

JTACS DECEMBER TABLE OF CONTENTS

‘BEST OF’ DECEMBER ARTICLES

BEST OF TRAUMA ARTICLE

RESUSCITATIVE ENDOVASCULAR BALLOON OCCLUSION OF THE AORTA AND RESUSCITATIVE THORACOTOMY ARE ASSOCIATED WITH SIMILAR OUTCOMES IN TRAUMATIC CARDIAC ARREST.

- Planned secondary analysis of Emergent Truncal Hemorrhage Control Study.
- Data obtained prospectively under direct observation.
- Comparison of REBOA and RT for traumatic cardiac arrest.
- Comparison of baseline characteristics and unadjusted in-hospital outcomes.
- Inverse probability of treatment weighted analysis performed to account for differences in demographics.

n = 26	n = 46
Mortality: 88%	Mortality: 93%
RBC: 4.5 units	RBC: 2.5 units
Plasma: 3 units	Plasma: 1 unit
AO: 7 minutes	AO: 4 minutes

- No difference in mortality.
- Increased time to aortic occlusion (AO) with REBOA.
- Increased transfusion within 24 hours with REBOA.

Koh E et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004094
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RESUSCITATIVE ENDOVASCULAR BALLOON OCCLUSION OF THE AORTA AND RESUSCITATIVE THORACOTOMY ARE ASSOCIATED WITH SIMILAR OUTCOMES IN TRAUMATIC CARDIAC ARREST

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/12000/RESUSCITATIVE_ENDOVASCULAR_BALLOON_OCCLUSION_OF.14.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/12000/resuscitative_endovascular_balloon_occlusion_of.14.aspx)

DURA VIOLATION IS ASSOCIATED WITH INCREASED PATHOLOGIC HYPERCOAGULABILITY IN TRAUMATIC BRAIN INJURY PATIENTS

The coagulopathy of traumatic brain injury is poorly understood

Hypocoagulopathy ↔ Hypocoagulopathy

Mechanism?

Hypothesis: TBI → tissue factor release → hypercoagulability and unique metabolome

Methods

Blood drawn pre- and post-dura violation in TBI patients

Tissue factor activity
Thrombelastography

Metabolomics
Proteomics

Results

TBI and dura violation

Increased tissue factor → Decreased clot lysis → Increased clot strength

TBI = unique procoagulant metabolomic and proteomic phenotype

Coleman JR et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004019
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A METABOLOMIC AND PROTEOMIC ANALYSIS OF PATHOLOGIC HYPERCOAGULABILITY IN TRAUMATIC BRAIN INJURY PATIENTS AFTER DURA VIOLATION

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/12000/A_METABOLOMIC_AND_PROTEOMIC_ANALYSIS_OF_PATHOLOGIC.16.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/12000/a_metabolomic_and_proteomic_analysis_of_pathologic.16.aspx)

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BEST OF BASIC SCIENCES ARTICLE

BEST OF SCC ARTICLE

The Journal of Trauma and Acute Care Surgery
jtrauma.com

AAS/ACS COMMITTEE ON TRAUMA CLINICAL CONSENSUS-DRIVEN PROTOCOL FOR GLUCOSE MANAGEMENT IN THE POST-RESUSCITATION INTENSIVE CARE UNIT (ICU) ADULT TRAUMA PATIENT

AMERICAN ASSOCIATION FOR THE SURGERY OF TRAUMA/AMERICAN COLLEGE OF SURGEONS—COMMITTEE ON TRAUMA CLINICAL CONSENSUS-DRIVEN PROTOCOL FOR GLUCOSE MANAGEMENT IN THE POST-RESUSCITATION INTENSIVE CARE UNIT ADULT TRAUMA PATIENT

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/12000/AMERICAN_ASSOCIATION_FOR_THE_SURGERY_OF.19.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/12000/american_association_for_the_surgery_of_trauma_american_college_of_surgeons-committee_on_trauma_clinical_consensus-driven_protocol_for_glucose_management_in_the_post-resuscitation_intensive_care_unit_adult_trauma_patient.19.aspx)

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WHAT YOU NEED TO KNOW SERIES

COMMON POSTBARIATRIC SURGERY EMERGENCIES FOR THE ACUTE CARE SURGEON: WHAT YOU NEED TO KNOW

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/12000/COMMON_POSTBARIATRIC_SURGERY_EMERGENCIES_FOR_THE.1.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/12000/common_postbariatric_surgery_emergencies_for_the.1.aspx)

