Short Communication

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British Journal of Research

2021
Vol. 8 No. 5

Damage Control Anaesthesia

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Abstract

Damagecontrol surgery (DCS) isaconcept of abbreviated laparotomy,designed toprioritize short-term physiological recovery over anatomical reconstruction in theseriously injured and compromised patient. Over the last 10 yrs., a new addition tothe damage control paradigm has emerged, referred to as damage controlresuscitation (DCR). This focuses on initial hypotensive resuscitation and earlyuse of blood products to limit or halt the progression of the lethal triad of acidosis, coagulopathy, andhypothermia. Involves postponing of definitive repair or fixation until the patient has been adequately resuscitated. DCS shifts the focus from anatomical to physiological restoration. Damage Control Anaesthesia (DCA) should include assisting the non-trauma surgical team recognise and appreciate the magnitude of haemorrhage and understand the need to maintain a dynamic plan.

The aim of DCA must remain primarily the arresting of the lethal triad whilst ensuring cardio-respiratory stability as well as adequate analgesia and sedation. DCA has four phases, Phase one in the emergency department, phase two in the operating room, phase there and phase four in the definitive surgery. The role of the anesthesiologist in damage control trauma care is that of resuscitation consultant

Most of the goals of DCA are part of the duties of trauma anaesthetist. DCA will have profound positive effects on morbidity and mortality.

Biography:

Nutritionist graduated from Universidade Federal do Rio de Janeiro (UFRJ) and a Master's student in Clinical Medicine, from postgraduate program of the Faculty of Medicine of UFRJ. Currently, she works as Clinical Nutritionist and as a Researcher in Micronutrients Research Center from UFRJ, where she takes part since the first year of college and now coordinates graduate students activity (interns). Since before her graduation in Nutrition, she has participated as co-author in published studies related to adolescence and obesity. Nowadays, her research line focuses in obesity, entero-hormones, weight gain and bariatric surgery, besides contributions in studies related to child-maternal health

Recent publication data:

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Citation: M O Ababneh ;Damage Control Anaesthesia; Webinar on Critical care and Emergency medicine ; April 28, 2021