

JTACS JULY TABLE OF CONTENTS

'BEST OF' JULY ARTICLES

BEST OF TRAUMA ARTICLE

Thrombotic and Thromboembolic Events are Not Associated with Tranexamic Acid in 3 Large Randomized Controlled Trials

Harmonized data from 3 TXA RCTs:	Results	Conclusions
ROC (Prehospital TXA for TBI trial, part of the Resuscitation Outcomes Consortium)	TXA was not associated with Arterial or Venous Thrombotic/Thromboembolic Events	Prehospital TXA is a safe treatment for traumatic hemorrhage and TBI
STAAMP (Study of Tranexamic Acid During Air and Ground Medical Prehospital Transport Trial)	ISS and Chest AIS were associated with thrombotic/thromboembolic events	
PATCH (The Pre-Hospital Anti-Fibrinolytics for Traumatic Coagulopathy & Hemorrhage Study)	Limitations: Doses, demographics, and injury severity varied between studies	Further studies are needed to clarify specific risks and benefits within smaller subgroups

Brito, Alexandra et al. *Journal of Trauma and Acute Care Surgery*.
DOI: 10.1097/TA.0000000000005010

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THROMBOTIC AND THROMBOEMBOLIC EVENTS WERE NOT ASSOCIATED WITH TRANEXAMIC ACID IN THREE LARGE RANDOMIZED CONTROLLED TRIALS

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2026/07000/THROMBOTIC_AND_THROMBOEMBOLIC_EVENTS_WERE_NOT.6.ASPX](https://journals.lww.com/jtrauma/abstract/2026/07000/thrombotic_and_thromboembolic_events_were_not.6.aspx)



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Veno-Venous Extracorporeal Membrane Oxygenation and Damage Control Laparotomy in Acute Care Surgery Patients: A Safe and Successful Option for Patient Rescue

Retrospective Cohort Study 2014-2022 N=52	Primary Outcome: Survival to Discharge (58%)	VV ECMO
DCL/OA + VV-ECMO	Survivors Presented With: RESQ Score + Anticoagulation Use SOFA & Lactate	+ ≠ Contraindication to one another
	Predictors of Mortality (p<0.05): Anticoagulation Use [OR 0.08] RESQ Score [OR 0.71] Age [1.06]	✓ Combined Mortality Did Not Differ From Each Intervention Alone

Ghneim M et al. *Journal of Trauma and Acute Care Surgery*.
DOI: 10.1097/TA.0000000000004927

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VENO-VENOUS EXTRACORPOREAL MEMBRANE OXYGENATION AND DAMAGE-CONTROL LAPAROTOMY IN ACUTE CARE SURGERY PATIENTS: A SAFE AND SUCCESSFUL OPTION FOR PATIENT RESCUE

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2026/07000/VENO_VENOUS_EXTRACORPOREAL_MEMBRANE_OXYGENATION.17.ASPX](https://journals.lww.com/jtrauma/abstract/2026/07000/veno-venous-extracorporeal-membrane-oxygenation.17.aspx)

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**READ THE ARTICLE
EVIDENCE-BASED, COST-EFFECTIVE
MANAGEMENT OF UPPER GI
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GENERAL SURGERY ALGORITHMS
WORK GROUP**

EVIDENCE-BASED, COST-EFFECTIVE MANAGEMENT OF UPPER GASTROINTESTINAL HEMORRHAGE. AN ALGORITHM OF THE JOURNAL OF TRAUMA AND ACUTE CARE SURGERY EMERGENCY GENERAL SURGERY ALGORITHMS WORK GROUP

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2026/07000/EVIDENCE_BASED_COST_EFFECTIVE_MANAGEMENT_OF_UPPER.3.ASPX](https://journals.lww.com/jtrauma/fulltext/2026/07000/evidence-based_cost_effective_management_of_upper.3.aspx)