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CONTEMPORARY MANAGEMENT OF COMMON BILE DUCT STONE: WHAT YOU NEED TO KNOW

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/12000/CONTEMPORARY_MANAGEMENT_OF_COMMON_BILE_DUCT_STONE.2.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/12000/contemporary_management_of_common_bile_duct_stone.2.aspx)

BEST OF EGS ARTICLES

Costal Margin Injuries: Presentation, Management and Outcomes According to The Sheffield Classification

Costal Margin Ruptures:

- Under-diagnosed
- Inconsistently managed
- Carry significant symptomatic burden

Sheffield Classification
Retrospective cohort, 54 patients
Comparison groups:

- Isolated CMR versus CMR + Intercostal Herniation
- Expulsive versus other mechanism

Sheffield Classification is statistically associated with presentation, related chest wall injury & type of management

Collaboration needed to determine optimal management

Byers JL et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004068

The Journal of Trauma and Acute Care Surgery

Healthcare utilisation outcomes in patients with blunt chest wall trauma following discharge from the Emergency Department: an observational, data-linkage study

Aim: Investigate the healthcare resource utilisation (HRU) in adult patients with blunt chest wall trauma, discharged directly home from the Emergency Department

3205 patients over 5 years.

The results demonstrate the need for appropriate signposting and follow-up care, for patients with blunt chest wall trauma, discharged directly from the Emergency Department

HRU significantly increased in the 12 week period post-injury

Risk of HRU increased significantly with age, COPD, pre-injury anticoagulant use

Longitudinal, retrospective, single-centre, observational study, using the SAIL databank

Battle C et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004086

The Journal of Trauma and Acute Care Surgery

COSTAL MARGIN INJURIES AND TRANS-DIAPHRAGMATIC INTER-COSTAL HERNIA: PRESENTATION, MANAGEMENT AND OUTCOMES ACCORDING TO THE SHEFFIELD CLASSIFICATION

HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/12000/COSTAL_MARGIN_INJURIES_AND_TRANS_DIAPHRAGMATIC.3.ASPX

HEALTHCARE UTILISATION OUTCOMES IN PATIENTS WITH BLUNT CHEST WALL TRAUMA FOLLOWING DISCHARGE FROM THE EMERGENCY DEPARTMENT: A RETROSPECTIVE OBSERVATIONAL DATA-LINKAGE STUDY

HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/12000/HEALTH_CARE_UTILIZATION_OUTCOMES_IN_PATIENTS_WITH.7.ASPX

Evaluating the Impact of Timing to Rib Fixation in Patients with Traumatic Brain Injury: A Nationwide Analysis

Patient Population
TQIP 2017-2020
n= 1041

Methods
Timing to SSRF
n= 430
n= 611
72 hours

Results
Early SSRF is associated with:

- H-LOS
- ICU-LOS
- Ventilator Days
- Tracheostomies

TBI (AIS ≥ 3)
Multiple rib fractures ± flail chest

Lagazi E et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004100

The Journal of Trauma and Acute Care Surgery

Anatomy of the Anterior Ribs and the Composition of the Costal Margin: A Cadaver Study

Traditional Chest Wall Anatomy Teaching: Common costal cartilage between ribs 7-10

30 Cadavers

Interchondral Joints

- Ribs 5/6: 68%
- Ribs 6/7: 83%
- Ribs 7/8: 72%

Free Tips

- 8th Rib: 45%
- 9th Rib: 60%

Floating Rib

- 10th Rib: 52%

7th/8th Rib Interchondral Joint

It's rarely true!

Patel A et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004115

The Journal of Trauma and Acute Care Surgery

EVALUATING THE IMPACT OF TIMING TO RIB FIXATION IN PATIENTS WITH TRAUMATIC BRAIN INJURY: A NATIONWIDE ANALYSIS

HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/12000/EVALUATING_THE_IMPACT_OF_TIMING_TO_RIB_FIXATION_IN.4.ASPX

ANATOMY OF THE ANTERIOR RIBS AND THE COMPOSITION OF THE COSTAL MARGIN: A CADAVER STUDY

HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/12000/ANATOMY_OF_THE_ANTERIOR_RIBS_AND_THE_COMPOSITION.8.ASPX

Injury pattern and Clinical outcome in patients with and without Chest Wall Injury after Cardiopulmonary Resuscitation

Background
Cardiopulmonary resuscitation (CPR) may cause chest wall injury (CWI).

