

JTACS SEPTEMBER TABLE OF CONTENTS

'BEST OF' SEPTEMBER ARTICLES

BEST OF TRAUMA ARTICLE

After 9,000 Laparotomies For Blunt Trauma, Resuscitation Is Becoming More Balanced And Time To Intervention Shorter: Evidence in Action

Adult Blunt Trauma Patients

N = 9,773

ACS Trauma Quality Improvement Program (2013-2017)

Early (<4hrs) Emergent Ex-Lap

Early (<4hrs) PRBC & FFP Tx

Hierarchical Regression Analysis:

- Demographics • Injury Parameters
- ACS Center • Transfusion Verification
- Volumes

Over 5-yr study period

PRBC:FFP Ratio (1.93 to 1.71)

Time to Ex-Lap (1.87 to 1.37 hrs)

24-hr & In-hospital Mortality

PRBC:FFP Ratio ∝ Mortality

Douglas et al. *Journal of Trauma and Acute Care Surgery*, September 2022

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The Journal of Trauma and Acute Care Surgery

AFTER 9,000 LAPAROTOMIES FOR BLUNT TRAUMA, RESUSCITATION IS BECOMING MORE BALANCED AND TIME TO INTERVENTION SHORTER: EVIDENCE IN ACTION

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2022/09000/AF-TER_9_000_LAPAROTOMIES_FOR_BLUNT_TRAUMA,.4.ASPX](https://journals.lww.com/jtrauma/abstract/2022/09000/AF-TER_9_000_LAPAROTOMIES_FOR_BLUNT_TRAUMA,.4.ASPX)



SCAN HERE TO VIEW A VIDEO
OVERVIEW OF THE ARTICLE

<https://qr.page/g/1672cqtNs7r>

Association of Trauma Severity with Antibody Seroconversion in Heparin-induced Thrombocytopenia: A Multicenter, Prospective Observational Study

TRAUMA + HIT

- Is HIT a rare condition in trauma patients?
- Is there a relationship between trauma severity and HIT antibody seroconversion?
- Is heparin use essential for HIT antibody seroconversion?

The seroconversion rates of HIT antibodies by washed platelet activation assay was **16.3%**.

Seroconversion rates increased with trauma severity.

The time to seroconversion was similar regardless of heparin administration.

HIT antibodies were **no longer detected on day 30 in 60.9%** of seroconverted patients.

Development of HIT antibodies was observed commonly in severely injured trauma patients. HIT antibody development may be related to trauma severity, with a high disappearance rate on day 30.

Heparin + PF4 complex

PF4 HIT Ab

age ≥18 years
ISS ≥9

184 cases were divided into 3 groups
ISS 9-15, 16-24, 25 or more

Seroconversion time and rate

Disappearance rate of antibodies on day 30

M. Fujita, T. Maeda, S. Miyata, S. Kushimoto et al.
Journal of Trauma and Acute Care Surgery, 12.2021

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The Journal of Trauma and Acute Care Surgery

ASSOCIATION OF TRAUMA SEVERITY WITH ANTIBODY SEROCONVERSION IN HEPARIN-INDUCED THROMBOCYTOPENIA: A MULTICENTER, PROSPECTIVE OBSERVATIONAL STUDY

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2022/09000/ASSOCIATION_OF_TRAUMA_SEVERITY_WITH_ANTIBODY.16.ASPX](https://journals.lww.com/jtrauma/fulltext/2022/09000/ASSOCIATION_OF_TRAUMA_SEVERITY_WITH_ANTIBODY.16.ASPX)



SCAN HERE TO VIEW A VIDEO
OVERVIEW OF THE ARTICLE

<https://qr.page/g/2WmKcwK74s>

BEST OF EGS ARTICLE

The Physiology of Failure: Identifying Risk Factors for Mortality in EGS Patients Using a Regional Health System Integrated EMR

