



# Profil des blessés français en Afghanistan

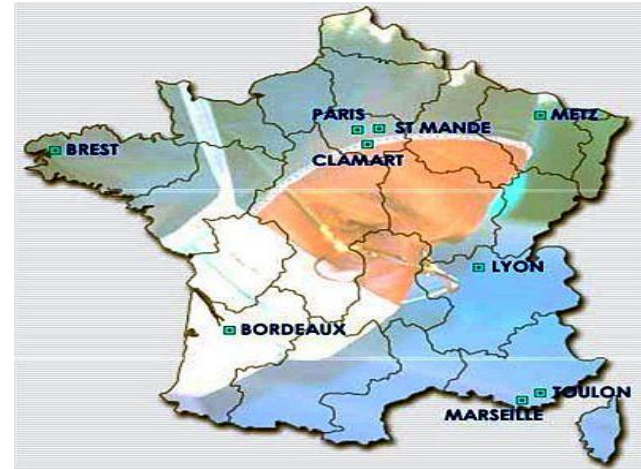
Période 2001-2010

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S\*, Debien B\*, Auroy Y\*\*\*\*, Rousseau JM\*\*\*, Lenoir B\*

*\*HIA PERCY \*\* BA 107 \*\*\* HIA BEGIN \*\*\*\*HIA VDG*

