

KHAYELITSHA
A

Trauma Experience Cape Town South Africa



Tristan Deslarzes, juillet 2016



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Cape Town - SA *Présentation*

01 Cape Town - SA
Présentation

02 La violence?
Quelques chiffres

03 Khayelitsha DH

04 Groote Schuur Hospital

05 Film
ER knife crime / BBC

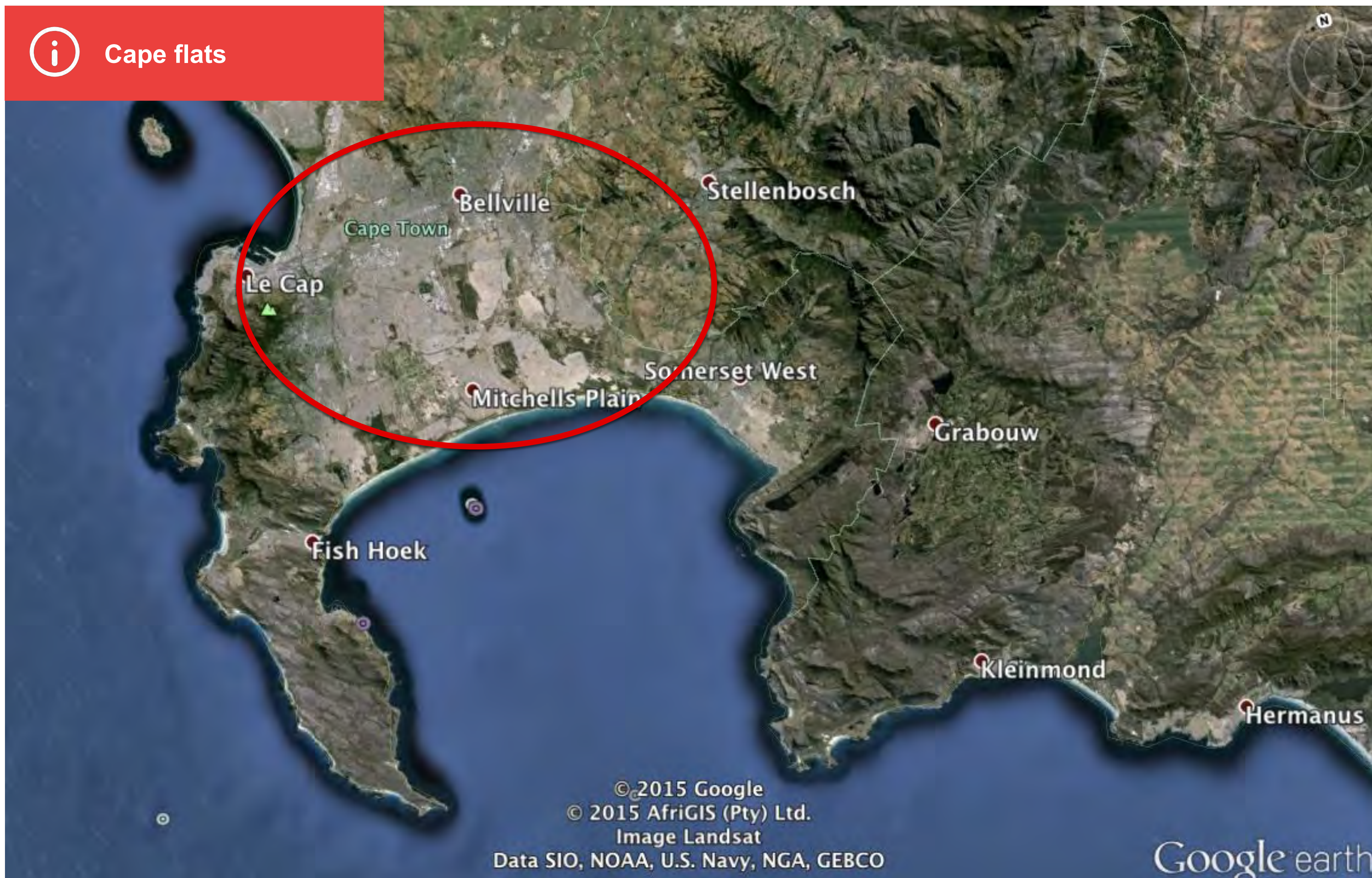


Cape Town





Cape flats





Cape flats





Khayelitsha

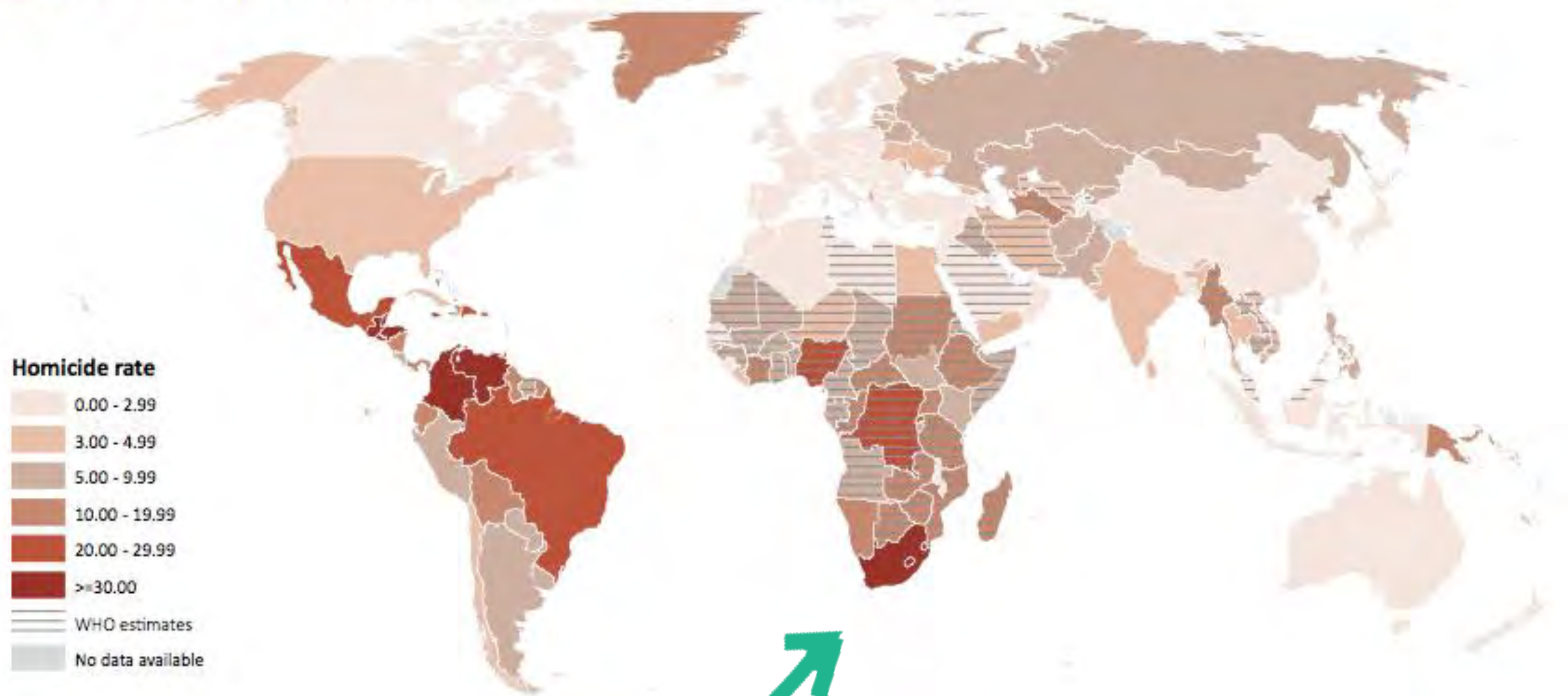


02

La violence? *Quelques chiffres*

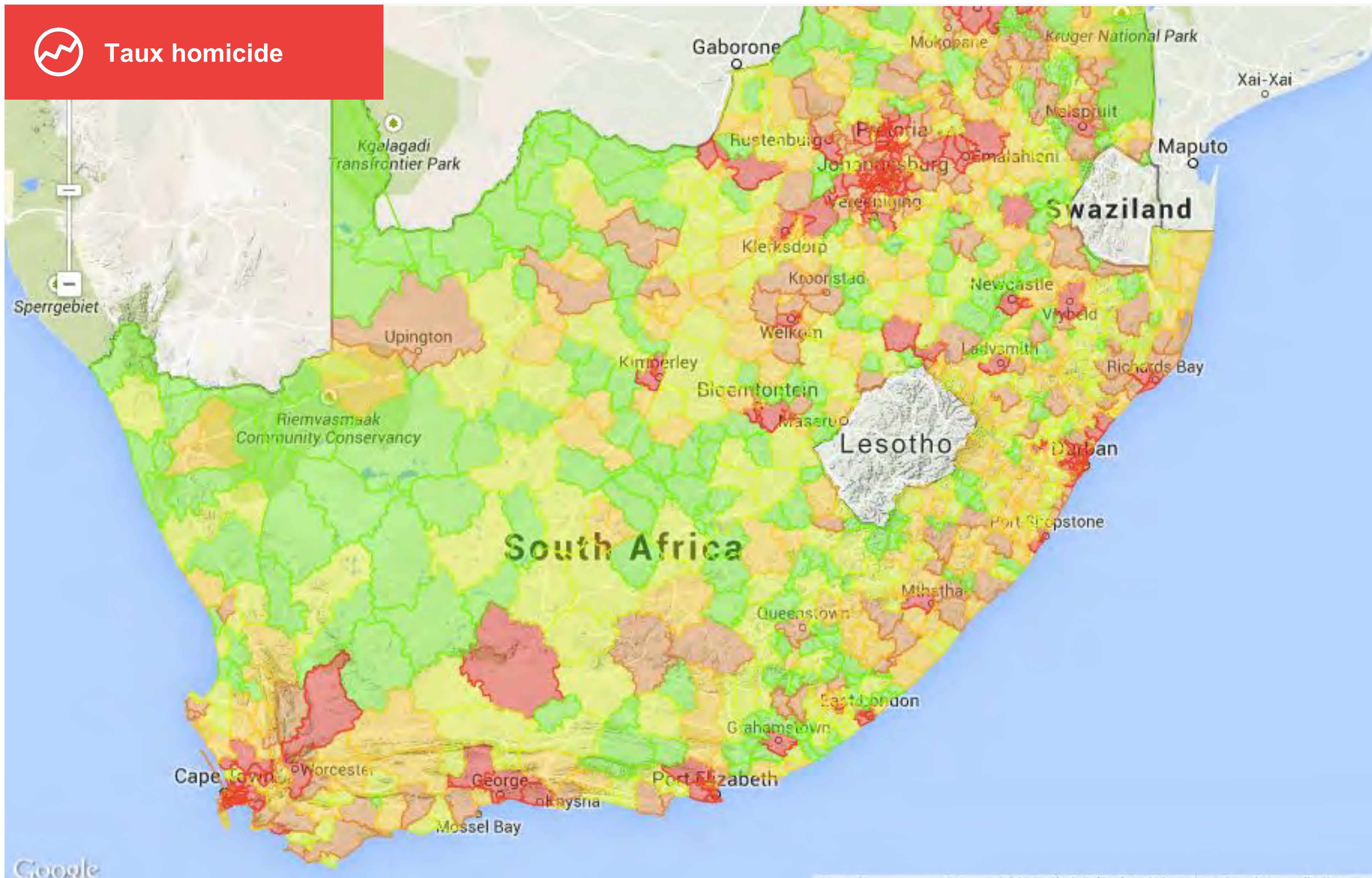
- 01 Cape Town - SA
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Map 1.1: Homicide rates, by country or territory (2012 or latest year)