Billing data + EMR 2013-2018

9 hospital health system

Patients with AAST EGS diagnoses

Administrative & clinical variables merged

Factors Associated with Higher Mortality

Inpatient

Age WBC Lactate Ventilator requirement

One-year

Age Heart rate Lactate

WBC BMI

Conclusion

Clinical datapoints need to be included in EGS mortality assessments which **may** help with:

- Timely recognition
- Correcting reducible risk factors
- Earlier surgical intervention or transfer to higher level of care

Balmas-George M, et al. *Journal of Trauma and Acute Care Surgery*, 12.2021

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The Journal of Trauma and Acute Care Surgery

THE PHYSIOLOGY OF FAILURE: IDENTIFYING RISK FACTORS FOR MORTALITY IN EMERGENCY GENERAL SURGERY PATIENTS USING A REGIONAL HEALTH SYSTEM INTEGRATED ELECTRONIC MEDICAL RECORD

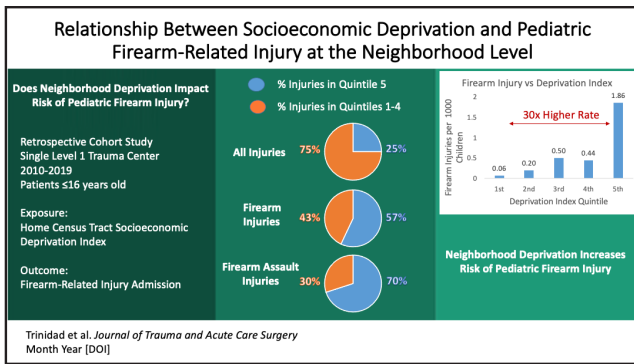
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2022/09000/THE_PHYSIOLOGY_OF_FAILURE_IDENTIFYING_RISK.17.ASPX](https://journals.lww.com/jtrauma/abstract/2022/09000/THE_PHYSIOLOGY_OF_FAILURE_IDENTIFYING_RISK.17.ASPX)



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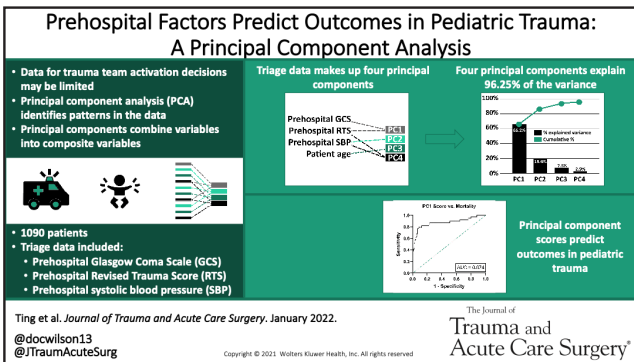
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BEST OF SCC ARTICLE



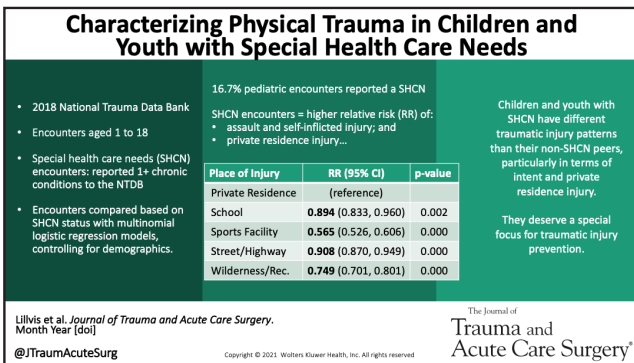
RELATIONSHIPS BETWEEN SOCIOECONOMIC DEPRIVATION AND PEDIATRIC FIREARM-RELATED INJURY

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2022/09000/RELATIONSHIPS_BETWEEN_SOCIOECONOMIC_DEPRIVATION.1.ASPX](https://journals.lww.com/jtrauma/abstract/2022/09000/relationships_between_socioeconomic_deprivation.1.aspx)



