

Procedures in Treating Bullet Wound Injuries

By : By: Abolfazl Afshar Sadre, MD

Vascular Surgeon

Assistant Professor at Sahid Beheshti University/ School of Medicine

One basic fact should always be considered that every bullet wound or any type of injury secondarily to weapons to the thoracic area should be treated with inserting a chest tube.

Every kind of bullet injury to abdomen and pelvic area is equal to laparotomy. No single injury to these areas should be taken lightly, so conservative therapy is not suggested. If a small bullet or a foreign object enters the thoracic area, but there is no sign of it, and the bullet is found in the abdomen of that patient, conservative therapy is controversial. What one should do in that situation in a mobile hospital? One fact should always be in mind that no one had died from a laparotomy (even with negative results), but people die from bullet wounds. Chest tube should always be in place before laparotomy. It has been cases that patients go under laparotomy without a chest tube, and produces tension pneumothorax, drop in BP, and eventually death.

Incision line for the injured people should always be mid-line and there is no other alternative. With this type of cut surgeons have easy access to every part of abdomen, and can be sutured back easily. The line can be continued even to the neck. To drain blood from abdomen, suction alone is not enough, and pads are needed. If bleeding is severe, surgeon puts pressure on the diaphragm with a Richardson which causes aorta to be temporarily blocked. This way the bleeding site can be discovered. If the bleeding site is from liver or spleen, surgeons perform what is needed to be done. If the bleeding is from large vessels behind the peritoneum, one could access to it from either sides of the abdomen.

A wide Kochare maneuvers will help to access liver, inferior Vena Cava, right kidney, and jejunum. A mid-line incision also helps to access Aorta. In order to access large branches of Aorta, left kidney vessels, and injured sites, a incision line from inferior peritoneum, and white line groove, turning the left colon, and spleen is needed.