Taux homicide



Murder : Worst ten precincts in 2014

Precinct	Province	Num Crimes
Nyanga	Western Cape	305
Harare	Western Cape	164
Mitchells Plain	Western Cape	158
Gugulethu	Western Cape	150
Khayelitsha	Western Cape	146
Delft	Western Cape	144
Mfuleni	Western Cape	118
Kraaifontein	Western Cape	112
Bishop Lavis	Western Cape	73
Philippi East	Western Cape	73
Total		1443

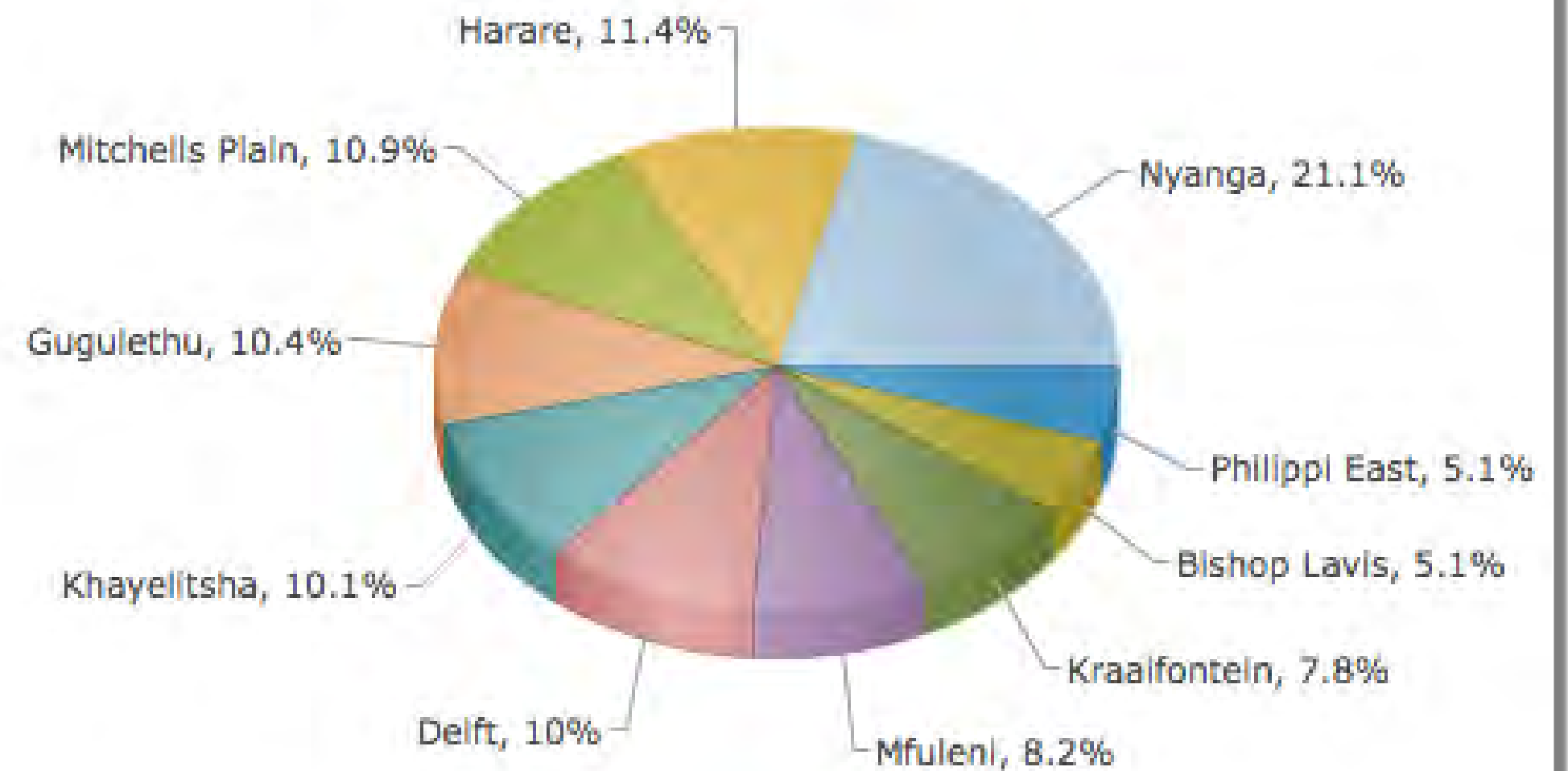
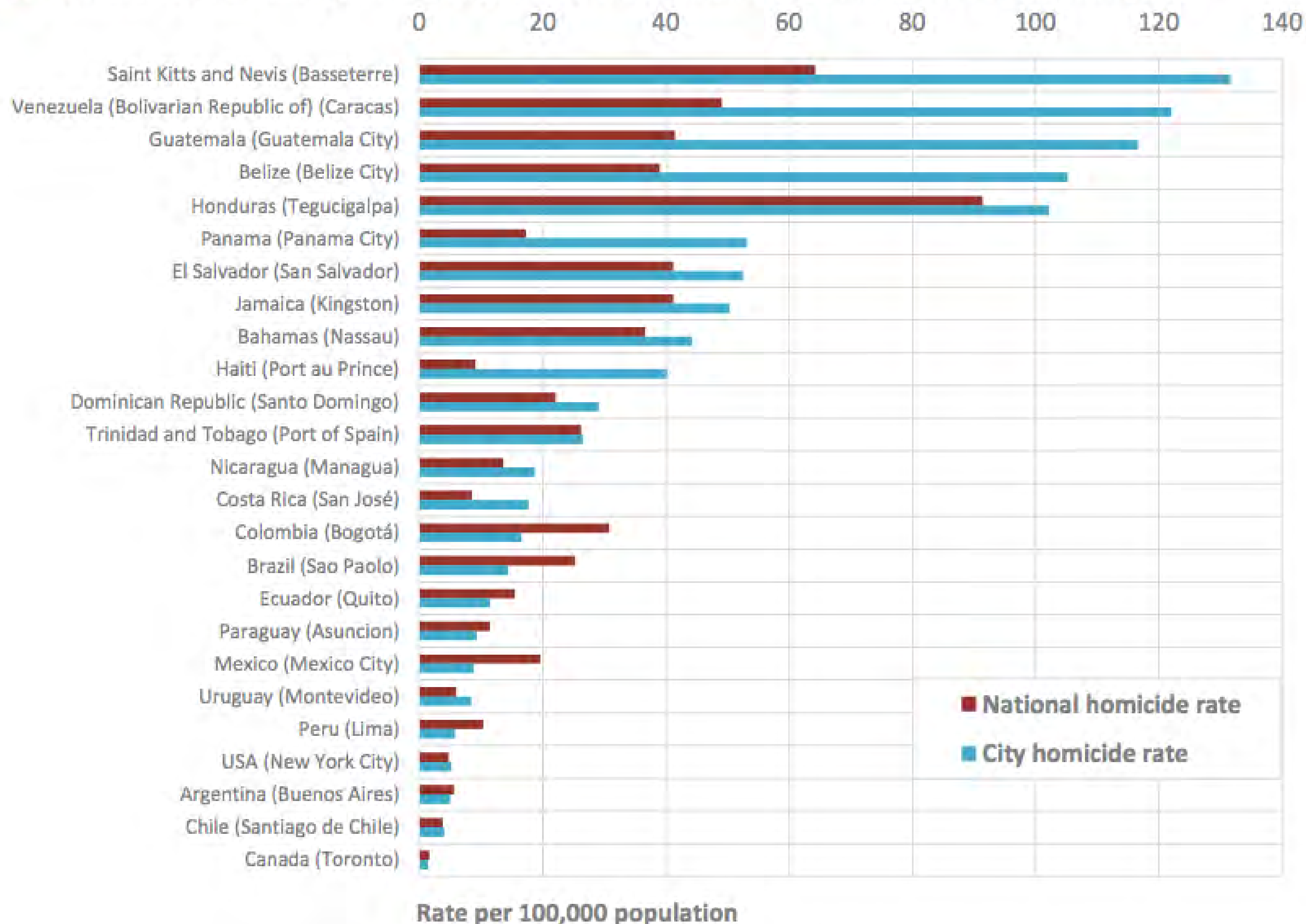


Fig. 8.2: Homicide rates: Most populous city rate versus national rate, Americas (2012 or latest year)



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Khayelitsha District Hospital

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1.5 mio d'habitants !