Results
n=245
CWI on Computed Tomography= 79%
Chondral injuries and rib fractures = 95%
Bilateral injuries = 86%
Sternalum fractures = 57%
Flail chest = 14%
Mean age CWI > Mean age no CWI

Conclusions
CWI is common after CPR
14% of patients had a radiological flail segment
Increased risk of CWI in elderly patients
Higher overall mortality in patients with CWI

Hadesi P et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004092

The Journal of Trauma and Acute Care Surgery

"Better Late Than Never"

A Review of Delayed Surgical Stabilization of Rib Fractures for Symptomatic Rib Fracture Nonunion

Methods
Retrospective study of patients presenting to a level 1 trauma center from January 2017 to September 2022
Delayed SSRF was defined as any SSRF over 2 weeks in the outpatient setting
Main outcomes analyzed included mean pain score, ICU and hospital LOS, complications post-operatively, and resolution of pre-operative symptoms

Conclusion
44 Patients Identified
No patients required ventilation post-op
41/44 patients saw resolution of symptoms
Pre-op pain score average was a 6.8 - pain was reduced to 2.02 post-op

Bauman ZM et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004136

The Journal of Trauma and Acute Care Surgery

INJURY PATTERN AND CLINICAL OUTCOME IN PATIENTS WITH AND WITHOUT CHEST WALL INJURY AFTER CARDIOPULMONARY RESUSCITATION

HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/12000/INJURY_PATTERN_AND_CLINICAL_OUTCOME_IN_PATIENTS.5.ASPX

BETTER LATE THAN NEVER- A SINGLE CENTER REVIEW OF DELAYED RIB FIXATION FOR SYMPTOMATIC RIB FRACTURES AND NONUNIONS

HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/12000/BETTER_LATE_THAN_NEVER_A_SINGLE_CENTER_REVIEW_OF.9.ASPX

Surgical Management of Traumatic Sternal Body Nonunions: Technical Tricks and Clinical Experience

Background
Rarely, Traumatic Sternal Fractures result in nonunion.

Identified 7 Adult Patients: Traumatic Sternal Nonunion Level 1 Trauma Center 2013 - 2021

Results
29 months Follow-Up
7/7 Patients Clinical Union

Mean Final PROs
SANE 75, GPH 44, GMH 47

Max SANE = 100; Avg. GPH/GMH = 50±10

Conclusion
We present a surgical technique and principles to successfully treat traumatic sternal nonunion.

Labrosse MC et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004097

The Journal of Trauma and Acute Care Surgery

Surgical Stabilization of Rib Fractures is Associated with Better Return on Investment for a Healthcare Institution than Non-Operative Management

Limited literature on SSRF and its financial benefits as well as its impact on various hospital metrics such as VIZENT

Retrospective study comparing SSRF versus nonoperative management of rib fracture patients presenting to a level 1 trauma center over the last 5 fiscal years

SSRF patients demonstrate a significant return on investment through decreased actual LOS : VIZENT expected LOS ratios as well as increased contribution margins

	SSRF				Non-Operative				All Other Hospital Patients				p		
	N	CM	ALOS (days)	VIZENT Expected LOS (days)	N	CM	ALOS (days)	VIZENT Expected LOS (days)	N	CM	ALOS (days)	VIZENT Expected LOS (days)			
FY17	13	6.43	10.66	12.58	14,730	248	2.81	9.79	8.09	11,287	32,080	1.83	5.61	7.815	
FY18	31	5.83	12.94	12.75	26,092	256	2.98	9.02	7.71	15,034	33,871	1.84	5.29	7.609	
FY19	32	6.10	10.91	10.69	1,003	266	2.33	8.04	6.83	10,058	34,683	1.85	5.41	5.30	9.029
FY20	80	3.66	10.15	11.61	12,084	333	2.39	7.65	7.42	9,236	33,200	1.89	5.41	5.61	9.419
FY21	74	6.51	11.24	12.03	18,853	306	3.18	9.51	8.22	17,385	31,945	2.09	5.85	6.06	11.021
Grand Total	230	4.33	11.00	11.81	55,017	1,409	2.78	8.75	7.65	12,743	165,438	1.90	5.48	5.57	8.978

Bauman ZM et al. *Journal of Trauma and Acute Care Surgery*. April 2023 DOI: 10.1097/TA.0000000000004139

