel stapled off and just closed his skin, planning to come back the next day or so.

My roommate took one of these casualties back with a penetrating chest injury on the right. He was initially stable in the trauma bay, but after a chest tube was placed he became hypotensive. They got to the OR and did a right thoracotomy, and soon extended the incision across his chest opening up the entire chest cavity. The shrapnel had entered the SVC (big vein that empties into the heart) right at the atrial junction. They were able to repair this and get the patient to the ICU. It was a good save, but the remarkable part of the story occurred after. The next day in the Unit they looked at all of his imaging studies and noted the shrapnel lodged right behind the heart below the carina (where the windpipe branches to the right and left lung). There was concern for

an unrecognized esophageal injury so my romomate scoped him in the ICU and sure enough there was an injury both in the front and the back of the esophagus. They got him back and repaired the injury and bolstered the repair with an intercostal flap. The patient is alive but still on the ventilator. Hopefully we can get him through this.

There were several other traumas with this group, but these two were the worst. A few hours later that morning I got another call from the ED. Our guys were in a bad IED roadside bomb. The driver of the vehicle was severely injured with tourniquets on all extremities. He came in again awake and with it, and again took a turn for the worse. We intubated him in the trauma bay. Both legs were pretty much amputated at the ankle, and his thigh was just shredded with mud, clothes and shrapnel all in the muscle bed. He also had wounds to his belly that were penetrating. He got blood in the ED but his pressure again crashed. We rushed him upstairs and I went to work on his belly with Dr. Renz, my Burn compadre. In his abdomen he had a chunk of metal shrapnel the size of an egg that had torn through two loops of bowel and mesentery and was just sitting in his abdomen. The bowel margins and the mesentery were pretty much cauterized from the hot shrapnel. There was hardly any bleeding. We took out the bad and hooked him back together. Unfortunately, we had to perform guillotine amputations just above the ankle on both legs. He also had a proximal tibia fx and an open humeral fx. He had huge soft tissue defects in his left thigh and left arm. There was a lot of extremity bleeding that we had to control. We placed external fixators on his right leg and left arm. He got 22 u prbc and 22 ffp. We left his belly open and got him out of the OR.

We had a thunderstorm in the afternoon that day and big chunks of sleet started dropping. Ice balls everywhere outside. Needless to say our guy could not fly out that day or night. So in the morning we took him back to surgery and closed his belly and again washed out his wounds with Ortho. We extubated him that next morning. For the next two days his flight out was cancelled. The best part about that was I got to meet and hang out with most of the guys in his unit. This was another young soldier with bilateral amputations, and again his main priority was getting back to his unit. He was more concerned about the well being of those he has served with than himself. Maybe this attitude changes over time with multiple surgeries and the hardships involved, but I don't think so. Dr. Renz the trauma/burn surgeon from Brooke Army Medical Center (where most of the amputees from the war are treated long term) told me that the majority do go back to their units. He will no longer be driving an up-armored humvee, but they will find something for him to do in their unit. That call was a busy one, and again just when I thought it was over it wasn't.

I got to bed that night and again awoke early around 0500. Another US soldier coming in from another rocket attack here in the Green Zone. He had a large left groin injury with lots of bleeding, a large head laceration with exposed skull, and a penetrating injury to his lumbar spine. He was awake and responsive en route and he told the medics that he could not move his legs. By the time he got to us he was unresponsive. We intubated him and rushed him upstairs without going to CT. I was worried again that he was bleeding out from the groin injury. We opened his belly and quickly got control of the iliac vessels. We then explored his wound and it turned out that his main blood vessels in the groin were spared by a few centimeters. The wound had blown out his backside and there was a lot of small bleeders that were really deep that we had to ligate. Once done we cleaned and closed some of his other wounds. We went

from the OR straight to the CT scanner. He had a 9mm Subdural hematoma with a midline shift and L5,S1 was destroyed. His pupils were asymmetric but still responsive. Our pilots, despite the terrible weather flew him out to Ballad right then and there, no questions asked. I was really worried and second guessing myself on whether I should have imaged his head before going to surgery. I was concerned that the delay in neurosurgical care due to his operation would result in a bad outcome. It was a tough call to make, but for better or worse I pulled the trigger. Three days later I got some feedback on him. His head was opened in Ballad and the Subdural was evacuated. He had made it to Germany and his neurologic exam was normal, but unfortunately he is paralyzed from the waist down. 20 year old man otherwise healthy paralyzed for the rest of his life from the waist down.