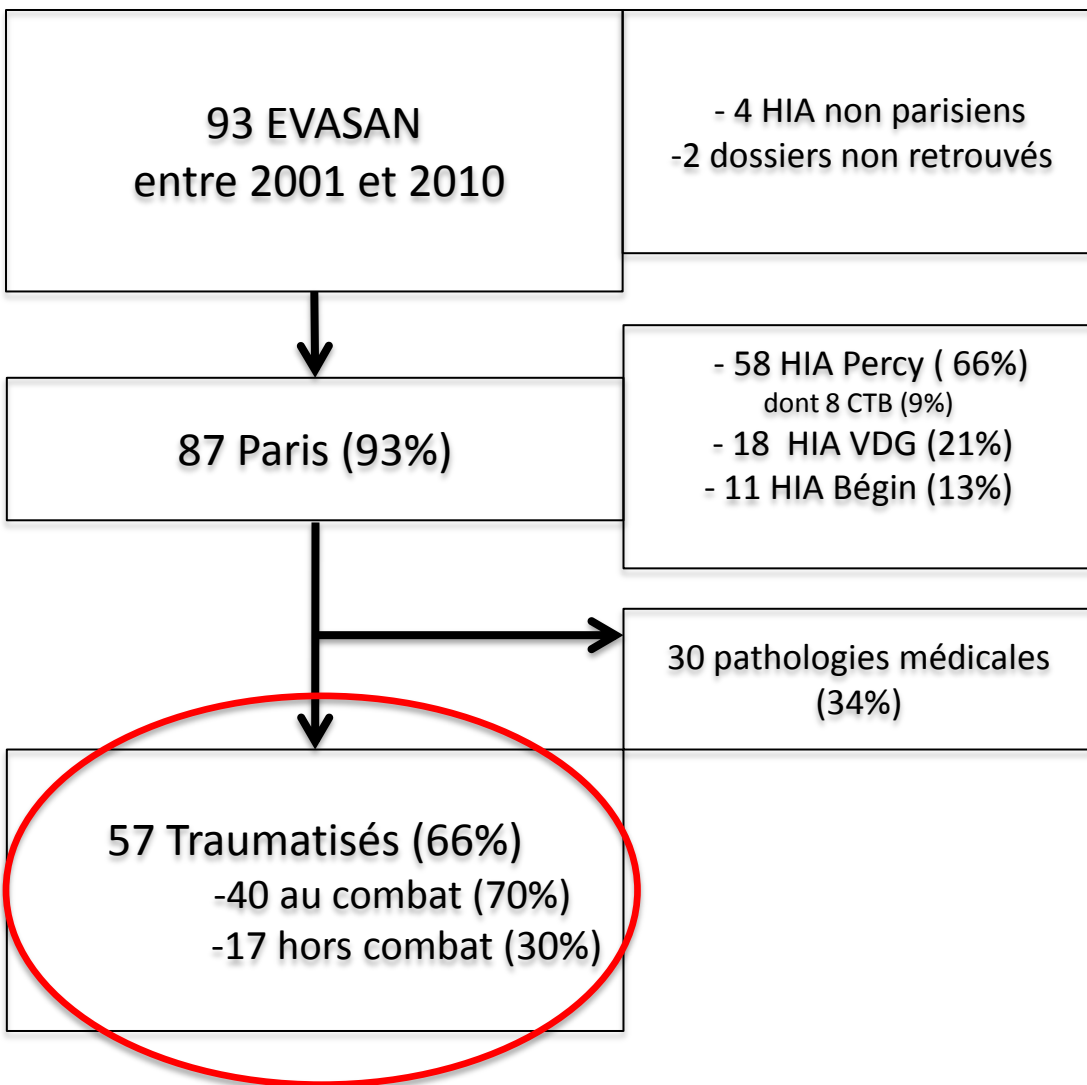
CARUM SFAR 22 septembre 2010



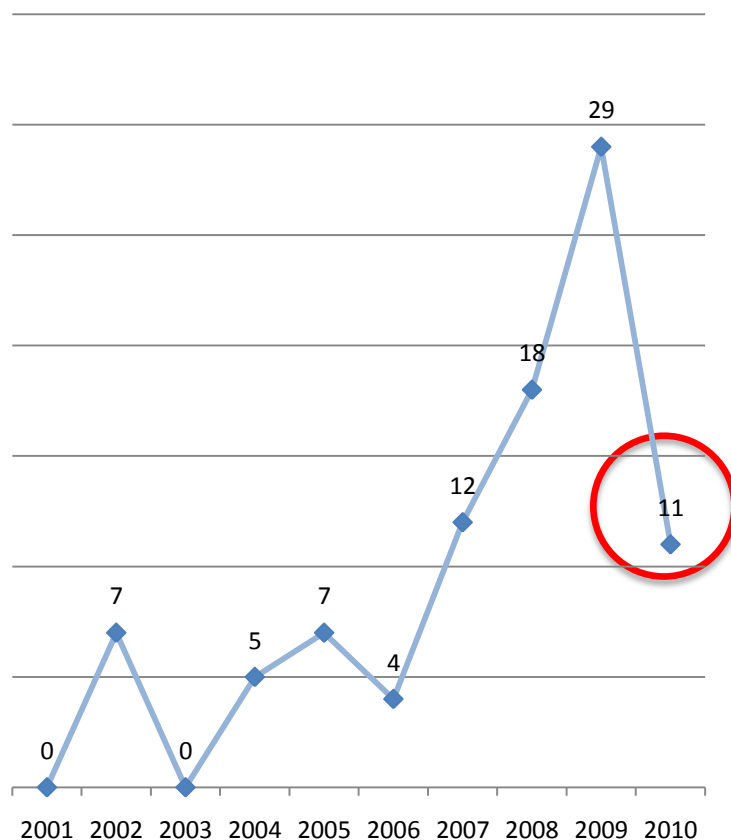


CN235 - Limoges 1999. photo JP Neymond

# Diagramme de l'étude



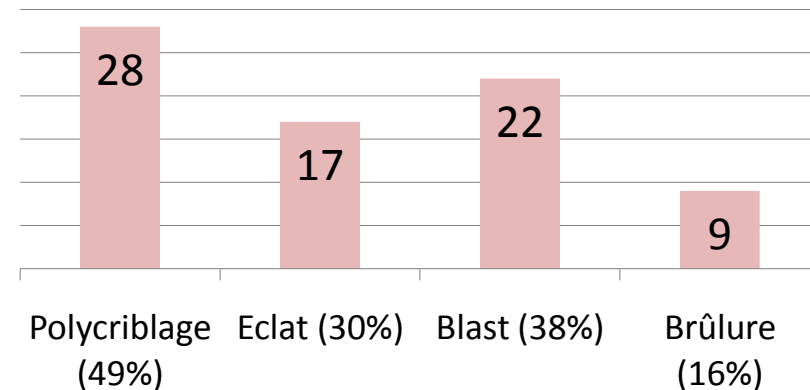
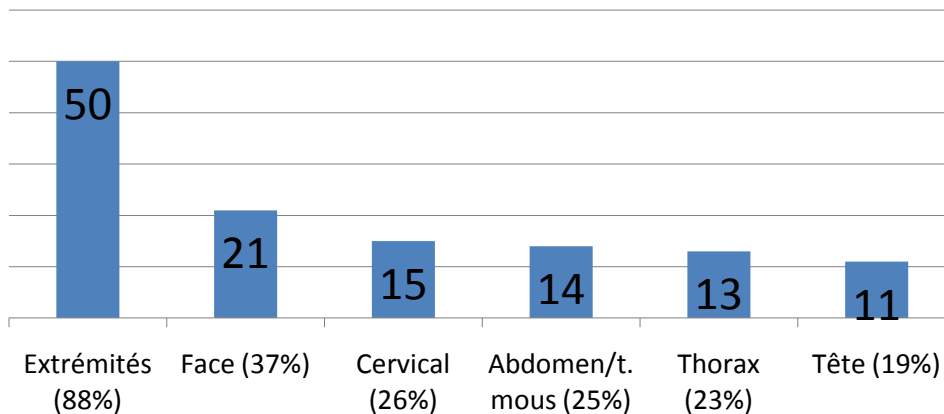