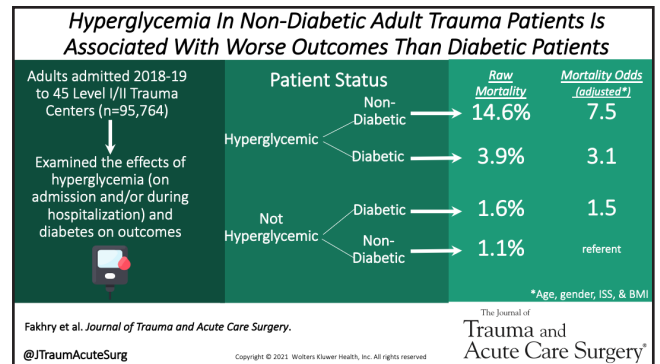
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[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2022/09000/PREHOSPITAL_FACTORS_PREDICT_OUTCOMES_IN_PEDIATRIC.2.ASPX](https://journals.lww.com/jtrauma/abstract/2022/09000/prehospital_factors_predict_outcomes_in_pediatric.2.aspx)



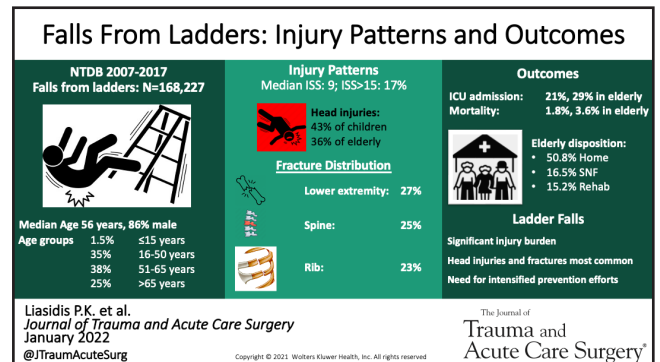
CHARACTERIZING PHYSICAL TRAUMA IN CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2022/09000/CHARACTERIZING_PHYSICAL_TRAUMA_IN_CHILDREN_AND.3.ASPX](https://journals.lww.com/jtrauma/abstract/2022/09000/characterizing_physical_trauma_in_children_and.3.aspx)



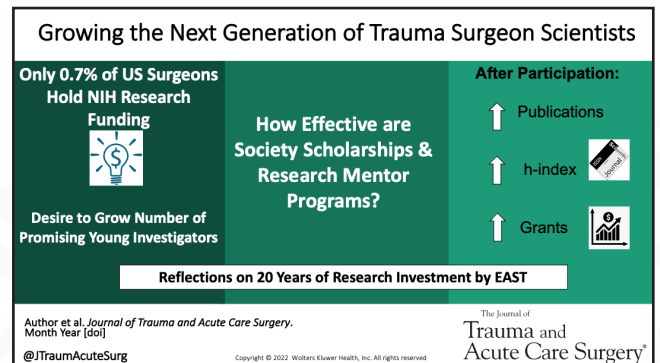
HYPERGLYCEMIA IN NON-DIABETIC ADULT TRAUMA PATIENTS IS ASSOCIATED WITH WORSE OUTCOMES THAN DIABETIC PATIENTS: AN ANALYSIS OF 95,764 PATIENTS

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2022/09000/HYPERGLYCEMIA_IN_NONDIABETIC_ADULT_TRAUMA_PATIENTS.5.ASPX](https://journals.lww.com/jtrauma/abstract/2022/09000/hyperglycemia_in_nondiabetic_adult_trauma_patients.5.aspx)



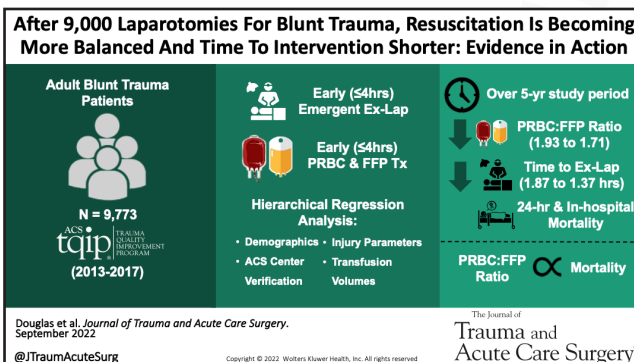
FALLS FROM LADDERS: INJURY PATTERNS AND OUTCOMES BEYOND PAIN AND DISABILITY: THE LASTING EFFECTS OF TRAUMA ON LIFE AFTER INJURY

