

## Life in a trauma center

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Being a level one trauma centre, the thing we get first is we get a page. So the first thing we knew is it was a roughly a 60 year old woman who had been hit by a dump truck. And so that kind of already sets the stage.

My very first thought is this is someone who's very seriously injured. The first thing that you notice about her is she has some severe orthopaedic injuries. One leg was nearly severed, the other was obviously broken.

The reality is, while those must be the most obvious injuries, those are likely not what are killing her in the next sort of five to 20 minutes. And it's our job as the trauma centre and the trauma team to identify those injuries, because that's the part where we can make a difference between someone dying and someone living. My first impression of her was that she was very severely injured, likely bleeding internally.

But I definitely felt like that if we performed like we were capable of performing, she had a chance to survive. My other thought was given her age and the severity of her injuries, those chances were small, which meant that we had a pretty narrow window in order to find the bleeding, stop it and go about trying to save her. What you'll also see and what also happens is the team becomes almost a well oiled machine at that point.

And it looks like chaos to anyone on the outside. But the reality is it's about 10 people all sort of simultaneously doing their jobs at a very high level. And that's what you'll see everything from putting her on oxygen and checking an EKG for her heart to establishing IV access to grabbing sort of IV fluids and blood available and getting an ultrasound machine ready to assess for internal bleeding.

And all of that happens simultaneously in the first 1 to 3 minutes of arrival in the trauma bay. With her multiple life threatening injuries, Carol received 70 units of blood. The trauma team called in specialists such as orthopaedic surgeons and rushed her to the O. R. So given my speciality, I'll see anything from a child who has fallen on playground to someone who's tripped on a curb to the typical patient like Carol, which was in a really bad car wreck and has multiple injuries.

So she had a hip socket fracture on the left. She broke both of her thigh bones. It's very difficult to examine things below fractures or when there's multiple injuries in one extremity.

And so almost as you are trying to address one injury, you may run into another injury, especially in a patient who doesn't have the ability to tell you what hurts or where their problems are. So she had a knee dislocation below one of her thigh bone fractures. And then the most dramatic injury was she had what used to be called compound that we call open tip

tip.

So the shin bone and the bone with it were basically irreparable. Family and friends rallied behind Carol from the first night she was in the hospital. If she survives the night, there's a chance that she'll survive.

I was absolutely terrified. And I remember saying to somebody, I cannot lose her. She is such a big part of my life that I cannot stand to lose my sister.

I kept telling her that I loved her and that I needed her here. I don't remember any of the accident. I don't remember seeing the vehicle.

I never hit the brake or the gas. I just slowed down for a turn. I don't remember talking to the first responders.

I don't remember getting in the helicopter. But the next thing I remember is going down to the O.R. for my seventh surgery. And that was what I think 10 days later.

So I had lost at least 10 days. Several things about Carol's case were unique. The first was had she not come to a level one trauma centre, she would not have survived her injuries.

The second was had she not come to a level one trauma centre that had a unique collection of surgical specialists have lived, but she would not have walked again. And the fact that she's doing both, I think highlights the extraordinary care that she got. Carol was in the hospital for 52 days.

Her doctors told her there was a chance her damaged leg would not heal. And there were worries about infection. She didn't want to take a chance she would lose more of her leg.

So she made the decision for amputation. They told me that they really wanted the leg to go, that they didn't feel like it would heal. And they were scared of infection.

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They were scared that it was going to cause a lot of problems. One of the most remarkable days of my career was the day she walked in probably about nine or 10 months out. She's probably the classic story.

I tell all my patients that it's really a team effort. Carol has more surgeries ahead, but is happy she is home with her horses, happy she is alive. I'm doing good.

I cannot say enough about the people at the hospital. It was the best care that she could have possibly received. They were so great.

And the people in the ICU took great care of her. They were always telling us, why don't you come on back? They were awesome. An extraordinary collection of resources and manpower

came together to save her life and give her back her ability to actually go on living.

She clearly beat the odds because I would put her risk of dying from her injury somewhere between 60 and 80%. So the fact that she's walking and talking today is almost a miracle. It truly highlights the team that we have here and the commitment that this hospital system has to this community and its outlying areas to help patients in their greatest time.

The level one trauma centre at Spartanburg Medical Centre, providing the highest quality of care and comprehensive treatment for all injuries.