Oasis de paix...





PICTURES: CINDY WAXA

SAKINDILEYER

A patient with a stab wound to the chest is treated by Dr Sa'ad Laker and his team at Khayelitsha Hospital

DAILY BATTLE WITH TRAUMA

Khayelitsha Hospital's 47-bed emergency unit deals with an average of 120 patients a day, many of them with life-threatening injuries



Salle de dégrisement





Resuscitation room

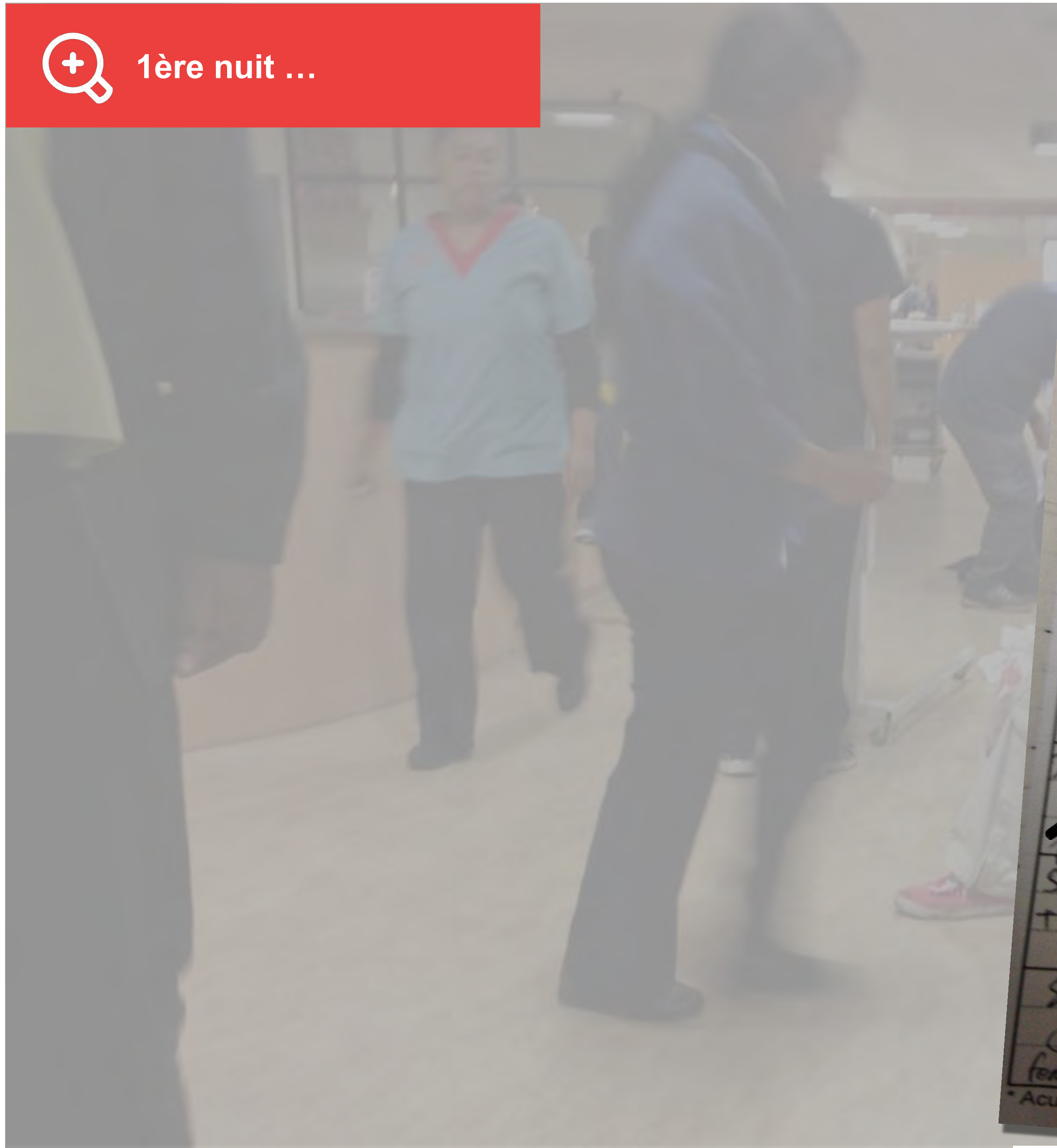




1ère nuit ...

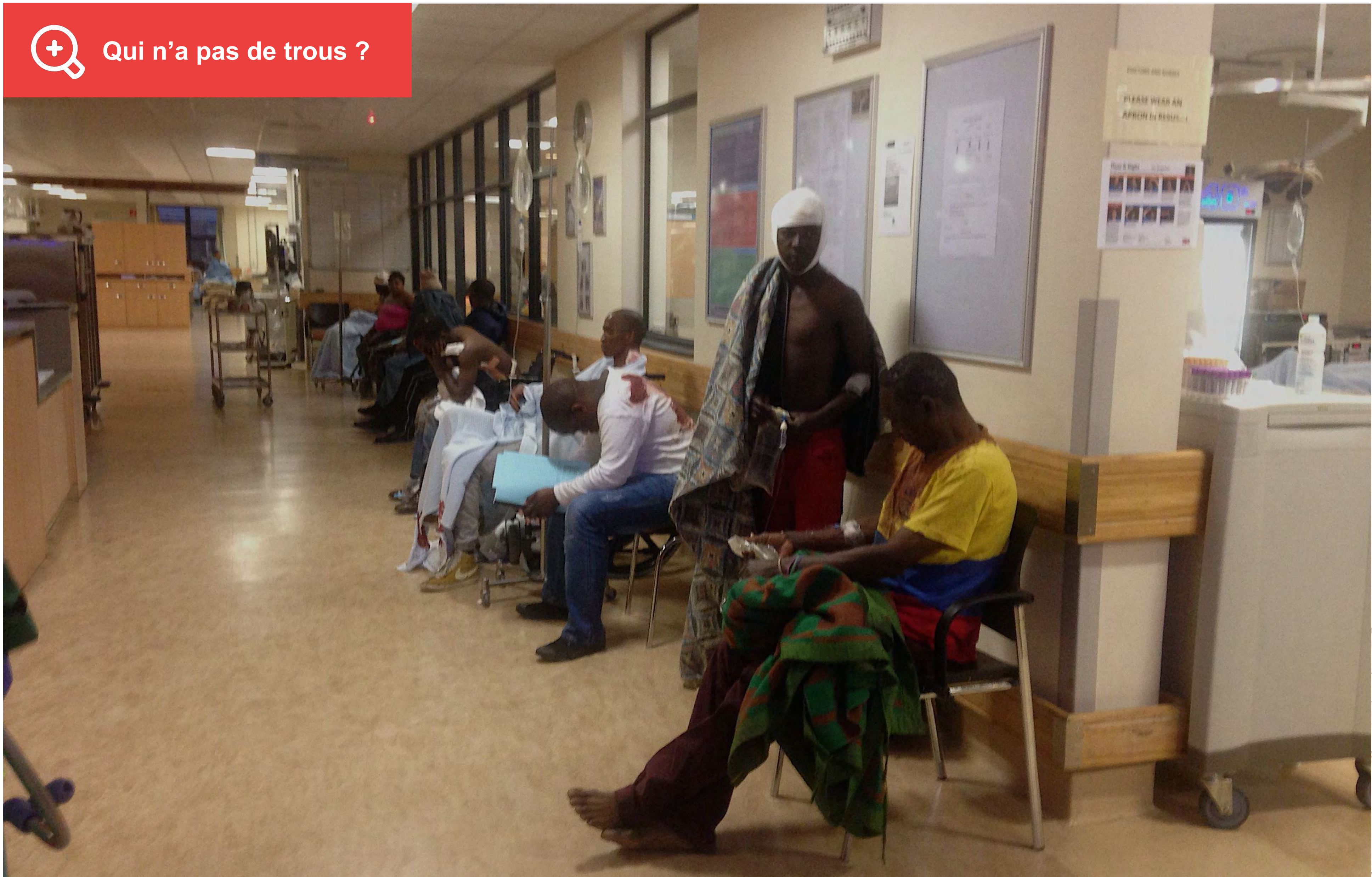
Stab neck	Trauma Trauma Medical Medies Surgical Chirurgie Other Ander	Yellow	Dr Lotter
GSW W thigh	Trauma Trauma Medical Medies Surgical Chirurgie Other Ander	Orange	Dr Lotter
multiple stab	Trauma Trauma Medical Medies Surgical Chirurgie Other Ander	Red	Dr Lotter
multiple stab femur fracture & index finger PVA	Trauma Trauma Medical Medies Surgical Chirurgie Other Ander	Orange	Dr Lotter
HEAD INJURY Finger fracture	Trauma Trauma Medical Medies Surgical Chirurgie Other Ander	Red	Dr WEBER
Gunshot Head.	Trauma Trauma Medical Medies Surgical Chirurgie Other Ander	Red	Webster.
Stab chest	Trauma Trauma Medical Medies Surgical Chirurgie Other Ander	Red	DR VA Mino
multiple stab and middle finger	Trauma Trauma Medical Medies Surgical Chirurgie Other Ander	Red	DR LOTTER
STAB ABDO + @ LIP	Trauma Trauma Medical Medies Surgical Chirurgie Other Ander	Red	DR GABRIEL
Stab back & L hip feetini 100mc JCP	Trauma Trauma Medical Medies Surgical Chirurgie Other Ander	Orange	U

* Acuity / Akuutheid





Qui n'a pas de trous ?