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2022/09000/FALLS_FROM_LADDERS_INJURY_PATTERNS_AND_OUTCOMES.6.ASPX](https://journals.lww.com/jtrauma/abstract/2022/09000/falls_from_ladders_injury_patterns_and_outcomes.6.aspx)



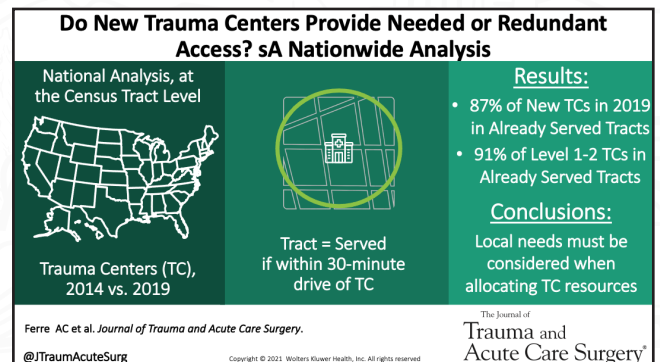
GROWING THE NEXT GENERATION OF TRAUMA SURGEON SCIENTISTS – REFLECTIONS ON 20 YEARS OF RESEARCH INVESTMENT

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2022/09000/GROWING_THE_NEXT_GENERATION_OF_TRAUMA.8.ASPX](https://journals.lww.com/jtrauma/abstract/2022/09000/growing_the_next_generation_of_trauma.8.aspx)



AFTER 9,000 LAPAROTOMIES FOR BLUNT TRAUMA, RESUSCITATION IS BECOMING MORE BALANCED AND TIME TO INTERVENTION SHORTER: EVIDENCE IN ACTION

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2022/09000/AFTER_9_000_LAPAROTOMIES_FOR_BLUNT_TRAUMA.4.ASPX](https://journals.lww.com/jtrauma/abstract/2022/09000/after_9_000_laparotomies_for_blunt_trauma.4.aspx)



DO NEW TRAUMA CENTERS PROVIDE NEEDED OR REDUNDANT ACCESS? AN OBSERVATIONAL NATIONWIDE ANALYSIS

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2022/09000/DO_NEW_TRAUMA_CENTERS_PROVIDE_NEEDED_OR_REDUNDANT.9.ASPX](https://journals.lww.com/jtrauma/abstract/2022/09000/do_new_trauma_centers_provide_needed_or_redundant.9.aspx)

Trauma Bay Virtual Reality
A Game-Changer for ATLS Instruction and Assessment

Traditional ATLS	Trauma Bay Virtual Reality	Trauma Bay VR Differentiates Learner Training and Skill
<p>Created by Arthur Shlain from the Noun Project</p> <ul style="list-style-type: none"> Minimal scenario practice opportunities Variable testing delivery and assessment 	<p>Created by Sculpity</p> <ul style="list-style-type: none"> Independent learner practice Numerous scenarios Real-time performance assessment Standardized testing environment 	<p>Created by Sculpity</p> <ul style="list-style-type: none"> Measures time and accuracy in decision-making

Colonna et al. *Journal of Trauma and Acute Care Surgery*.
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TRAUMA BAY VIRTUAL REALITY - A GAME CHANGER FOR ATLS INSTRUCTION AND ASSESSMENT

https://journals.lww.com/jtrauma/abstract/2022/09000/Trauma_Bay_Virtual_Reality_A_Game_Changer_For_ATLS.10.aspx

Individual and Neighborhood Level Characteristics of Pediatric Firearm Injuries Presenting at Trauma Centers in Colorado