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Dose-dependent Effects of Intrabronchial Surfactant in a Porcine Model of Lung Contusion

Methods: Porcine Model of Lung Contusion Animals (n=21) were randomized into three groups.	Results: High Dose (10 mg/kg) Was Effective: Improved regional ventilation (EIT). Improved ventilation efficiency (lower VR).	Conclusions: Effective Dose Identified 10 mg/kg improved regional ventilation in this model, while 5 mg/kg was ineffective. Potential to Reduce VILI: By improving lung mechanics, surfactant therapy may allow for less aggressive ventilation, minimizing ventilator-induced lung injury (VILI). Potential for translation: These promising results support further investigation to pave the way for future clinical trials in high-risk trauma patients.
Intervention: Group 1: Surfactant 10 mg/kg Group 2: Surfactant 5 mg/kg Group 3: Control (no treatment)	Monitoring: Regional ventilation was monitored with Electrical Impedance Tomography (EIT). Gas Exchange, vital signs and ventilatory parameters were recorded for 6 hours.	

Merki T et al. *Journal of Trauma and Acute Care Surgery*.
DOI: 10.1097/TA.0000000000004945

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DOSE-DEPENDENT EFFECTS OF INTRABRONCHIALY ADMINISTERED EXOGENOUS SURFACTANT IN A PORCINE MODEL OF LUNG CONTUSION

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CONTEMPORARY MANAGEMENT OF LARGE BOWEL

OBSTRUCTION: WHAT YOU NEED TO KNOW

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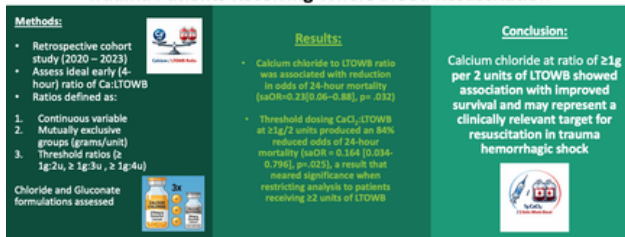
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THE LONG GAME: BUILDING A LEGACY OF SUSTAINABLE SERVICE

THE LONG GAME: BUILDING A LEGACY OF SUSTAINABLE SERVICE

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Aggressive Calcium Chloride Dosing Reduces Early Mortality in Trauma Patients Receiving Whole Blood Resuscitation



Rajesh A et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000000509

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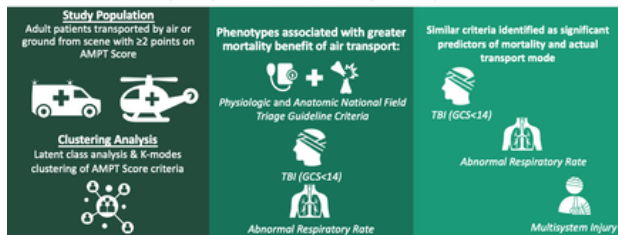
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AGGRESSIVE CALCIUM CHLORIDE DOSING REDUCES EARLY MORTALITY IN TRAUMA PATIENTS RECEIVING WHOLE BLOOD RESUSCITATION

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Identifying Clinical Phenotypes of Injured Patients Who Meet Air Medical Prehospital Triage (AMPT) Score Criteria for Helicopter Transport



Lu L et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000000503

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IDENTIFYING CLINICAL PHENOTYPES OF INJURED PATIENTS WHO MEET AIR MEDICAL PREHOSPITAL TRIAGE (AMPT) SCORE CRITERIA FOR HELICOPTER TRANSPORT

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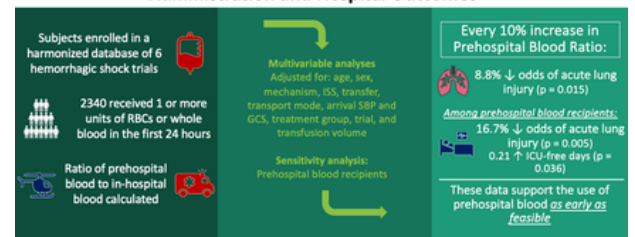