The Journal of Trauma and Acute Care Surgery

SURGICAL MANAGEMENT OF TRAUMATIC STERNAL BODY NON-UNIONS: TECHNICAL TRICKS AND CLINICAL EXPERIENCE

HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/12000/SURGICAL_MANAGEMENT_OF_TRAUMATIC_STERNAL_BODY.6.ASPX

SURGICAL STABILIZATION OF RIB FRACTURES IS ASSOCIATED WITH BETTER RETURN ON INVESTMENT FOR A HEALTHCARE INSTITUTION THAN NON-OPERATIVE MANAGEMENT

HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/12000/SURGICAL_STABILIZATION_OF_RIB_FRACTURES_IS.10.ASPX

Longitudinal Study Evaluating Post-ICU Syndrome Differences between Acute Care Surgery and Trauma SICU Survivors

Acute Care Surgery (ACS)

Trauma

1 Critical Care Outpatient Clinic

- *Trauma patients
- *Critical care pharmacist
- *Physical therapist
- *Social worker
- *Nurse coordinator

Results

- Similar pre-hospital demographics between groups
- ACS patients had higher disease severity
- ACS patients had higher incidence of PICS 2-weeks post-discharge

2 Retrospective chart review

- *Pre-hospital demographics
- *Data from SICU stay

Rate of Post-Intensive Care Syndrome (PICS)?

Mahoney E et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000003977

The Journal of **Trauma and Acute Care Surgery**

Patients with Both Traumatic Brain Injury and Hemorrhagic Shock Benefit from Resuscitation with Whole Blood

Adult TBI patients requiring emergency transfusion 2017-2020

Components alone vs with WB

564 Patients

341 received WB

WB Group more severely injured and worse physiology

Inverse probability of treatment weighted analysis

WB Group

↑ Overall survival

↑ TBI survival

= Favorable disposition

Hatton GE et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004110

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LONGITUDINAL STUDY EVALUATING POST-ICU SYNDROME DIFFERENCES IN ACUTE CARE SURGERY AND TRAUMA SICU SURVIVORS
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/12000/LONGITUDINAL-STUDY_EVALUATING_POST_ICU_SYNDROME.11.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/12000/longitudinal-study_evaluating_post_icu_syndrome.11.aspx)

PATIENTS WITH BOTH TRAUMATIC BRAIN INJURY AND HEMORRHAGIC SHOCK BENEFIT FROM RESUSCITATION WITH WHOLE BLOOD
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/12000/PATIENTS_WITH_BOTH_TRAUMATIC_BRAIN_INJURY_AND.15.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/12000/patients_with_both_traumatic_brain_injury_and.15.aspx)

Defining the Emergency General Surgery Patient Population in the Era of ICD-10: Evaluating an Established Crosswalk From ICD-9 to ICD-10 Diagnosis Codes

Established ICD9 EGS codes cross walked to ICD10 using the CMS General Equivalency Mapping

National Inpatient Sample (NIS) admission volumes in ICD9 (2013-2014) compared to ICD10 (2016-2017)

5 Key Issues Identified with the Crosswalk:

- Change in admission volumes
- Loss of necessary modifiers
- Lack of specific ICD10 code
- Mapping to related condition
- Change in coding nomenclature

Dalton MK et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004050

The Journal of **Trauma and Acute Care Surgery**

DURA VIOLATION IS ASSOCIATED WITH INCREASED PATHOLOGIC HYPERCOAGULABILITY IN TRAUMATIC BRAIN INJURY PATIENTS

The coagulopathy of traumatic brain injury is poorly understood

Hypothesis: TBI -> tissue factor release -> hypercoagulability and unique metabolome

Methods

Blood drawn pre- and post-dura violation in TBI patients

Tissue factor activity, Thrombelastography, Metabolomics, Proteomics

Results

TBI and dura violation

Increased tissue factor, Increased clot strength, Decreased clot lysis

TBI = unique procoagulant metabolomic and proteomic phenotype

Coleman JR et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004019

The Journal of **Trauma and Acute Care Surgery**

DEFINING THE EMERGENCY GENERAL SURGERY PATIENT POPULATION IN THE ERA OF ICD-10: EVALUATING AN ESTABLISHED CROSSWALK FROM ICD-9 TO ICD-10 DIAGNOSIS CODES
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/12000/DEFINING_THE_EMERGENCY_GENERAL_SURGERY_PATIENT.12.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/12000/defining_the_emergency_general_surgery_patient.12.aspx)