4 Trauma Centers (2008-2019)	14% Increase in Firearm Injuries Per Year	Socially Vulnerable Neighborhoods at Greatest Risk
<p>446 Firearm Injuries Median Age: 16 years 87% Male 92% from Metropolitan Areas</p>	<p>Firearm Injuries per 1000 CD Trauma Evaluations</p>	<p>Poverty Levels and Proportions of Minority Race Residents Median Household Income and % College Graduates</p>

Stevens J, et al. *Journal of Trauma and Acute Care Surgery*.
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INDIVIDUAL AND NEIGHBORHOOD LEVEL CHARACTERISTICS OF PEDIATRIC FIREARM INJURIES PRESENTING AT TRAUMA CENTERS IN COLORADO

https://journals.lww.com/jtrauma/abstract/2022/09000/Individual_and_Neighborhood_Level_Characteristics_of_Pediatric_Firearm_Injuries_Presenting_at_Trauma_Centers_in_Colorado.14.aspx

CNTR COALITION FOR NATIONAL TRAUMA RESEARCH

Developing a National Trauma Research Action Plan (NTRAP): Results from the Pediatric Trauma Delphi Survey

METHODS	RESULTS	CONCLUSION
<p>Experts in pediatric trauma care and research identified gaps in knowledge, generated research questions and prioritized questions using a consensus-driven Delphi survey approach.</p>	<p>Subject matter experts generated 625 research questions. 493 questions (79%) reached a consensus level of 60% agreement: 159 (32%) were High Priority, 325 (86%) Medium Priority, 9 (2%) Low Priority.</p>	<p>Research questions addressing traumatic brain injury and shock were rated highest in priority.</p>

Jonathan L. Grier, MD, FACS, Edward Skogger, MD, Jimmy Phuong, PhD, Maxwell A. Braverman, DO, Emma Reddy, MPH, Pamela L. Babu, MA, Stephanie Borne, MD, Kimberly Joseph, MD, Mary Margaret Knudson, MD, Frederick P. Rivara, MD, Ali Roshan-Radbar, MD, MPH, PhD, Sarah N. Smith, MD, MPH, Michelle A. Price, PhD, Ellen M. Rucker, MD, and the NTRAP Injury Prevention Panel. *Journal of Trauma and Acute Care Surgery*. [doi]
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DEVELOPING A NATIONAL TRAUMA RESEARCH ACTION PLAN (NTRAP): RESULTS FROM THE PEDIATRIC TRAUMA RESEARCH GAP DELPHI SURVEY

[https://journals.lww.com/jtrauma/abstract/2022/09000/Developing_a_National_Trauma_Research_Action_Plan_\(NTRAP\):_Results_from_the_Pediatric_Trauma_Research_Gap_Delphi_Survey.11.aspx](https://journals.lww.com/jtrauma/abstract/2022/09000/Developing_a_National_Trauma_Research_Action_Plan_(NTRAP):_Results_from_the_Pediatric_Trauma_Research_Gap_Delphi_Survey.11.aspx)

Surgical exploration for stable patients with penetrating cardiac box injuries: when and how?

Retrospective review of Marseilles area (2009-2019) Multicentric 155 stable patients with PBCI

Population	Conclusion
<p>Penetrating cardiac box injuries</p> <p>Stable Without cardiac tamponade</p> <p>+ Hemopericardium at eFAST 30% vs 9.5%, p=0.010 NPV = 93%</p> <p>+ Chest tube drainage of Pneumo-hemothorax at eFAST amount 600.00mL vs 300.00mL, p=0.001</p> <p>+ VATS n= 35 (42%) conversion rate = 14%</p>	<p>When ?</p> <ul style="list-style-type: none"> Pericardial Effusion at eFAST CT > 600mL or major air leaks or massive hemothorax Hemodynamic decompensation <p>How ?</p> <ul style="list-style-type: none"> Anterior VATS approach

M. Vasse et al. *Journal of Trauma and Acute Care Surgery*.
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SURGICAL EXPLORATION FOR STABLE PATIENTS WITH PENETRATING CARDIAC BOX INJURIES: WHEN AND HOW? A COHORT OF 155 PATIENTS FROM MARSEILLE AREA.

