

# "Lessons for civilian emergency medical care from Afghanistan"

Craig Jurisevic

Senior Cardiothoracic Surgeon,  
Royal Adelaide Hospital

Senior Lecturer  
Department of Surgery  
University of Adelaide

Trauma Surgeon  
3<sup>rd</sup> Health Support Battalion  
Royal Australian Army Medical Corps

The war in Afghanistan is a conflict in which old and new techniques in the management of the injured patient work side by side. Medical innovation must keep pace with the ever-innovative techniques used to create the injuries we are now seeing. This has led to the development of simpler and more efficient emergency medical care plans particularly applicable to the mass casualty setting.

Rapid evacuation from the site of injury to the military medical facility is crucial. The "Golden Hour" from the time injury to treatment in such a facility is still the gold standard and this has reduced the amount of time spent by the military paramedic teams at the injury site. This "scoop and run" paradigm is now seeing greater acceptance in civilian emergency medical management as the benefits in the war zone become more evident.

The battlefield scenario has also been crucial in the development of civilian mass casualty (disaster) plans, with civilian triage protocols now closely resembling those used in the military.

Finally, "damage control", the concept of limiting surgery in the first sitting to the basic life and limb-saving essentials, is now widely accepted and used in the civilian setting.

This presentation will highlight these points in a series of case demonstrations and short videos from my time as trauma surgeon with the first Australian Medical Task Force in Oruzgan, Afghanistan in 2008.