

# TRIAGE AND SURGICAL METHODES IN CHEMICAL WOUNDED

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Surgery in injured patients contaminated with chemicals need special conditions including primary triage, concurrent therapy of contamination agent and surgical operation concerning wound severity and contamination agent that make necessary following points:

1. Complete security for medical staff including surgical team and disinfestations.
2. Primary training for disinfestations in medical transportation teams for self-disinfestations.
3. Preparing a disinfestation team for war wounded who are unable to do this by themselves.
4. Foresight of a proper site for disinfestations by mobile method and disinfestations material nears the operation room.
5. Foresight of ICU centers for patient's follow-up after surgery.
6. Proper transportation facilities and full availability for surgical managers.
7. Foresight of wireless telecommunication lines.

After the primary disinfestations, surgery method varies according to contamination type:

1. Blood agent
2. Nervous agent
3. Suffocating agents
4. Blistering agents

I. In blood agent contamination (cyanides) primary treatment of chemical injuries and nitrites injection play an essential role in operation results because cyanide in fact, cause ischemia in cellular level by inhibition of cytochrome-oxidase enzyme and primary treatment before surgery is necessary; Only in volume depletion and respiratory failure conditions interventions for hydration and providing airway is done.

II. Regarding nervous agent, owing to respiratory disturbance caused by choline-esterase and acetylcholine alteration, patient intubation and prompt surgery with concurrent therapy for nervous agent is proposed. Otherwise, primary therapy for nervous gas by Exymes and Atropine is recommended.

III. Suffocating agents: these agents normally being chlorine-phosgene-brome gas, firstly affecting respiratory and mucosal system cause respiratory