## EVASAN depuis 2001



# Mécanisme lésionnel

## 60% de traumatisme ouvert

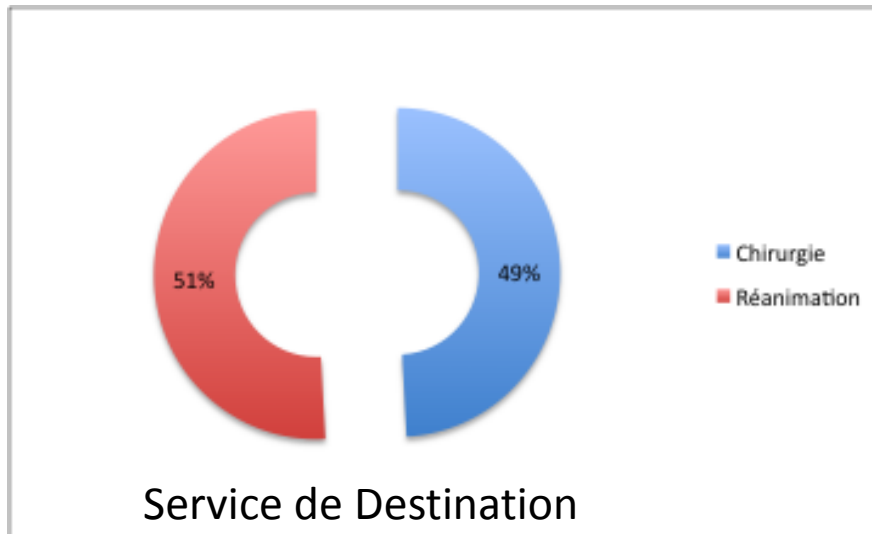
- Traumatisme balistique:
  - 15 patients (26%)
- *Improvised Explosive Device* :
  - 16 patients (28 %)
- AVP :
  - 9 patients (16 %)



