

Greetings from B dad,

Slow last few weeks. The burn season is definitely over. No new kiddie admissions for the last two weeks. All of the kids that Dr. Renz and I took care of are getting better and starting to make their way towards the door. The ICU is currently without any children, and this is a good thing. Burns take a significant amount of resources from a nursing standpoint and pediatric burns are even more taxing on the system. The clinician and nurses alike are getting a little breather.

Every Thursday we participate in a teleconference with all the Surgeons in both Iraq and Afghanistan as well as the Surgeons in Germany and back in the states. I have mentioned this conference before, but we cover the US casualties from each war and their progress to Germany and back to the States. It is amazing how much it has changed over the last four months. When I first arrived and through December the vast majority of casualties discussed were from Iraq; however things have changed and all you hear about are the casualties from Afghanistan.. We are not seeing much trauma here, which is good.

We have a really sick contractor in the ICU suffering from a life threatening pneumonia. He went into renal failure and we do not have dialysis here. We ended up putting a small caliber chest tube into the abdomen and using it for peritoneal dialysis. This has been relatively successful in controlling the patient's electrolytes and fluid balance. The patient's employer has finally arranged for transport with medical support and the patient will hopefully be leaving today. The peritoneal dialysis was a pretty cool trick I thought. We have a nephrologist here running the outpatient clinic. He and the pharmacist cooked up the dialysis solution, and it has been a lifesaver for this patient waiting for transport.

We have another interesting ICU patient. An Iraqi special forces guy was shot in the throat in an assassination attempt. The round was fired at close range and aimed down toward the patient's feet. The bullet went through his windpipe and his esophagus at a downward angle. So both structures had holes but the posterior holes were much further down than the anterior holes. Also the patient was initially taken to the Iraqi hospital with a tube straight into the neck wound and into his airway. He was kept there for two days and they got approval to have him transferred to us. I was not on call, but the operation was a marathon. They resected a portion of his sternum and brought the trachea out to the skin where the manubrium would be. The proximal esophagus was brought out to his neck and drains were placed proximally and distally. He has drains in his chest and his stomach. He is now a week out from surgery and holding his own. I think that he is going to make it, but he will be seriously disabled from his wounds and I don't have a clue who or when anyone will try to hook his intestines back up. Very difficult case.

Early last week I was on second call and we had a self inflicted GSW to the chest come in with CPR in progress around midnight. We opened his chest in the ED, but the injury was not survivable. The bullet went right through the hilum (where the airway and blood vessels enter the lung). Really sad case. The increased suicide rate in the military over the last few years has been pretty well publicized, but it does not make it any easier. We have seen a few self inflicted GSWs to the head since I have been here, but this was the first suicide attempt that I was directly involved with.

My buddy Roy was on call yesterday and had another really tough case. Young soldier was in an IED and the blast took out his right eye and orbit. It also severely damaged the other eye. The rest of his face was relatively spared and his airway was intact. I am not sure how extensive the damage to his opposite eye will ultimately be. He got him to Balad soon after he arrived here for Ophtho intervention.

I took care of several cases of appendicitis this week including two last night. When I arrived in Baghdad and was told there was no laparoscopic equipment I got a little nervous. The last open appendectomy I had performed was on my pediatric surgery rotation as a third year resident. So that has been interesting fishing around the belly through a tiny hole with one finger looking and feeling for the appendix as opposed to doing everything on the TV monitor laparoscopically. Operating without the assistance of another General Surgeon or even General Surgery resident has been interesting as well. The scrub techs are usually 17 or 18 year old kiddies themselves, and they have little experience in the OR. You take these things for granted before you find yourself without another experienced set of hands.

Roy Danks is the new replacement for Dr. Renz, and I think that I mentioned earlier that he and I went to OBC together. He is a really good guy. He is a private practice General Surgeon in Kansas. He did a Burns/Critical

Care fellowship after his residency, but has not been using those skills over the last few years. He decided to join Dr. Renz and the burn group in Texas as a reservist because he wanted to get back into burns, and he wanted to contribute to the war effort. He put his money where his mouth was and put his private practice on hold and joined up. He is a lot of fun to work with. We have started tag teaming things and helping each other out with stuff the way Dr. Renz and I did in the past. He was on call a few days ago and called me up asking for assistance with a trauma patient. This soldier was in a MRAP rollover and sustained a big laceration to his liver. He was treated by a forward surgical team, and underwent abdominal exploration and packing of his liver. When he got to us however his blood pressure was really low and he did not look so good. Roy and I got him up to the OR and re opened his belly. The surgeon out in the field had done an excellent job. We put a few additional packs in to compress the liver and then left the abdomen open. With additional blood products and fluids he came around. The following day we went back, removed the packs and closed the belly. He hopefully will be getting out of here soon.

We have set up a 10k for St Patrick's Day, and I am running that one for sure. Unfortunately there will be no green beer after, but what are you gonna do? Ash Wednesday and Lent are arriving, Mardi Gras is coming to a close. Hopefully none of you on the mailing list were arrested for errant behavior this year. Getting through Easter will be a big milestone. Once there, I will be on easy street.

Our new Vascular Surgeon is having his 4th child in April. His wife is currently doing well, but I know this must be a hard time for both of them. My replacement has been tagged, and I plan on getting in touch with him soon. I will orient him to the pain that is Ibn Sina hospital Baghdad, Iraq.

We had a several day stretch of terrible weather recently. Dust storms cut visibility down to a couple hundred yards at most. There were no flights in or out, and the sky looked red for a few days. When you walked outside you could taste the dust in your mouth everytime you took a breath. The entire hospital was covered in a layer of fine dust. Pretty nasty. It cleared though and now the weather is a sunny and a pleasant 70 degrees.

Hope everyone is doing well. Will keep in touch

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