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Field pain treatment: a possible strategy to mitigate acute traumatic coagulopathy

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Massive hemorrhage after trauma remains a true challenge. Prevention and management of “lethal triad” require a comprehensive approach. Coagulopathy and hypoperfusion could worsen the delicate balance of casualties with occurrence of complications due typical high kinetic trauma. In austere conditions, as on the field, we need to assure strategies that could limit the coagulopathy and the endoteliopathy that develop after trauma. The traumatic hemorrhagic casualties obviously need an advanced monitoring, an early blood component therapy from the scene, assuring the damage control strategy, within the golden hour. Nevertheless, we have not to forget the forward pain treatment in order to limit the adrenergic state that could worsen the glycocalyx damage. Moreover, endogenous and exogenous catecholamines increase endothelium disruption and the risk of an autoheparinization condition. We should consider an immediate and effective pain treatment to allow a better outcome in patient at risk of acute traumatic coagulopathy.

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