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03.B

Khayelitsha DH *Chest injuries*

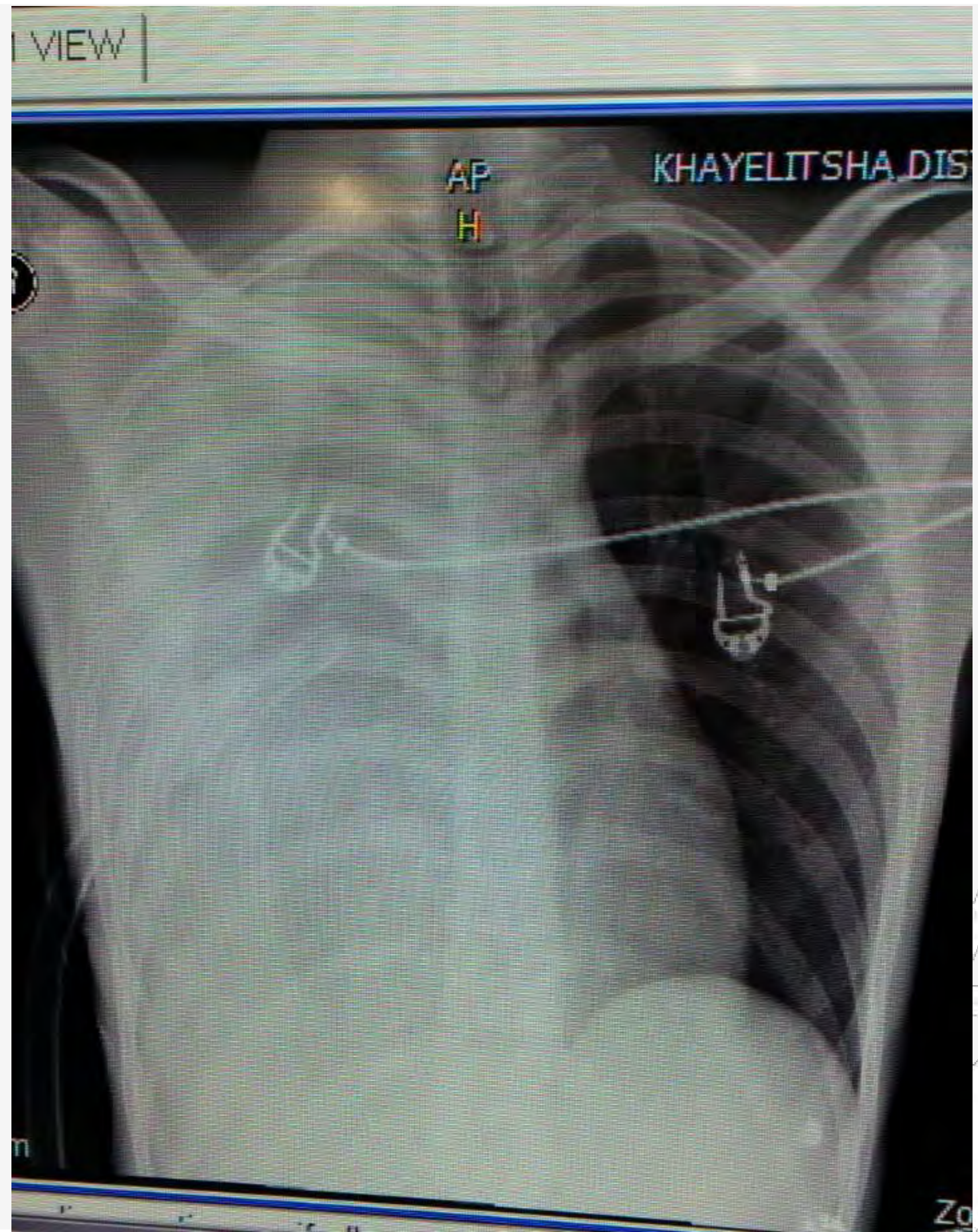
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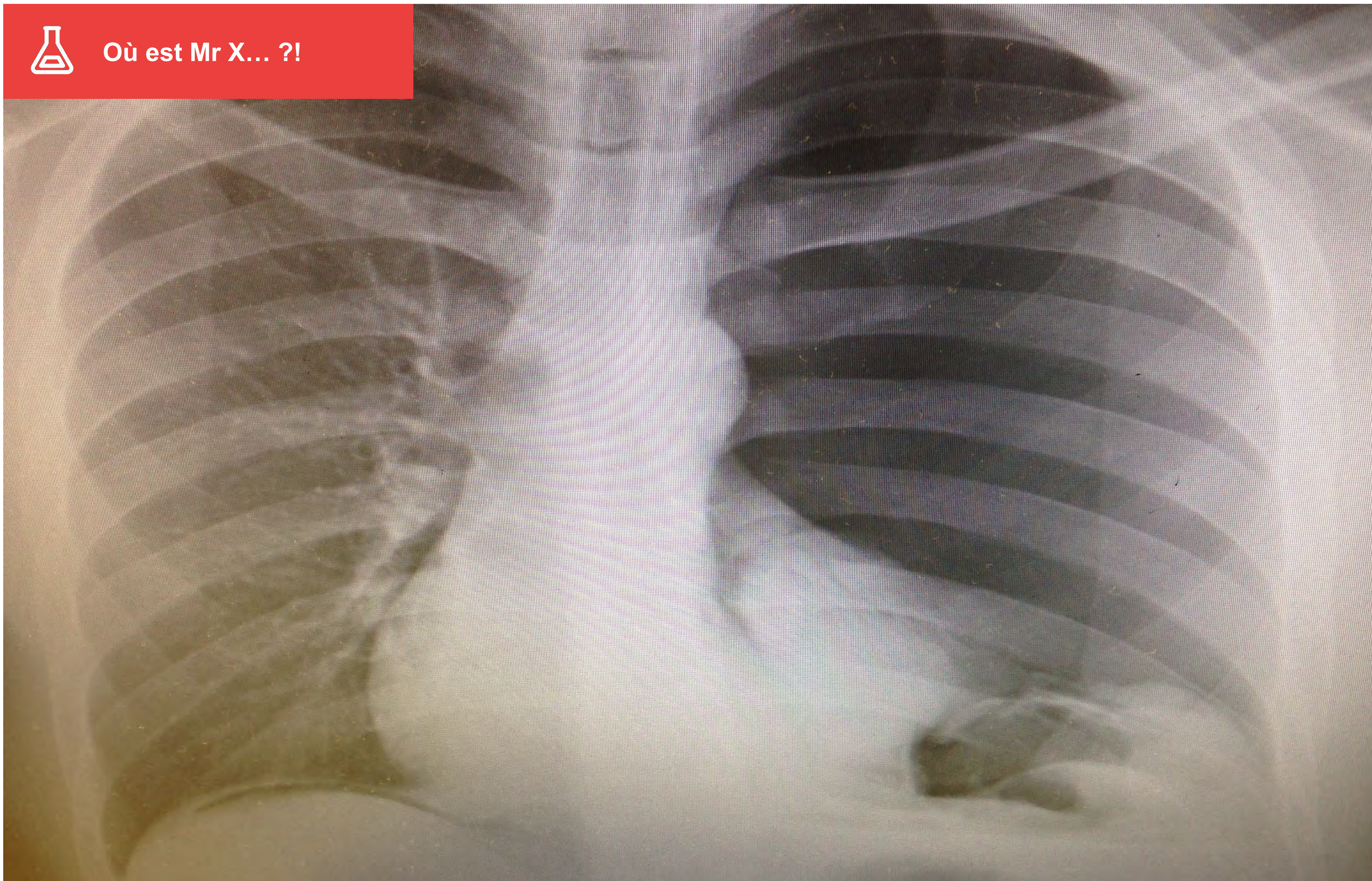


Post drain thoracique





Où est Mr X... ?!





Ici....





Pntx sous tension...