ANTIBIOTIC USE IN EMERGENCY GENERAL SURGERY:

WHAT YOU NEED TO KNOW

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Association Between Ratio of Prehospital Blood Product Administration and Hospital Outcomes



Furman, Leah et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000000497

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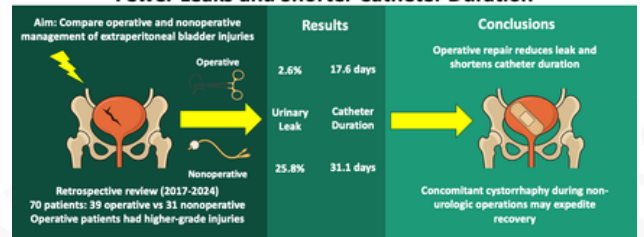
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INCREASED PREHOSPITAL TO TOTAL BLOOD PRODUCT ADMINISTRATION ASSOCIATED WITH IMPROVED HOSPITAL OUTCOMES: A SECONDARY ANALYSIS OF HEMORRHAGIC SHOCK TRIALS

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2026/07000/INCREASED_PREHOSPITAL_TO_TOTAL_BLOOD_PRODUCT.5.ASPX](https://journals.lww.com/jtrauma/abstract/2026/07000/increased_prehospital_to_total_blood_product.5.aspx)

Traumatic Extraperitoneal Bladder Repair is Associated with Fewer Leaks and Shorter Catheter Duration



Holliday T et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000000501

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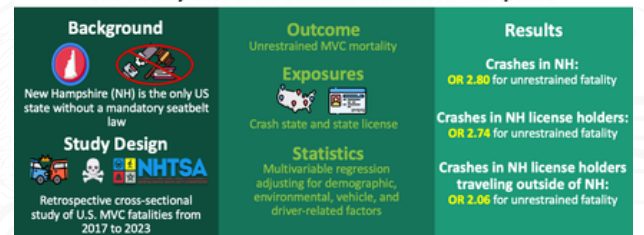
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Unbuckled and Unprotected: The Deadly Cost of No Seatbelt Law in New Hampshire



Rice W et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000000498

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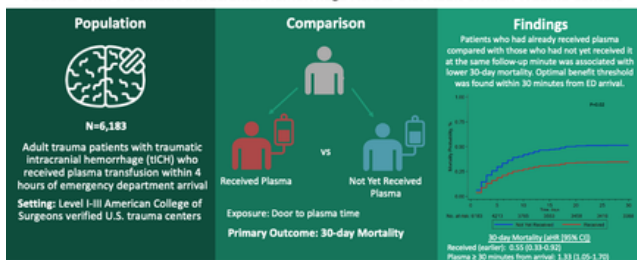
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UNBUCKLED AND UNPROTECTED: THE DEADLY COST OF NO SEATBELT LAW IN NEW HAMPSHIRE

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Retrospective Cohort Study: Association of Plasma Transfusion Timing with Mortality Among Patients with Traumatic Intracranial Hemorrhage Across U.S. Adult Civilian Trauma Centers



Kang H et al. *Journal of Trauma and Acute Care Surgery*.
DOI: 10.1097/TA.0000000000004992
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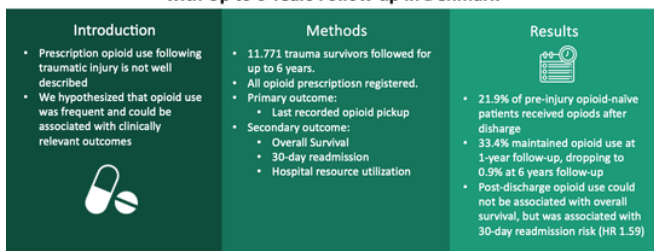
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ASSOCIATION OF PLASMA TRANSFUSION TIMING WITH MORTALITY AMONG PATIENTS WITH TRAUMATIC INTRACRANIAL HEMORRHAGE ACROSS US ADULT CIVILIAN TRAUMA CENTERS

