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Lauren Pearson O: 847/384-4031 C: 708/227-1773 lpearson@aaos.org
Annie Hayashi O: 847/384-4034 C: 847/682-9619 hayashi@aaos.org

New Generation of Wounds Unlike Any Other

Modern combat orthopaedic injuries demand new treatments and care techniques

SAN DIEGO-A panel of orthopaedic surgeons, well-versed in the horrific military wounds seen in Iraq and Afghanistan, discussed new ways of forging treatment plans for military personnel who in previous wars would have died rapidly from their injuries.

Four seasoned orthopaedic surgeons address the unique character of these devastating injuries at the 74th American Academy of Orthopaedic Surgeons' Annual Meeting. Nearly 24,000 military members have been injured, thousands of whom have sustained grievous wounds including limb amputations. Captain D.C. Covey, MD, U.S. Navy chair of the Department of Orthopaedic Surgery at Naval Medical Center, San Diego, noted that approximately 70% of the new war-wounded have injuries affecting the musculoskeletal system.

“We see unique war wounds predominantly due to high energy exploding ordnance such as mortars, RPGs (rocket propelled grenades) and IEDs (improvised explosive devices), that are uncommonly seen in the civilian practice,” Dr. Covey explains. “Infections that may evolve from the repair of large soft tissue and bony defects challenge us as we treat, transport and continue more sophisticated care away from the battlefield. The fact that our military surgeons often first operate on patients very near the battlefield, and then transport them by air to progressive levels of care across continents, presents unique challenges,” Covey elaborates.

Explosive injuries and military gunshot wounds are often associated with severe bony and soft tissue injury, and can frequently involve the upper extremities. Debridement of injuries often occurs shortly after wounding, with serial debridements often needed for complex or severely contaminated injuries. The panel members addressed infection, wound exploration, and how to treat severe fractures and improve amputee care. Protocols showing success include surgical debridement, leaving wounds open, early fracture stabilization, broad-spectrum antibiotics and rapid evacuation to tertiary care facilities in the U.S. via Germany.

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Surgeons agree that additional research is needed to further advance orthopaedic care for the severely injured focusing on maximizing functional recovery in order to improve their chances of leading a full life. Much of their work has involved delineating what topics should receive priority in government research funding to help those wounded now, and to contribute to orthopaedic improvements in the future for others who suffer grievous injuries.

Two symposia on Extremity War Injuries were held in January of 2006 and 2007 to marshal the forces of military and civilian orthopaedic surgeons, researchers and clinicians to devise the best methods for treating wounds previously unseen. A media briefing on Modern Combat Orthopaedic Care is scheduled on Wednesday, February 14 at 11am in Room 23 C of the San Diego Convention Center. Captain Covey will serve as moderator, and be joined by Roy K. Aaron, MD, from Brown University, Commander Michael T. Mazurek, MD, US Navy, from Naval Medical Center, San Diego, and COL Roman A. Hayda, MD, US Army, from Brooke Army Medical Center.

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