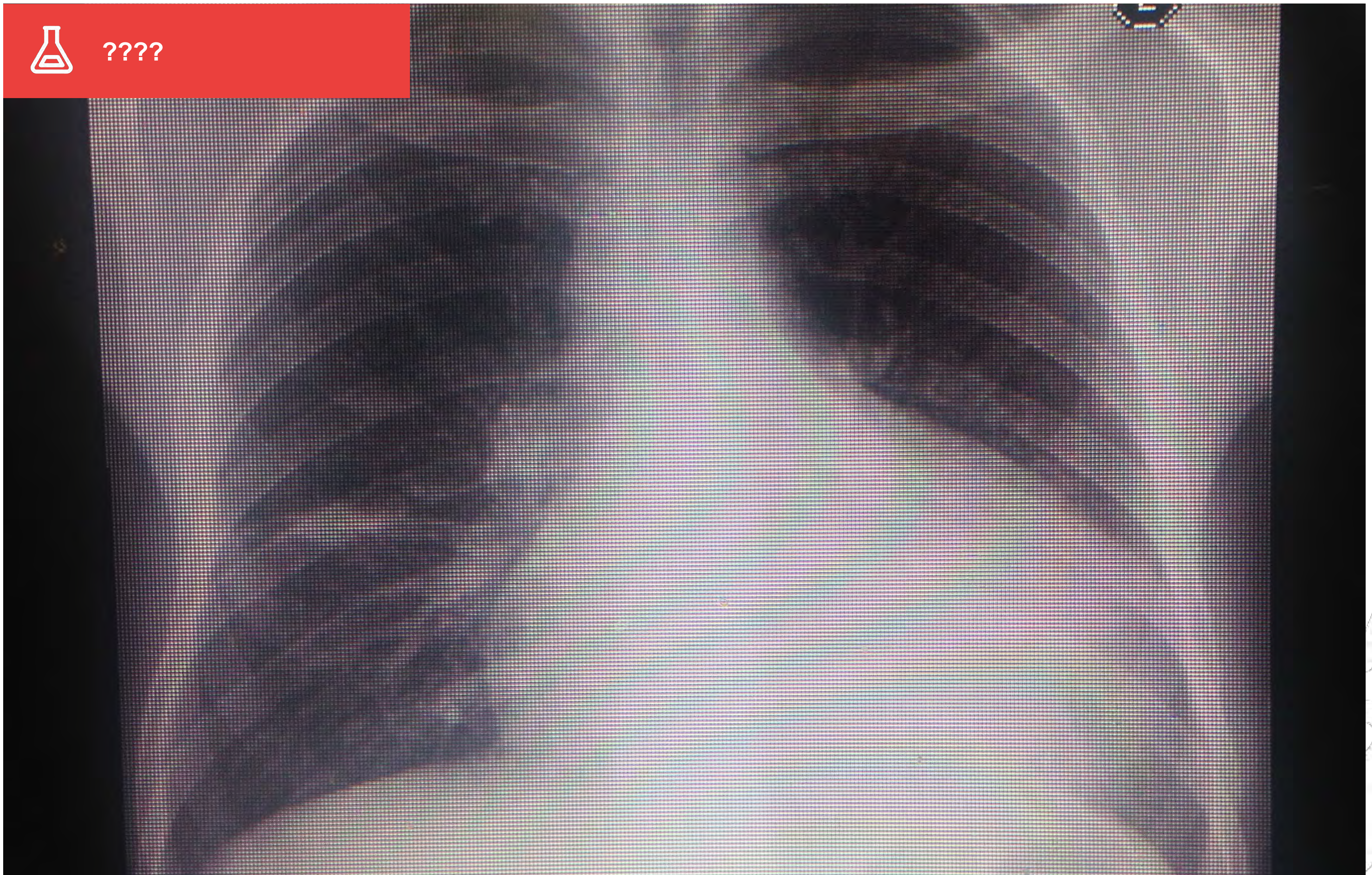


Khaya push...





?????



Abdomen
Anatomy

Adrenal
Diaphragm
Duodenum
GB
Heart
Kidney
Left Lb
Liver
Lung
Lym. Node
Pancreas
Right Lb
Rib
Spleen
Stomach
Colon

1166JUN

Abdomen
Abdomen
Anatomy
Abdomen



Stab Heart !

Crashing Stab Praecordium

Clinically unstable

- Mental state
 - Vitals – BP ↓
PR ↓↑
 - PCUS – pericardial effusion with tamponade
 - Beck's triad
- Confused, combative, obtunded, clammy, diaphoretic

Mobilise a Team

- Resus team → FCEM
- Surgical MO → FCS
- Anaesthetic MO → FCA
Prepare theatre
- Porter on standby with portable oxygen
- Driver on standby

Optimise Clinical Condition

Universal Precautions Airway + Breathing

- Supplemental oxygen – high flow nasal cannula
- non rebreather face mask
- Prepare for RSI – drugs
- equipment
- Prepare for ICD – equipment

PASSIVE OXYGENATION

STOP IC BARS

Circulation

- 2 large bore IV lines – 1x 20 dropper infusion set,
1x blood giving set
- Prepare **FLUIDS** of choice
- Prepare **BLOOD PRODUCTS** – emergency blood
- massive transfusion
- Prepare **TRANEXAMIC ACID**
- Prepare **ANTIBIOTICS**
- Prepare **INOTROPES**
- Prepare central venous catheter/arterial-line
- Serial PCUS

6 UNITS PACKED CELLS
6 UNITS FFP
1 MEGAUNIT PLATELETS

Investigations + Supportive

- Bedside Hb. HGT

Prepare for Frontroom Thoracotomy

- Thoracotomy pack
- Prolene sutures
- Foley's catheter – 14/16Fr
- Cardiac paddles
- +/- Pledgets