https://journals.lww.com/jtrauma/abstract/2022/09000/Surgical_Exploration_for_Stable_Patients_with_Penetrating_Cardiac_Box_Injuries:_When_and_How?_A_Cohort_of_155_Patients_from_Marseille_Area.15.aspx

CNTR COALITION FOR NATIONAL TRAUMA RESEARCH

Developing a National Trauma Research Action Plan (NTRAP): Results from the Injury Prevention Research Gap Delphi Survey

METHODS	RESULTS	CONCLUSION
<p>Experts in injury prevention research identified gaps in knowledge, generated research questions and prioritized questions using a consensus-driven Delphi survey approach.</p>	<p>28 subject matter experts generated 394 research questions. 367 questions (93%) reached a consensus level of 60% agreement: 169 (46%) were High Priority, 196 (53%) Medium Priority, and 2 (5%) Low Priority.</p>	<p>The most prevalent topic areas among high priority questions are suicide, firearm violence and violence prevention. NTRAP research priorities are partially aligned with those of the CDC, with the main difference being a greater focus on firearm violence in NTRAP's priorities</p>

Zara Cooper, MD, MSc, Juan P. Herrera Escobar, MD, MPH, Jimmy Phuong, PhD, Maxwell A. Braverman, DO, Emma Reddy, MPH, Pamela L. Babu, MA, Stephanie Borne, MD, Kimberly Joseph, MD, Mary Margaret Knudson, MD, Frederick P. Rivara, MD, Ali Roshan-Radbar, MD, MPH, PhD, Sarah N. Smith, MD, MPH, Michelle A. Price, PhD, Ellen M. Rucker, MD, and the NTRAP Injury Prevention Panel. *Journal of Trauma and Acute Care Surgery*. [doi]
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DEVELOPING A NATIONAL TRAUMA RESEARCH ACTION PLAN (NTRAP): RESULTS FROM THE INJURY PREVENTION RESEARCH GAP DELPHI SURVEY

[https://journals.lww.com/jtrauma/abstract/2022/09000/Developing_a_National_Trauma_Research_Action_Plan_\(NTRAP\):_Results_from_the_Injury_Prevention_Research_Gap_Delphi_Survey.12.aspx](https://journals.lww.com/jtrauma/abstract/2022/09000/Developing_a_National_Trauma_Research_Action_Plan_(NTRAP):_Results_from_the_Injury_Prevention_Research_Gap_Delphi_Survey.12.aspx)

Association of Trauma Severity with Antibody Seroconversion in Heparin-induced Thrombocytopenia
A Multicenter, Prospective Observational Study

TRAUMA x HIT

TRAUMA x HIT	Development of HIT antibodies
<p>Is HIT a rare condition in trauma patients?</p> <p>Is there a relationship between trauma severity and HIT antibody seroconversion?</p> <p>Is heparin use essential for HIT antibody seroconversion?</p> <p>age ≥18 years ISS ≥ 9 184 cases were divided into 3 groups ISS 9-15, 16-24, 25 or more</p> <p>Seroconversion time and rate Disappearance rate of antibodies on day 30</p>	<p>The seroconversion rates of HIT antibodies by washed platelet activation assay was 16.3%.</p> <p>Seroconversion rates increased with trauma severity.</p> <p>The time to seroconversion was similar regardless of heparin administration.</p> <p>HIT antibodies were no longer detected on day 30 in 60.9% of seroconverted patients.</p> <p>HIT antibody development may be related to trauma severity, with a high disappearance rate on day 30.</p>

