Special problems in trauma and surgical critical care

Welcome to this special edition of *JECCM* which will focus on "Special Problems in Trauma and Surgical Critical Care". It has been a great honor to be given the privilege of guest editor for this edition. I wish to express my sincere thank you to Dr. Zhongheng Zhang Executive Editor and Lucine Gao Senior Editor for this great honor. I also wish to thank the entire staff at *JECCM* for facilitating this endeavor and making the process flow so easily. Finally, I would like to thank the Authors who agreed to participate in this special edition. They have given countless hours in preparation and editing to bring to you the state of the art in current trauma care. We have viewpoints from five countries (USA, China, the Netherlands, UK, Canada) and three separate regions in the United States.

The Special Edition is divided into three general topic areas: Initial management and Assessment of the Trauma Patient, Novel Surgical Approaches and Invasive Procedures for Unusual/Complex Problems, Interventions in the ICU for Complex Patients. In each of the sections the readers will be exposed to the evolving trends which are improving and modifying the approach to care of the trauma patient. The section on Initial Management and Assessment of the Trauma Patient will highlight: differences in approaches to similar injuries in adult and pediatric patients. As an example non-operative management of solid organ injury began in the pedantic population and now is the standard in adults as well. Endpoints of resuscitation always provide for lively discussion. Trauma life support training now spans the world, however integrating this into CRM & team training is relatively new and offers the next evolution in improvement of care delivery. Surgical approaches for trauma care have evolved dramatically over the last 30 years. The section on Novel Surgical Approaches and Invasive Procedures for Unusual/Complex Problems will emphasize the newer techniques and technology which have dramatically changed what we can offer in therapies. Combined modality approaches often involving multiple disciplines and careful coordination are becoming much more common. Along with this expanding set of options comes a more complex decision matrix. Navigating this for the individual patient takes knowledge beyond one's individual specialty. This section will explore newer operative and interventional techniques and their application. The section on Interventions in the ICU for Complex Patients will discuss the huge changes in Critical Care since the 1980's when ICU Care began evolving into a true specialty in the United states. Over the last 37 years the mortality rate from Sepsis, ARDS, Renal Failure and Metabolic dysfunction have dropped dramatically. As one example the mortality from septic shock in 1990 was 60% and use of vasopressors was thought to be ill advised if not outright dangerous. In 2017 carefully administered vasopressors are considered a central part of supportive care and the mortality rate from septic shock has dropped to 20%. The current emphasis is on early recognition so that treatments can be initiated earlier. The result of the changes in Critical Care delivery is that patients deemed un-survivable in 1980 are now surviving but presenting us with new complications and derangements. The section on complex ICU patients will explore the challenges now present in the ICU.

We hope that these articles will encourage you to explore the topics more and stimulate discussion at your institution on how to improve care of the Trauma Patient.

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James S. Gregory

James S. Gregory, MD, FACS
ACS/Trauma Surgeon, Geisinger Medical Center, Danville, PA, USA. (Email: jgregory1@geisinger.edu)
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