FROM THEATRE

HENNIE'S CUPBOARD



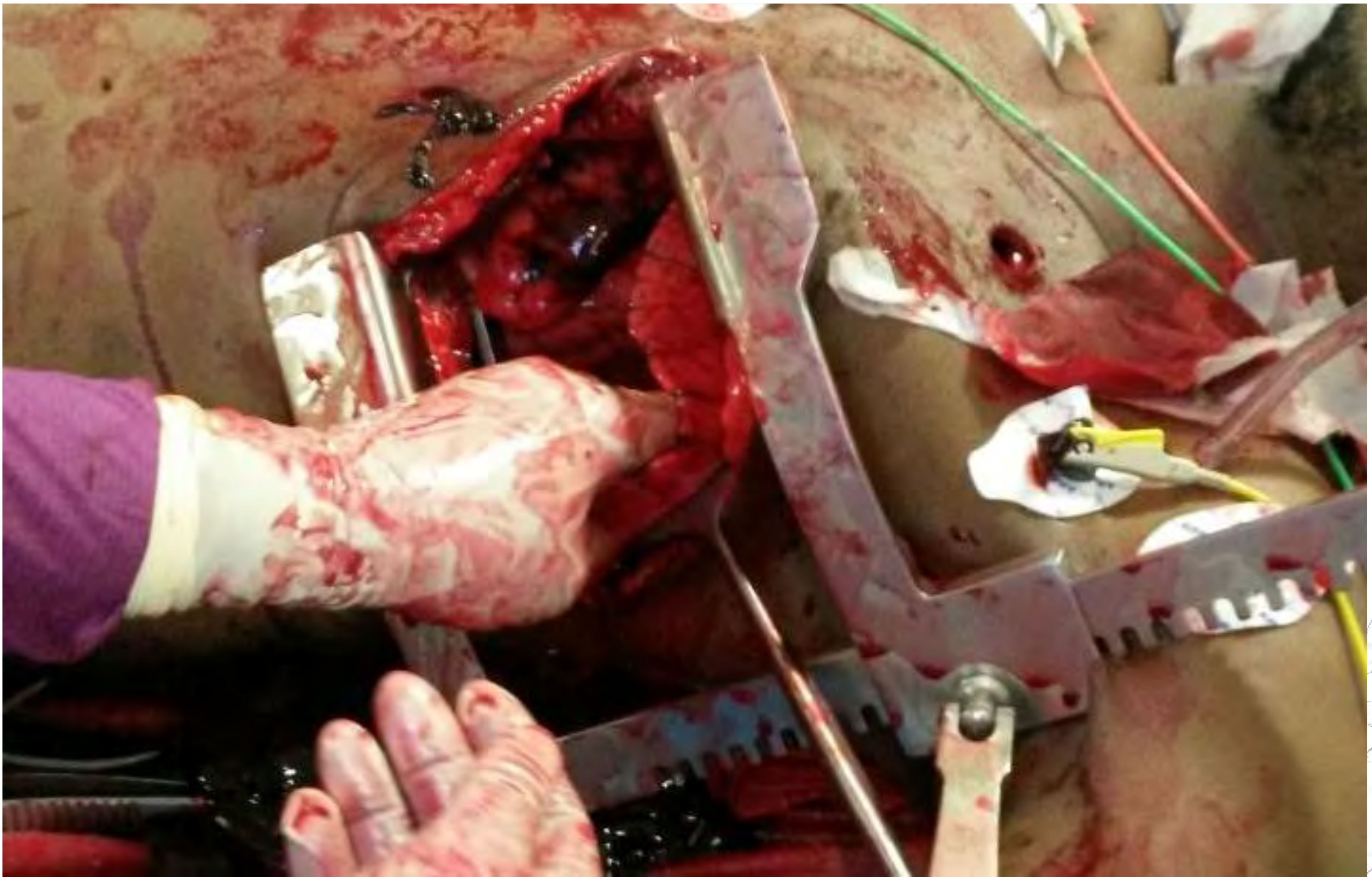
Front room thoracotomy

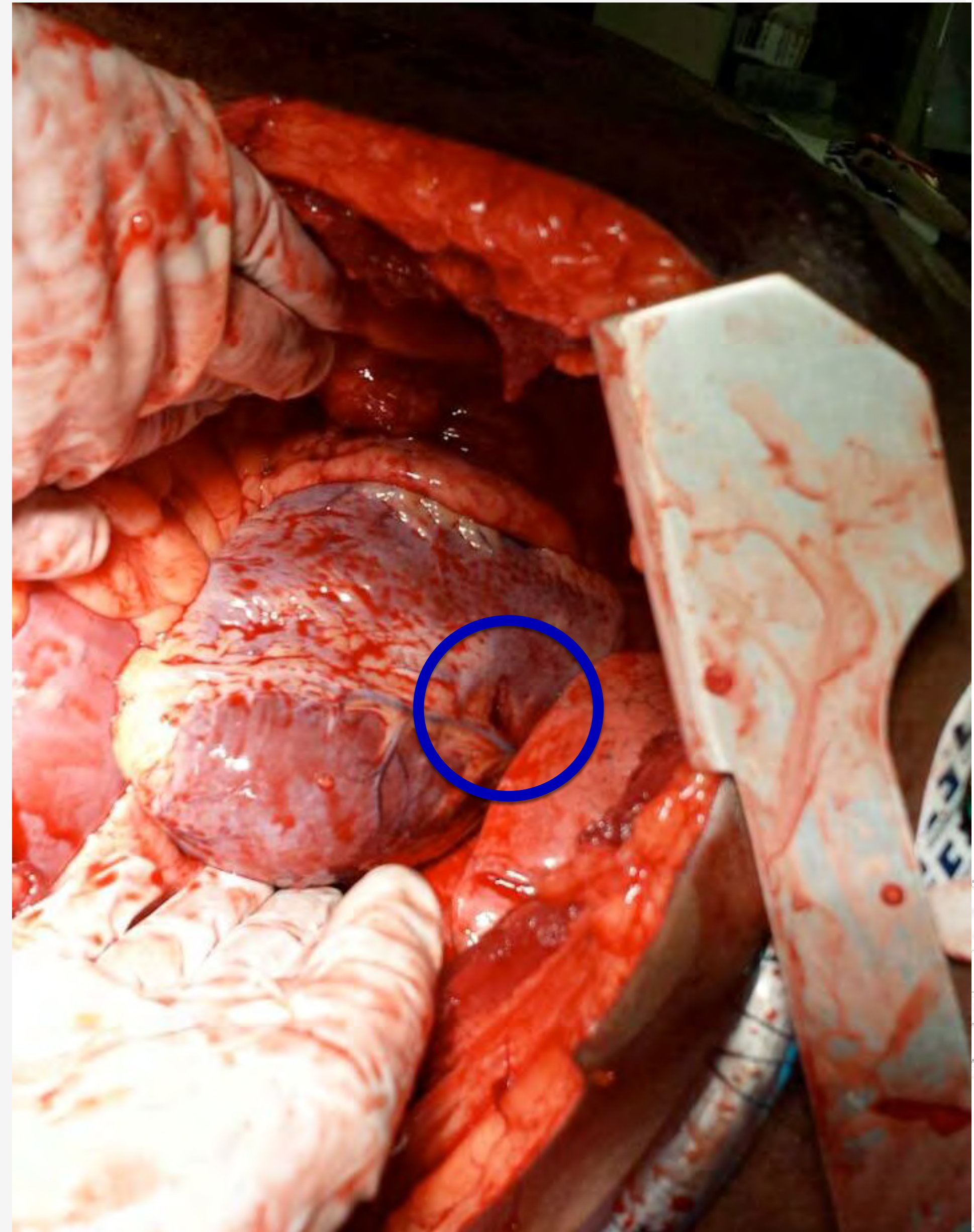
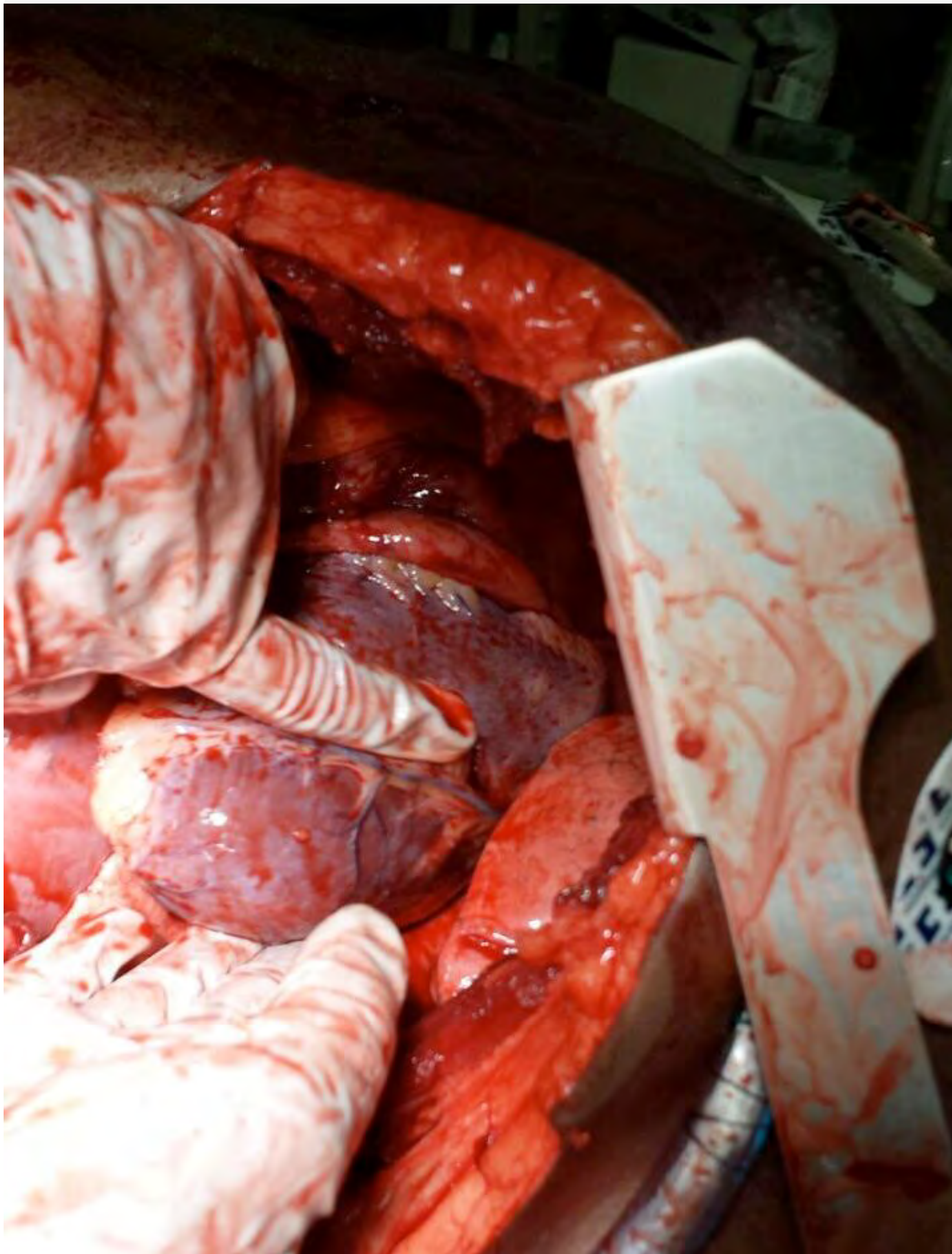
Statistiques KDH

60 « stab-heart » en 2 ans avec 75% de survie.

Dans 2 cas sur 3, la thoracotomie se pratique en salle de déchocage.









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03.C

Khayelitsha DH

Neck injuries

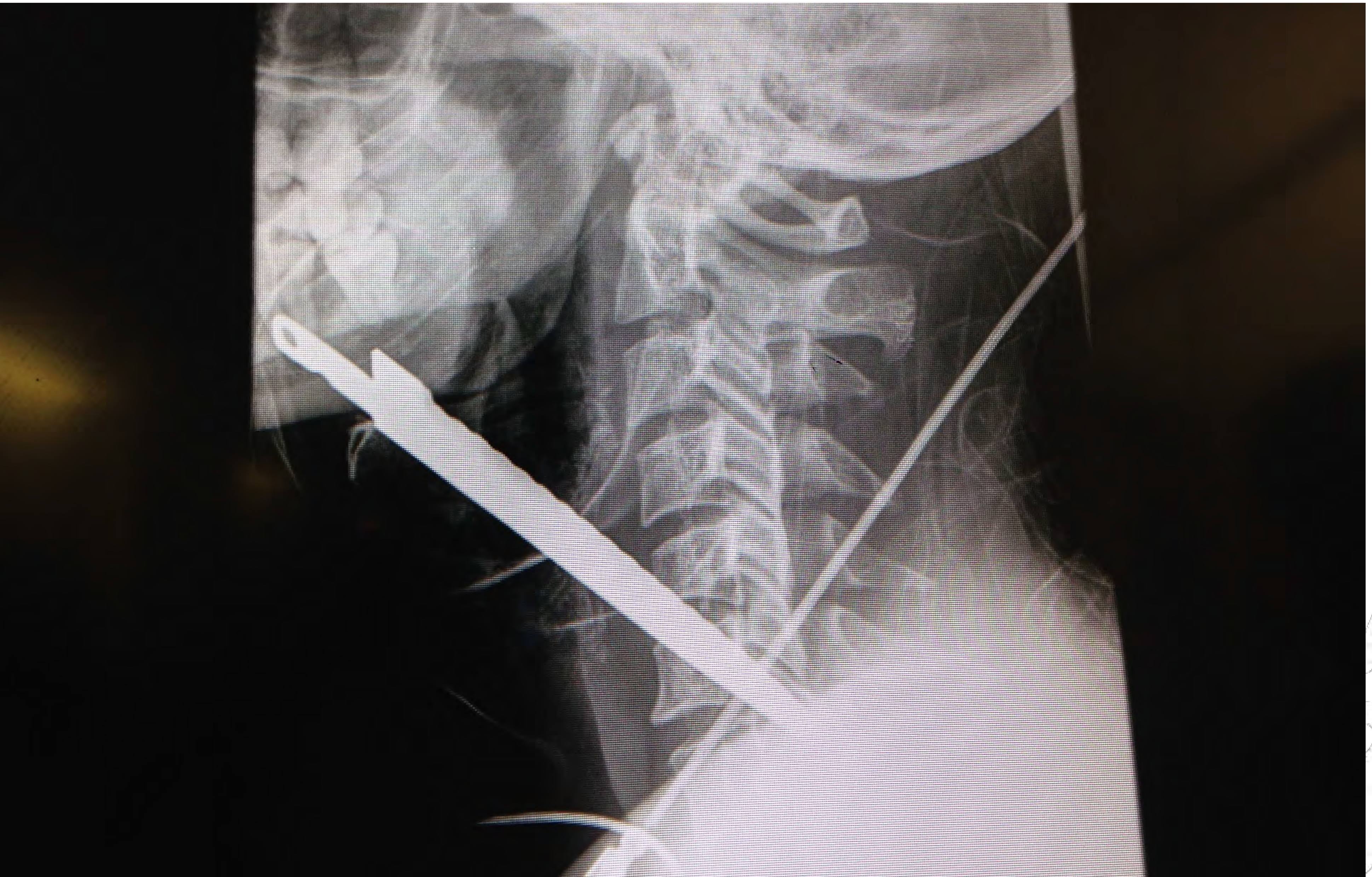
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Le patient lui-même...

Stab-neck

Intubation rapide si problème de A ou changement de la voix.

Bilan par angio-CT + Transit baryté si signes positifs à rx et/ou dysphagie.



Management of penetrating neck injuries

O. J. Van Waes¹, K. C. A. L. Cheriex¹, P. H. Navsaria², P. A. van Riet¹, A. J. Nicol²
and J. Vermeulen¹

Departments of Trauma Surgery, ¹Erasmus University Medical Centre, Rotterdam, The Netherlands and ²Groote Schuur Hospital, University of Cape Town, Cape Town, South Africa

Correspondence to: Dr J. Vermeulen, Department of Trauma Surgery, Erasmus University Medical Centre, 's Gravendijkwal 230, 3015 CE, Rotterdam, The Netherlands (e-mail: j.vermeulen.1@erasmusmc.nl)

Background: Routine surgical exploration after penetrating neck injury (PNI) leads to a large number of negative neck explorations and potential iatrogenic injury. Selective non-operative management (SNOM) of PNI is gaining favour. The present study assessed the feasibility of SNOM in PNI.