A METABOLOMIC AND PROTEOMIC ANALYSIS OF PATHOLOGIC HYPERCOAGULABILITY IN TRAUMATIC BRAIN INJURY PATIENTS AFTER DURA VIOLATION
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/12000/A_METABOLOMIC_AND_PROTEOMIC_ANALYSIS_OF_PATHOLOGIC.16.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/12000/a_metabolomic_and_proteomic_analysis_of_pathologic.16.aspx)

Age-related Changes in Thromboelastography Profiles in Injured Children

Single-center retrospective analysis of injured children with TEG on arrival

726 injured children with TEG results grouped by age

INFANTS

- Infant (<1 year)
- Toddler (1-2 years)
- Early childhood (3-5 years)
- Older childhood (6-11 years)
- Adolescent (12-17 years)

Relative **Hypercoagulable** state

Significantly greater Alpha-angle, MA, LY30

Rates of Thromboembolism

Age-based Differences in TEG Profiles Exist in Injured Children

Relative **Hypocoagulable** state

Significantly lower Alpha-angle, MA, LY30

Rates of Thromboembolism

ADOLESCENTS

Does this translate to differential response to treatment?

Morgan KM et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004036

The Journal of **Trauma and Acute Care Surgery**

Early Career Acute Care Surgeons' Priorities and Perspectives: A mixed-methods analysis to better understand full-time employment

Study Population

Surgeons within 5 years of training

Surveyed (n=167)

Interviewed (n=21)

Results

Geography, culture and schedule were priorities

Desired: 24 weeks/year, Current: 28 weeks/year

4 / month, 5 / month

37% operating less than desired

Themes

Misalignment between surgeon expectations and the system

Schedule, culture and compensation become more important over time

Discordance between the expected and current full-time employment of early career acute care surgeons

Murphy PB et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004057

The Journal of **Trauma and Acute Care Surgery**

AGE-RELATED CHANGES IN THROMBOELASTOGRAPHY PROFILES IN INJURED CHILDREN
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/12000/AGE-RELATED_CHANGES_IN_THROMBOELASTOGRAPHY.13.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/12000/age-related_changes_in_thromboelastography.13.aspx)

EARLY CAREER ACUTE CARE SURGEONS PRIORITIES AND PERSPECTIVES: A MIXED-METHODS ANALYSIS TO BETTER UNDERSTAND FULL-TIME EMPLOYMENT
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/12000/EARLY_CAREER_ACUTE_CARE_SURGEONS_PRIORITIES_AND.17.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/12000/early_career_acute_care_surgeons_priorities_and.17.aspx)

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- Increased time to aortic occlusion (AO) with REBOA
- Increased transfusion within 24 hours with REBOA

Koh E et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004094

The Journal of **Trauma and Acute Care Surgery**

PATIENT-CONTROLLED ANALGESIA FOR THE MANAGEMENT OF ADULTS WITH ACUTE TRAUMA IN THE EMERGENCY DEPARTMENT: A SYSTEMATIC REVIEW & META-ANALYSIS

In adults with acute trauma pain presenting to the emergency department, is patient-controlled analgesia (PCA) more effective and safer than non-PCA modalities?

3 included studies

Standard mean difference of pain score reduction was -0.36 (95% CI (-0.87, 0.16)) favouring PCA usage.

Low adverse events rate

Inconclusive evidence on patient satisfaction

Low-quality evidence

Clinicians wishing to implement PCA in the ED setting, are advised to consider available resources and to implement monitoring protocols




SIM GG et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004004

The Journal of **Trauma and Acute Care Surgery**

RESUSCITATIVE ENDOVASCULAR BALLOON OCCLUSION OF THE AORTA AND RESUSCITATIVE THORACOTOMY ARE ASSOCIATED WITH SIMILAR OUTCOMES IN TRAUMATIC CARDIAC ARREST.
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/12000/RESUSCITATIVE_ENDOVASCULAR_BALLOON_OCCLUSION_OF_THE_AORTA_AND_RESUSCITATIVE_THORACOTOMY_ARE_ASSOCIATED_WITH_SIMILAR_OUTCOMES_IN_TRAUMATIC_CARDIAC_ARREST.14.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/12000/resuscitative_endovascular_balloon_occlusion_of_the_aorta_and_resuscitative_thoracotomy_are.14.aspx)