M. Fujita, T. Maeda, S. Miyata, S. Kushimoto et al. *Journal of Trauma and Acute Care Surgery*. 12.2021
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ASSOCIATION OF TRAUMA SEVERITY WITH ANTIBODY SEROCONVERSION IN HEPARIN-INDUCED THROMBOCYTOPENIA: A MULTI-CENTER, PROSPECTIVE OBSERVATIONAL STUDY

https://journals.lww.com/jtrauma/fulltext/2022/09000/Association_of_Trauma_Severity_with_Antibody_Seroconversion_in_Heparin-Induced_Thrombocytopenia:_A_Multi-Center,_Prospective_Observational_Study.16.aspx

Urine Leaks in Children Sustaining Blunt Renal Trauma

Retrospective review of our free-standing Pediatric Level I Trauma Center trauma registry
n=347
(<18 age, from 2005-2020, presenting with BRT)

Univariate and multivariate regression analysis to evaluate predictive factors of urine leaks

Independent predictors:

Isolated blunt renal trauma	High grade injury	Upper lateral quadrant injuries
OR=2.56	OR=7.91	OR=2.88

Ghani et al. *Journal of Trauma and Acute Care Surgery*.
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URINE LEAKS IN CHILDREN SUSTAINING BLUNT RENAL TRAUMA

https://journals.lww.com/jtrauma/abstract/2022/09000/Urine_Leaks_in_Children_Sustaining_Blunt_Renal_Trauma.13.aspx

The Physiology of Failure: Identifying Risk Factors for Mortality in EGS Patients Using a Regional Health System Integrated EMR

Billing data + EMR 2013-2018	Factors Associated with Higher Mortality	Conclusion
<p>9 hospital health system</p> <p>Patients with AAST EGS diagnoses</p> <p>Administrative & clinical variables merged</p>	<p>Inpatient</p> <p>Age WBC Lactate Ventilator requirement</p> <p>One-year</p> <p>Age Heart rate Lactate</p>	<p>Clinical datapoints need to be included in EGS mortality assessments which may help with:</p> <ul style="list-style-type: none"> Timely recognition Correcting reducible risk factors Earlier surgical intervention or transfer to higher level of care

Baimas-George M, et al. *Journal of Trauma and Acute Care Surgery*. 12.2021
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THE PHYSIOLOGY OF FAILURE: IDENTIFYING RISK FACTORS FOR MORTALITY IN EMERGENCY GENERAL SURGERY PATIENTS USING A REGIONAL HEALTH SYSTEM INTEGRATED ELECTRONIC MEDICAL RECORD

https://journals.lww.com/jtrauma/abstract/2022/09000/The_Physiology_of_Failure:_Identifying_Risk_Factors_for_Mortality_in_Emergency_General_Surgery_Patients_Using_a_Regional_Health_System_Integrated_Electronic_Medical_Record.17.aspx

BEST OF SURGICAL CRITICAL CARE

BEST OF EMERGENCY GENERAL SURGERY ARTICLE

Resuscitative endovascular balloon occlusion of the aorta (REBOA) for life-threatening postpartum hemorrhage (PPH)

Methods	Results	Conclusion
Nationwide observational study of the Japanese Diagnosis Procedure Combination inpatient database from April 2012 to March 2020	 Hysterectomy 16.1%	The results of the present study could be helpful in clinical decision-making and providing patients and families with additional treatment options for PPH
 Life-threatening PPH patients who have undergone REBOA (n=143)	 In-hospital mortality 7.0%	

RESUSCITATIVE ENDOVASCULAR BALLOON OCCLUSION OF THE AORTA FOR LIFE-THREATENING POSTPARTUM HEMORRHAGE: A NATIONWIDE OBSERVATIONAL STUDY IN JAPAN

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2022/09000/RESUSCITATIVE_ENDOVASCULAR_BALLOON_OCCLUSION_OF.18.ASPX](https://journals.lww.com/jtrauma/abstract/2022/09000/resuscitative_endovascular_balloon_occlusion_of.18.aspx)

NO VISUAL ABSTRACT PROVIDED

EAST EVIDENCE-BASED STATEMENT ON “STAND YOUR GROUND” LAWS

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/CITATION/2022/09000/EAST_EVIDENCE_BASED_STATEMENT_ON_STAND_YOUR.22.ASPX](https://journals.lww.com/jtrauma/citation/2022/09000/east_evidence_based_statement_on_stand_your.22.aspx)