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Investigating Patterns of Long-term Opioid Usage in 11,771 Trauma Survivors with Up to 6 Years Follow-up in Denmark



Millarch, Andreas Skov et al. *Journal of Trauma and Acute Care Surgery*.
DOI: 10.1097/TA.0000000000004892

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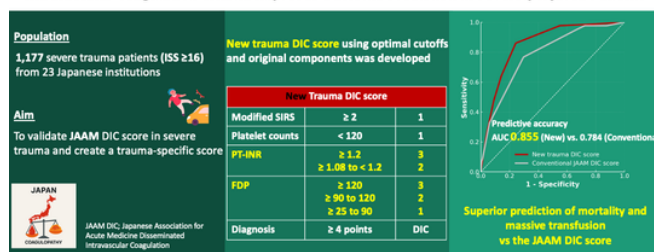
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INVESTIGATING PATTERNS OF LONG-TERM OPIOID USAGE IN 11,771 TRAUMA SURVIVORS WITH UP TO 6 YEARS FOLLOW-UP IN DENMARK

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Trauma-Specific Revision of the Japanese Association for Acute Medicine Disseminated Intravascular Coagulation Criteria Improves Outcome Prediction in Severely Injured Patients



Sugimoto, Momoko et al. *Journal of Trauma and Acute Care Surgery*.
DOI: 10.1097/TA.0000000000004914

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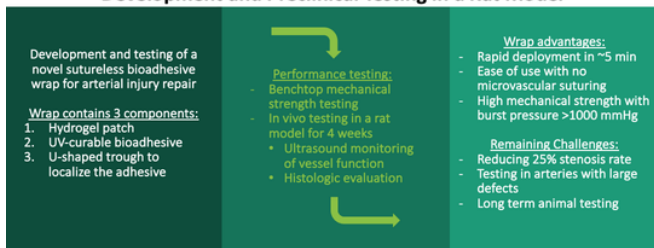
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A Bioabsorbable Adhesive Wrap for Sutureless Arterial Repair: Initial Development and Preclinical Testing in a Rat Model



Nithianandam P et al. *Journal of Trauma and Acute Care Surgery*.
DOI: 10.1097/TA.0000000000004932

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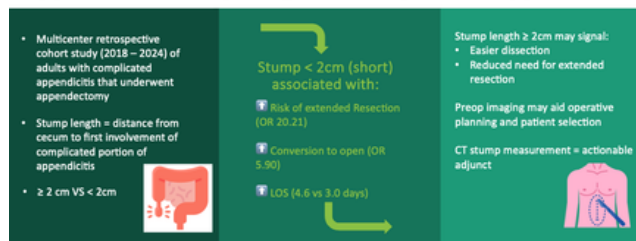
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Appendiceal Stump Length In Complicated Appendicitis



Gerard J et al. *Journal of Trauma and Acute Care Surgery*.
DOI: 10.1097/TA.0000000000005002

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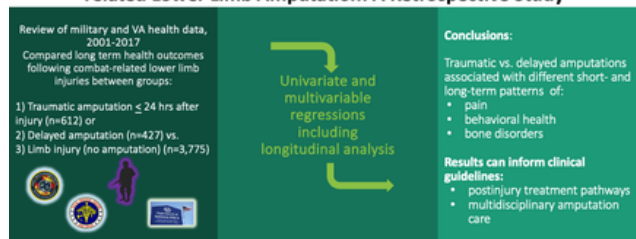
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APPENDICEAL STUMP LENGTH AS A PREDICTOR OF OPERATIVE OUTCOMES IN COMPLICATED APPENDICITIS

