MINE VICTIMS ASSISTANCE AT HOSPITAL LEVEL

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DIFFERENT TYPES OF MINES
BOOM!

BOOM - mine injury ... alive ... so far
first aid ... then
medical evacuation to ... health facility for definitive management ...
surgery and recovery ...
then physical and social rehabilitation

Emergency medical care
BLAST INJURY

FRAGMENTATION INJURY
BLAST AND FRAGMENTATION INJURY

MINE VICTIMS REQUIRE LONGER HOSPITALIZATION AND MORE BLOOD TRANSFUSIONS
Basic management of war wounded

- Adequate surgical wound excision
- Adequate amputations
- Leave the wound open
- Bulky dry dressing
- Leave undisturbed for 4-5 days (no dressing changes)
- Delayed Primary Closure (DPC)
- Leave undisturbed for 5 days post DPC
- Early physiotherapy
- Standard antibiotics and pain killers (cheap, effective, available)
Protecting the hospital, the patients and the staff
HOSPITALS FOR WAR/MINE VICTIMS

Policies

- Integral part of the Public Health Care System (avoid discrimination, better link with pre-hospital and rehabilitation)

- Respected by the parties to the conflict (safe access)

- Free of charge access
HOSPITALS FOR WAR/MINE VICTIMS

**Infrastructures**

- Blood bank
- Physiotherapy unit

**Human Resources**

- General practitioners/surgeons with specific training in war surgery and correct amputation techniques
- Physiotherapists
HOSPITALS FOR WAR/MINE VICTIMS

Medical consumables

- Huge requirements, so...
- Adequate supply chain
- Emergency stock

To summarize...

I need surgeons, nurses, blood, lights, instruments, peace and quiet, and an OT with a hospital around it.

Why don’t you start the operation ??
THANKS FOR YOUR ATTENTION!