NO VISUAL ABSTRACT PROVIDED

LETTER TO THE EDITOR: THE SMALL (14 FR) PERCUTANEOUS CATHETER (P-CAT) VERSUS LARGE (28-32 FR) OPEN CHEST TUBE FOR TRAUMATIC HEMOTHORAX: A MULTICENTER RANDOMIZED CLINICAL TRIAL

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/CITATION/2022/09000/LETTER_TO_THE_EDITOR_THE_SMALL_14_FR_23.ASPX](https://journals.lww.com/jtrauma/citation/2022/09000/letter_to_the_editor_the_small_14_fr_23.aspx)

NO VISUAL ABSTRACT PROVIDED

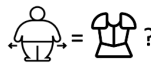
RESPONSE: LETTER TO THE EDITOR: THE SMALL (14F) PERCUTANEOUS CATHETER (P-CAT) VERSUS LARGE (28-32F) OPEN CHEST TUBE FOR TRAUMATIC HEMOTHORAX: A MULTICENTER RANDOMIZED CLINICAL TRIAL

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/CITATION/2022/09000/RESPONSE_LETTER_TO_THE_EDITOR_THE_SMALL_14F_24.ASPX](https://journals.lww.com/jtrauma/citation/2022/09000/response_letter_to_the_editor_the_small_14f_24.aspx)

The Armor Phenomenon

A Systematic Review and Meta-Analysis

Does obesity protect those that sustain penetrating thoracoabdominal injuries?



Quantitative analysis incorporated 5,013 patients from nine studies.

Outcomes evaluated:

- injuries sustained
- hospital course
- complications
- mortality

- Obesity protects from visceral injury following stab injuries.
- Obesity increases total and ICU LOS following gunshot injuries.
- Overall, obesity portends an increased risk of pneumonia and death.

The ‘armor phenomenon’ does not protect obese patients from the true sequelae of trauma.

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‘THE ARMOR PHENOMENON’ IN OBESE PATIENTS WITH PENETRATING THORACOABDOMINAL INJURIES: A SYSTEMATIC REVIEW AND META-ANALYSIS

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2022/09000/_THE_ARMOR_PHENOMENON_IN_OBESE_PATIENTS_WITH.19.ASPX](https://journals.lww.com/jtrauma/abstract/2022/09000/the_armor_phenomenon_in_obese_patients_with.19.aspx)

Management of the Open Abdomen: A Systematic Review with Meta-Analysis and Practice Management Guideline from the Eastern Association for the Surgery of Trauma

Problem	Meta-analyses	Results
Open Abdomen after Damage Control Laparotomy 	PICO 1 (P1): Interventions to reduce visceral edema PICO 2 (P2): Use of fascial traction systems 	P1: Unable to make recommendation due to very low-quality data P2: Improved fascial closure rates 

Mahoney, EJ et al. *Journal of Trauma and Acute Care Surgery*.

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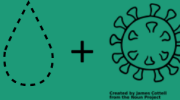

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MANAGEMENT OF THE OPEN ABDOMEN: A SYSTEMATIC REVIEW WITH META-ANALYSIS AND PRACTICE MANAGEMENT GUIDELINE FROM THE EASTERN ASSOCIATION FOR THE SURGERY OF TRAUMA

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2022/09000/MANAGEMENT_OF_THE_OPEN ABDOMEN_A_SYSTEMATIC.20.ASPX](https://journals.lww.com/jtrauma/abstract/2022/09000/management_of_the_open_abdomen_a_systematic.20.aspx)

National Blood Shortage: A Call to Action from the Trauma Community

The Problem	Recommendations
In January of 2022, the American Red Cross declared its first-ever “Blood Crisis” 	 1. Blood banks should have predefined tiers that define shortages 2. Implementation of evidence-based strategies to optimize blood product utilization 3. Implementation of strategies to reduce blood wastage 4. Increase blood supply

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