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Longitudinal Analysis of 15-year Health Outcomes After Combat-related Lower Limb Amputation: A Retrospective Study



Melzer et al. *Journal of Trauma and Acute Care Surgery*.
DOI: 10.1097/TA.0000000000004900

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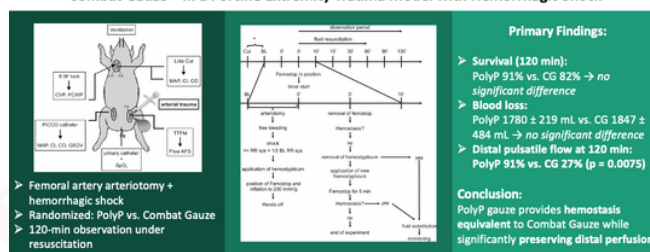
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LONGITUDINAL ANALYSIS OF 15-YEAR HEALTH OUTCOMES AFTER COMBAT-RELATED LOWER LIMB AMPUTATION: A RETROSPECTIVE STUDY

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Polyphosphate-Based Hemostatic Gauze Preserves Distal Perfusion Compared to QuikClot® Combat Gauze™ in a Porcine Extremity Trauma Model with Hemorrhagic Shock



Wipold D et al. *Journal of Trauma and Acute Care Surgery*.
DOI: 10.1097/TA.0000000000004903

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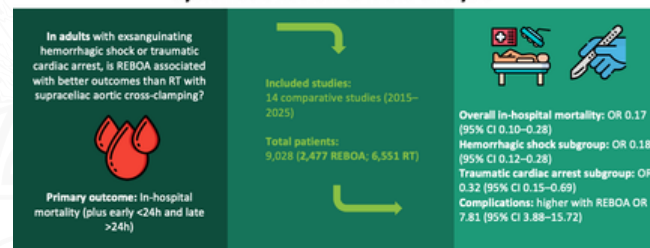
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POLYPHOSPHATE-BASED HEMOSTATIC GAUZE PRESERVES DISTAL PERFUSION COMPARED WITH QUIKLOT COMBAT GAUZE IN A PORCINE EXTREMITY TRAUMA MODEL WITH HEMORRHAGIC SHOCK

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2026/07000/POLYPHOSPHATE_BASED_HEMOSTATIC_GAUZE_PRESERVES_DISTAL_PERFUSION_COMPARED_TO_QUIKLOT_COMBAT_GAUZE_IN_A_PORCINE_EXTREMITY_TRAUMA_MODEL_WITH_HEMORRHAGIC_SHOCK.ASPX](https://journals.lww.com/jtrauma/abstract/2026/07000/polyphosphate_based_hemostatic_gauze_preserves_distal_perfusion_compared_to_quiklot_combat_gauze_in_a_porcine_extremity_trauma_model_with_hemorrhagic_shock.aspx)

REBOA vs Resuscitative Thoracotomy (RT) in Exsanguinating Trauma: Systematic Review & Meta-analysis



Barrientos M et al. *Journal of Trauma and Acute Care Surgery*.
DOI: 10.1097/TA.0000000000004962

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RESUSCITATIVE ENDOVASCULAR BALLOON OCCLUSION OF THE AORTA VERSUS RESUSCITATIVE THORACOTOMY FOR NONCOMPRESSIBLE TORSO HEMORRHAGE: A SYSTEMATIC REVIEW AND META-ANALYSIS

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COMPRESSION: A CASE
SERIES OF A RARE, LIFE-
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**TRAUMATIC POSTERIOR MEDIASTINAL HEMATOMA WITH
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THE WESTERN TRAUMA ASSOCIATION**

**THE CURRENT STATE OF ACUTE CARE SURGERY
WORKFORCE AND PRACTICE MODELS: A JOINT
STATEMENT BY AAST, THE AMERICAN COLLEGE OF
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CONSIDERATIONS FOR FUTURE
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