PATIENT-CONTROLLED ANALGESIA FOR THE MANAGEMENT OF ADULTS WITH ACUTE TRAUMA IN THE EMERGENCY DEPARTMENT: A SYSTEMATIC REVIEW & META-ANALYSIS
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/12000/PATIENT_CONTROLLED_ANALGESIA_FOR_THE_MANAGEMENT_OF_ADULTS_WITH_ACUTE_TRAUMA_IN_THE_EMERGENCY_DEPARTMENT.20.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/12000/patient_controlled_analgesia_for_the_management_of_adults_with_acute_trauma_in_the_emergency_department.20.aspx)

**Timing, triage, and mode of EGS
interfacility transfer: A Scoping Review**

<ul style="list-style-type: none"> • EGS is trending towards regionalization • It is unknown which patients require priority transfer and by what means <p style="text-align: center; font-weight: bold; color: white;">Methods</p> <ul style="list-style-type: none"> • Scoping Review to describe priority and triage schemes, transfer mode in EGS transfers 	 <p style="font-weight: bold; color: white;">Results</p> <ul style="list-style-type: none"> • Search identified 455 articles for screening, 66 met criteria for full text review, 6 included in qualitative synthesis • Mixed definitions and conclusions regarding timing • No studies addressing HEMS vs GEMS in EGS 	 <p style="font-weight: bold; color: white;">Conclusions</p> <ul style="list-style-type: none"> • Opportunity for improvement in how we triage and prioritize EGS transfer patients • Unknown how mode of transport impacts EGS outcomes • Further study is needed to ensure right sizing and value based care to optimal outcomes
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Silver DS et al. *Journal of Trauma and Acute Care Surgery*.
DOI: 10.1097/TA.0000000000004011

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**Trauma and
Acute Care Surgery***

TIMING, TRIAGE, AND MODE OF EMERGENCY GENERAL SURGERY INTERFACILITY TRANSFERS IN THE UNITED STATES: A SCOPING REVIEW
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/12000/TIMING,_TRIAGE,_AND_MODE_OF_EMERGENCY_GENERAL.21.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/12000/timing,_triage,_and_mode_of_emergency_general.21.aspx)

NO VISUAL ABSTRACT PROVIDED
COMMON POST-BARIATRIC SURGERY EMERGENCIES FOR THE ACUTE CARE SURGEON: WHAT YOU NEED TO KNOW
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/12000/COMMON_POSTBARIATRIC_SURGERY_EMERGENCIES_FOR_THE.1.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/12000/common_postbariatric_surgery_emergencies_for_the.1.aspx)

NO VISUAL ABSTRACT PROVIDED
CONTEMPORARY MANAGEMENT OF COMMON BILE DUCT STONES: WHAT YOU NEED TO KNOW
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/12000/CONTEMPORARY_MANAGEMENT_OF_COMMON_BILE_DUCT_STONE.2.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/12000/contemporary_management_of_common_bile_duct_stone.2.aspx)

NO VISUAL ABSTRACT PROVIDED
CHEST WALL INJURY SOCIETY (CWIS) RECOMMENDATION FOR SURGICAL STABILIZATION OF NON-UNITED RIB FRACTURES (SSNURF) TO DECREASE PAIN, REDUCE OPIATE USE, AND IMPROVE PATIENT REPORTED OUTCOMES IN PATIENTS WITH RIB FRACTURE NON-UNION AFTER TRAUMA
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/12000/CHEST_WALL_INJURY_SOCIETY_RECOMMENDATION_FOR.18.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/12000/chest_wall_injury_society_recommendation_for.18.aspx)

NO VISUAL ABSTRACT PROVIDED
AMERICAN ASSOCIATION FOR THE SURGERY OF TRAUMA/AMERICAN COLLEGE OF SURGEONS COMMITTEE ON TRAUMA CLINICAL CONSENSUS-DRIVEN PROTOCOL FOR GLUCOSE MANAGEMENT IN THE POST-RESUSCITATION INTENSIVE CARE UNIT (ICU) ADULT TRAUMA PATIENT
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/12000/AMERICAN_ASSOCIATION_FOR_THE_SURGERY_OF.19.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/12000/american_association_for_the_surgery_of_trauma/american_college_of_surgeons_committee_on_trauma_clinical_consensus-driven_protocol_for_glucose_management_in_the_post-resuscitation_intensive_care_unit_icu_adult_trauma_patient.19.aspx)

