

Nonoperative Management of Trauma

Injury represents one of the largest public health issues worldwide. More than 100 million people around the world sustain injury every year,^[1] making trauma a serious public health problem. In its “Global Burden of Disease,” the World Health Organization identified injury as one of the most important contributors to years of life lost and years lost due to disability, thereby having a serious social and economic impact across societies. This impact is predicted to expand to constitute a significant proportion of the total societal health burden by 2030.^[2]

This is especially true in Saudi Arabia, where there has been a multiple fold increase in the number of injuries and deaths over the past decades.^[3] In its 2014 report, the Saudi Ministry of Health reported that injury, poisoning and external causes were the leading causes of death, accounting for 17.8% of all deaths in the country.^[4]

There has been a major shift in the management of trauma. Injuries that previously necessitated operative exploration and intervention are now routinely managed in a nonoperative approach, with operative intervention being reserved for patients who are overtly unstable or fail nonoperative management.^[5-7] This shift toward nonoperative management is fueled by the successes observed in managing selected trauma victims and decreasing failure rates of nonoperative management secondary to advances in percutaneous interventional techniques such as angioembolization and percutaneous drainage.^[8-11]

This shift toward nonoperative management complicates what used to be a simple decision to take the patient to the operating room for surgical exploration. It also creates a need for highly specialized professionals in resuscitation medicine. These professionals are expected not only to offer surgical management when needed, but also to identify patients who are at risk of failing nonoperative management as early as possible.

This increased complexity of managing trauma patients has necessitated the establishment of a trauma system, in which trauma surgeons provide care to patients in collaboration with other trauma-trained health-care

professionals. This trauma system is associated with improved outcomes and a reduction in the burden of disability and mortality suffered within the community.^[12-15]

In this issue, Dr. Alghamdi reviews the current management options of liver trauma, emphasizing when nonoperative management should and should not be offered for one of the most commonly injured organs.

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