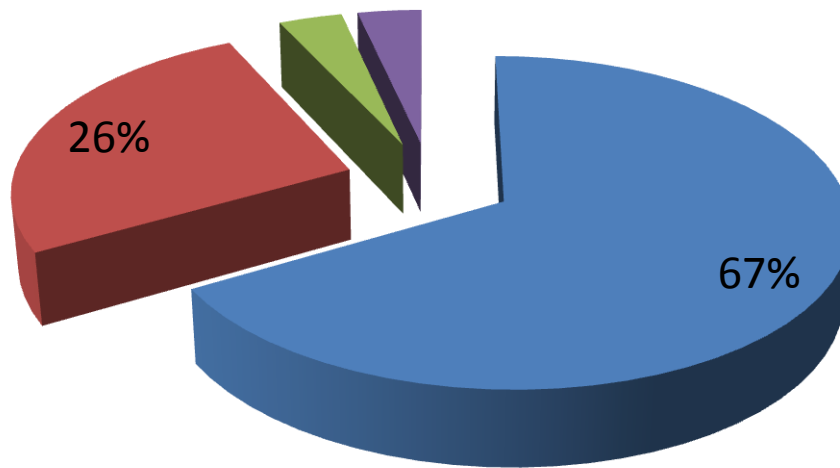
# EVASAN



- Durée du rapatriement des blessés sur les HIA
  - Durée Moyenne = 2,16 jours (SD+/- 1,9)
- Présence MAR pour 70% des EVASAN
- Blessés multiples
  - **38**/57 (67%)



# PEC médico chirurgicale initiale



- Fr: 38 (67%)
- Us: 15 (26%)
- All: 2 (3,5%)
- Inconnu: 2 (3,5%)

# Patients traumatisés en réanimation

## dans les HIA

- Gravité élevée
  - IGS 2 moyen: 27,7
  - ISS moyen: 22,6
- DMS en réanimation: 14 jours
- DMS dans les HIA : 50 jours

Bloc Afgha	Bloc HIA	Blocs multi HIA
45 (79%)	40 (70%)	29 (51%)

- Décès en réanimation 3% (1 patient)





# Transfusion

- Transfusion des blessés français
  - 46% des patients transfusés au moins une fois

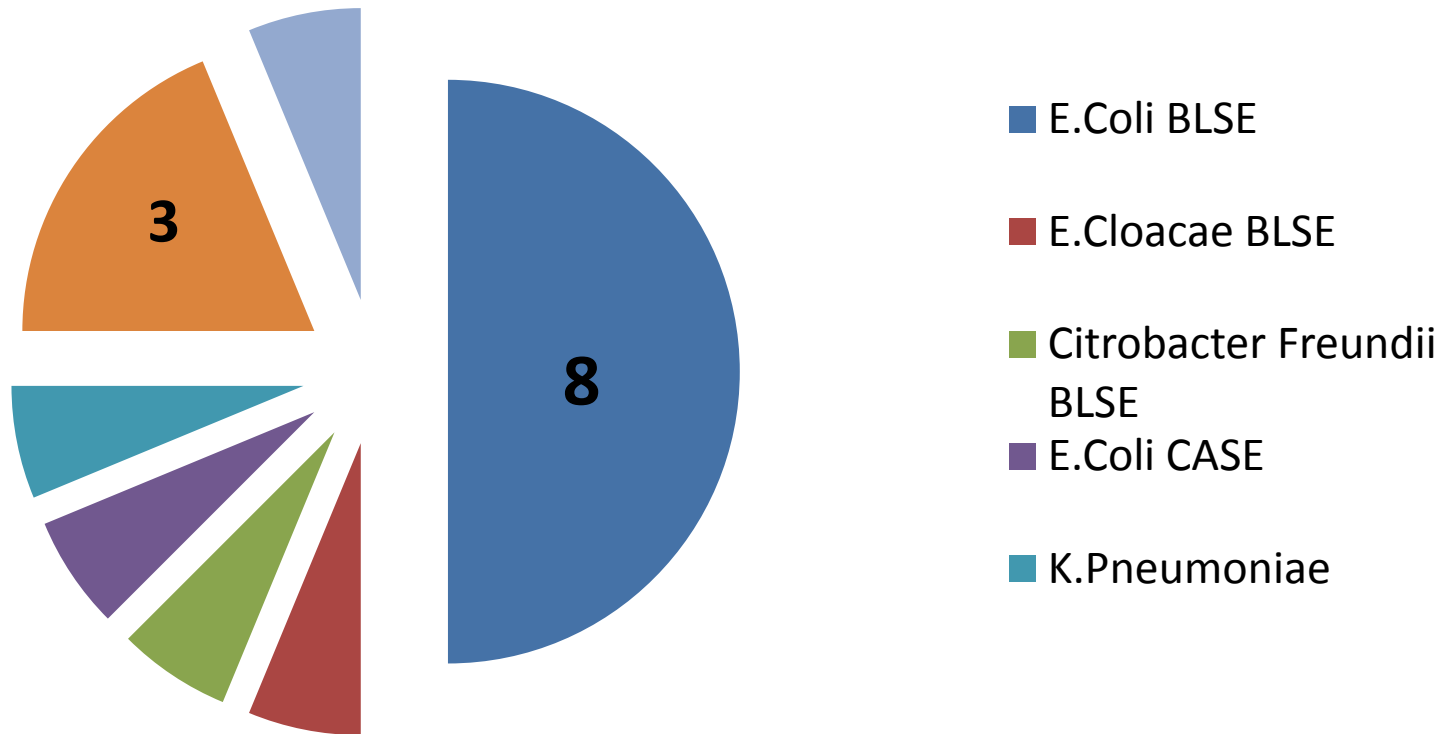
Afghanistan	EVASAN	HIA
32% (18)	5% (3)	37% (21)