Methods: Seventy-seven consecutive patients with PNI presenting to a tertiary trauma centre were included in this prospective study from September 2009 to December 2009. All patients were managed according to Advanced Trauma Life Support guidelines, and either underwent emergency surgery or were managed without surgery, based on clinical presentation and/or outcome of special investigations.

Results: Eight patients (10 per cent) were haemodynamically unstable at presentation. Foley catheter balloon tamponade (FCBT) was successful in stopping active bleeding in six of these patients, and diagnostic angiography revealed an arterial injury in five. The remaining 69 patients were managed using SNOM. Angiography or computed tomography was done in 41 patients (53 per cent), and showed arterial injury in 15. These injuries were treated surgically (7 patients), radiologically (stenting in 3) or conservatively. Contrast swallow and/or endoscopy were performed in 37 patients (48 per cent) for suspected oesophageal injury, but yielded no positive results. During follow-up no missed injuries were detected.

Conclusion: FCBT was useful in patients with PNI and active bleeding. Stable patients should undergo additional investigation based on clinical findings only.

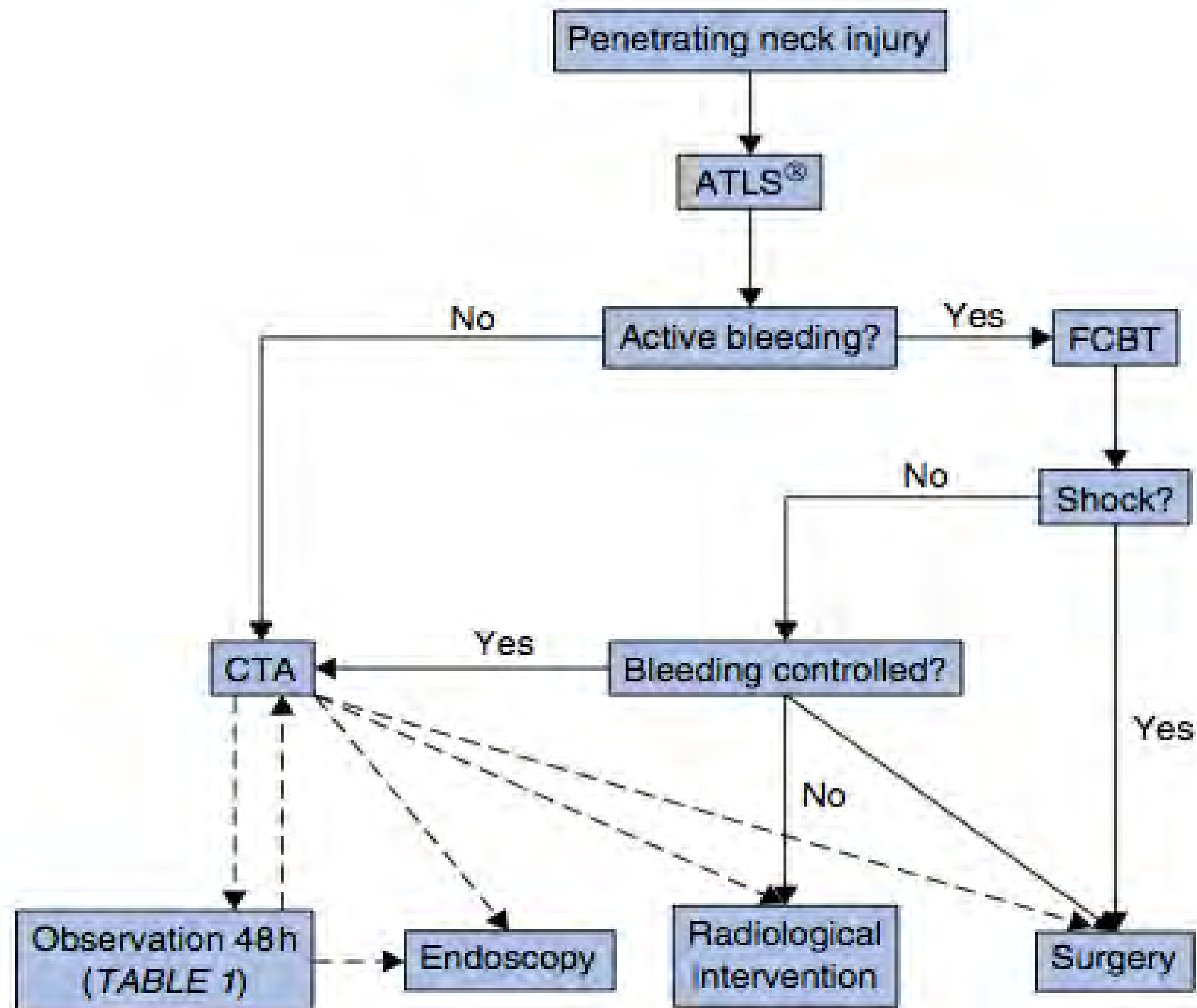


Fig. 3 Algorithm for initial management of patients with penetrating neck injury. ATLS®, Advanced Trauma Life Support; FCBT, Foley catheter balloon tamponade; CTA, computed tomography angiography

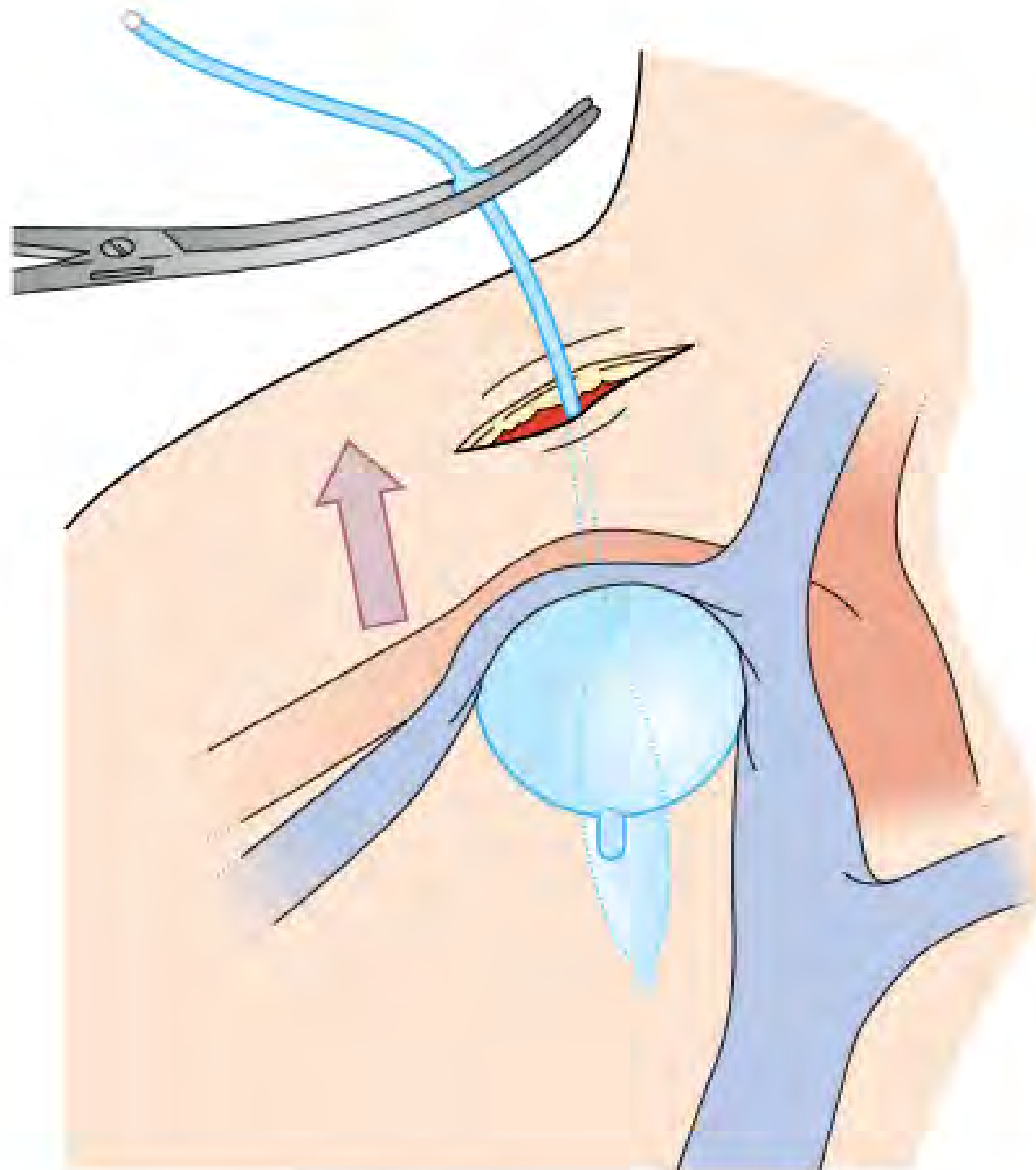


Fig. 2 Foley catheter balloon tamponade. A Foley catheter is

Table 2 Demographics of 77 patients with penetrating neck injury

	No. of patients*
Sex ratio (M : F)	70 : 7
Age (years)†	26 (17–54)
Penetrating neck injury	
Type of injury	
Stab wound	67
Gunshot wound	17
Zone of neck injury	
I	30
II	39
III	7
Posterior triangle	8
Suspected injury‡	
Vascular	
Angiography	31 (14)
CTA	10 (1)
Oesophagus	
Barium swallow	34 (0)
Endoscopy	4 (1)

*Unless indicated otherwise; †values are median (range); ‡values in parentheses are numbers of additional investigations with positive findings. CTA, computed tomography angiography.

barium swallows/endoscopic investigations because of



« Sonde urinaire » !