The rest of the week was still quite busy. I did several operations including taking the first patient I spoke about from the rocket attack back to the OR. The UN security contractor is from Bangladesh. Normally with a patient like that it's a no-brainer to reconnect their small intestine and then give them a temporary colostomy (where the poop comes out in a bag). This is usually a temporary thing that can be reversed in a few months. Unfortunately this guy is from a country where there is no way that he will ever be offered surgery to reverse the colostomy. In addition there are no readily available supplies for a colostomy in this country. It is a terrible situation to put a person in. So I spoke with his employer and told them that he needed two operations before he could leave the theater. The contractor said no that as soon as he was recovered from the first operation they were sending him back to Bangladesh. I told him that this was unacceptable, and he stated that his employers really don't care what I think. As soon as he was discharged from the hospital he will return home for his recovery. I was very tempted to just hook everything up and take my chances. Only, he was still really sick from his trauma and the risk of everything falling apart was high, and as Dr. Stone would say "son you never play poker with another man's chips." Finally the contractor sent their own physician to the hospital and we created a plan to keep the patient here in theater. The contractor's physician thinks they can find a desk job for him when he is ready for discharge and so hopefully his bosses will not send him out of theater. That way he can stay in B dad for a few months getting ostomy supplies from us, and I will bring him back electively to reverse the colostomy before he leaves the theater. We are hoping this will work. We will see, he is still in the ICU.

I had several other burn cases that week, but the real chaos started again on Thursday which was my day for call. There is a burn hospital in Iraq with a patient that our higher ups wanted us to evaluate. So on Wednesday night my boss tells me that tomorrow he wants me to go to this hospital and take a look at this guy and evaluate his burns. See if he is salvageable and if not do not approve transfer. If I think he is salvageable, then recommemd they get him here. Alrighty then. The Iraqi health care system is not in a good place, and has not been for 20 years. Disgusting. They have no nursing care that I could see. All of the equipment appears 15 to 20 years old. One of the weirdest parts to was seeing everyone inside the hospital smoking. Our tour was given by an Iraqi Opthomalogist trained in the UK. I am with a Brigadier General on the tour of the facility and she stops in the middle of the tour for a smoke break, not outside but right in the halls of the hospital. She whips out a Marlboro Red and starts throwin' heat. We finally met the burn patient and his room was filled with bugs and old dirty dressings that had not been thrown out. It was filthy, but he was awake and alive and we accepted him.

That day my partner in crime Dr. Houseworth was covering my call for the morning. I got back to the hospital around 1:15 and gave him a call. He was in the trauma bay with 6 patients from an IED blast. A popular target for the bad guys since the SOFA agreement passed has been the Iraqi Police and Army. Apparently a terrorist drove a vehicle full of explosives up to the entrance to the police department and detonated the device. Lots of injured. Dr Renz was taking care of one of the casualties and the guy has blood pouring out of his chest tube. He has tons of glass in all of his wounds, but most notably the wounds to his face. We had to open his chest for bleeding and he was lucky. The shrapnel had lacerated the right internal mammary artery (the artery used for heart bypass) and this was bleeding into his chest. Anyway after a few hours we are finishing up and I get a call for another coming in. This a gunshot wound to the chest.

I get down there and he has no recordable blood pressure, but a palpable carotid pulse. There is an entrance wound to the right anterior chest and an exit out the back and the wound out of his back is bleeding profusely. The OR is full so we start resuscitating the patient in the Trauma bay. We get him intubated and we get chest tubes and lines in. We get a recordable blood pressure up in the 90s and by then the OR is ready. We get him upstairs and on the table. I notice a large new hematoma forming around his entrance wound that is high and lateral on the right chest around the clavicle. He codes on the table and I open his chest. He is bleeding from way up high between the first rib and the clavicle. I extend the incision across to the left side so that we can get a clamp on the aorta. I then opened up the sternum and made an incision over the collar bone. I took out part of the collar bone. While this is going on he is bleeding out and we are trying to just put fingers in the hole until we can get exposure. It was not pretty. During the course of this circus we briefly had a blood pressure. I finally get control of the subclavian vein which was completely destroyed on the right, but it is too late. My second death on an OR table in less than two months. That was not an easy evening. I had rushed down to the Trauma room with my uniform pants and boots on and a scrub top. Normally I would wear only scrubs and some nasty old hospital shoes from residency, but I wanted to get down and help. My pants and boots were completely soaked in blood. I was dripping with sweat and was quite nasty. It was 7:15 at night. The dinner hall closed at eight and I hadn't eaten or had anything to drink since around 5 that morning. I was a wreck. One of the surgeons that had come in to help takes my boots to the back of the OR and cleans them out with peroxide and water. Another gets me a fresh pair of scrubs and I stripped down right outside the OR and changed. My roommate rushes me downstairs to change into a clean uniform and everyone waits while I get ready so our group of Surgeons can go eat together before the dining hall closes. These are great guys to work with. You feel awful about what just happened. You would rather sit around and beat yourself up, trying to figure out what you could have done differently to make a difference. You want to question everything you did and why. You would like to begin your pity party, but there your buddies are. They really don't give you time to think like that. They were there and they know you did everything you could have, and they affirm and re affirm the decisions you made as the best ones you could have at the time. So you all go downstairs to the dining hall and have a meal together.

This is an interesting time in my life, and honestly I have found comfort and peace of mind in places here that I did not anticipate. I will really miss these guys when they leave and I have only known them for 6 weeks.

The computer is fixed, and Sara has sent it back. I have some great pics. The combat moustache is coming along nicely, although I am having a hard time keeping it clean when I eat ice cream. I promise to send pics when the computer arrives.

will keep in touch

e