- 3 transfusions massives
  - Soit 5%



# BMR

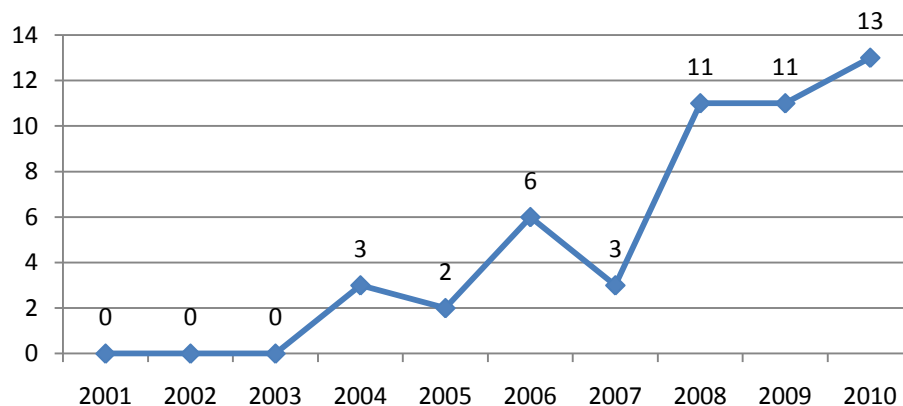
- 23% des patients traumatisés BMR +



# Limites de l'étude

- Recueil limité aux blessés graves
  - Français
  - HIA parisiens
- *Died of wound // Killed in action*

Militaires français décédés en Afghanistan



# Conclusion

- Indispensable
  - Amélioration des pratiques
  - Visibilité du SSA

## UK's NHS trauma systems: lessons from military experience

The pioneering and much anticipated London, Office and judged to be highly effective,<sup>2</sup> with one in UK, trauma system was launched on April 6, 2010, four salvaged patients categorised as unexpected and represents the first coherent effort by the UK's survivors—a strong indicator of good system-function. Challenges to provision of trauma care on National Health Service (NHS) to improve trauma function. Challenges to provision of trauma care on active military duty are different from those faced by NHS organisations; however, we have identified six potentially transferable components that should be assessed by those charged with improvement of systematised care to major trauma patients in Iraq (2003–09) and Afghanistan (2006 to present). This military system was reviewed by the National Audit domestic trauma services.

## ORIGINAL ARTICLE

## Utilizing a Trauma Systems Approach to Benchmark and Improve Combat Casualty Care

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# Exemple américain

- *Joint Trauma Theater System JTTS*
  - 1980
    - critique de la prise en charge des blessés de la guerre du Vietnam
  - 1991-2001
    - Baisse 27% mortalité postopératoire
    - Baisse 45% morbidité postopératoire
  - 2004
    - Mise en place *JTTR*
    - 18 377 patients entre 2004-2008