« Machete » !!







Lésions osseuses





et articulaires...







Equilibre instable... ?



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03.D

Khayelitsha DH

Motor Vehicle Accident

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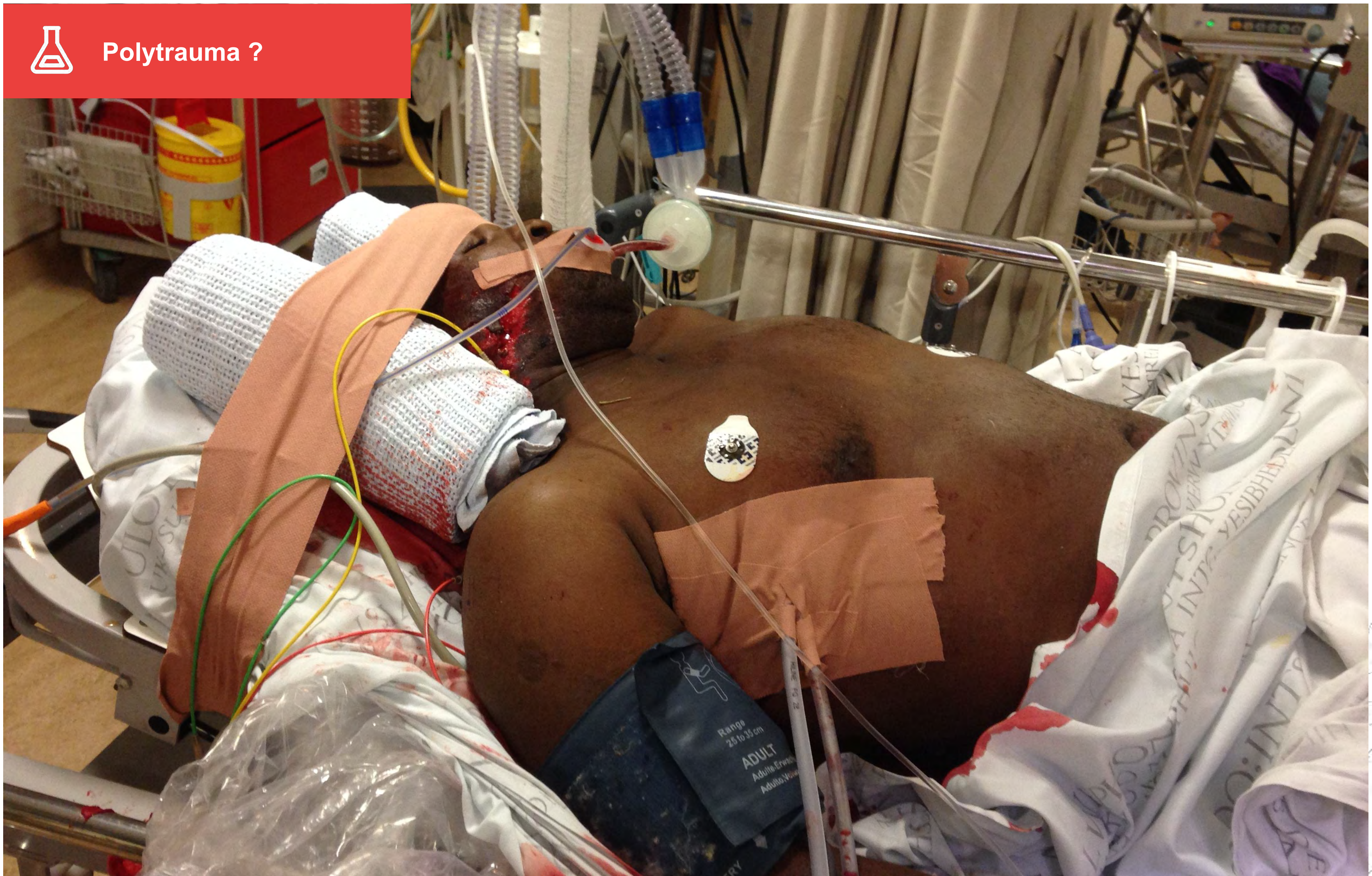
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Polytrauma ?





Polytrauma...







Artéfacts...





A : check ?





A : check ?



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Groote Schuur Hospital

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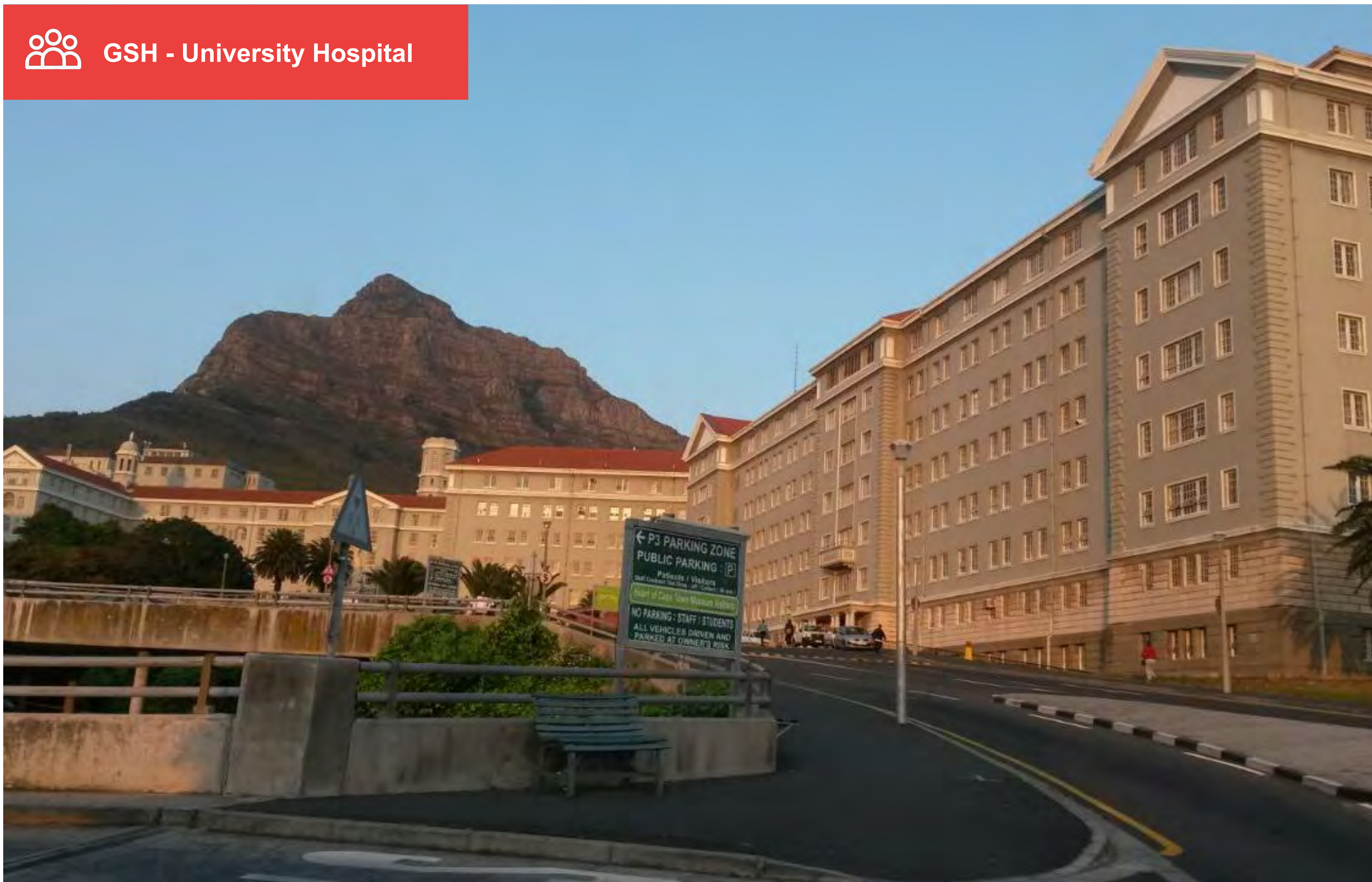
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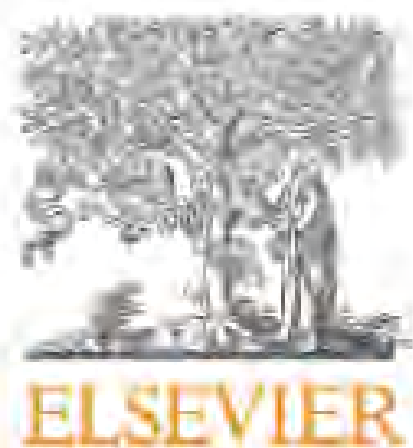




Selective Nonoperative Management in 1106 Patients With

The American Journal of Surgery (2011) 201, 784–788

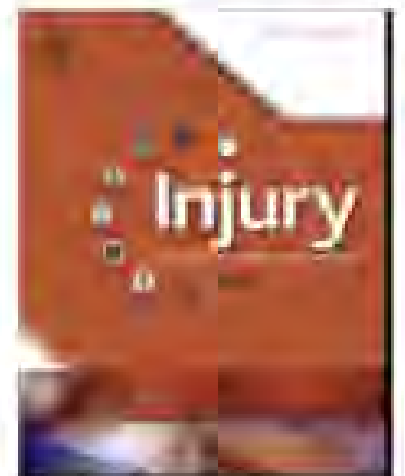
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The selective conservative management of penetrating thoracic trauma is still appropriate in the current era



Victor Y. Kong^{a,*}, Benn Sartorius^{b,1}, Damian L. Clarke^{a,2}

^a Pietermaritzburg Metropolitan Trauma Service, Department of Surgery, University of KwaZulu Natal, Pietermaritzburg 3216, South Africa

^b Discipline of Public Health Medicine, School of Nursing and Public Health, University of KwaZulu-Natal, Durban, South Africa

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Merci pour votre écoute !

