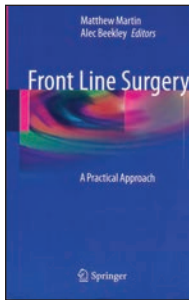


## Front Line Surgery A Practical Approach

Martin MJ, Beekley AC, editors. *Front Line Surgery: A Practical Approach*. New York, NY: Springer Science+Business Media; 2011. Paperback, 554 pages. ISBN: 978-1-4419-6078-8.

Review by COL (Ret) Warner "Rocky" D. Farr, MD, MPH

This book felt like an old friend from the moment I picked it up! In addition to being edited by two experienced U.S. Army war trauma surgeons, the individual chapters read like a Who's Who of the Committee on Tactical Combat Casualty Care (CoTCCC), whose meetings I still attend. The forward is by Lorne Blackburn, "Prehospital Care" is by Ian Wedmore, "Triage" is by Jamie Riesberg, "Damage Control Surgery" is by John Holcomb, to, as they say, name just a few. In addition, the book covers freeze-dried plasma and field blood collection.



Clearly, this text is appropriate for anyone bound for a Level or Role 2 or 3 surgical facility, theater hospital, or forward surgical team/element. One of the oldest sayings in military medicine is that only young surgeons profit from war. This book is the most complete rendition of how surgeons and damage control surgery has grown, profited, and matured over the life of the GWOT. Both editors served as active duty officers and surgeons in the U.S. Army. Martin, a fellowship-trained trauma surgeon, was chief of surgery at the 47th Combat Support Hospital (CSH) in Tikrit, Iraq, in 2005–2006 and then later was chief of trauma and general surgery at the 28th CSH in Baghdad, Iraq, in 2007–2008. He has published multiple peer-reviewed journal articles and analyzed trauma-related deaths in the current war and the strategies to reduce them. Beekley was the former trauma medical director at Madigan Army Medical Center with multiple combat deployments to both Iraq and Afghanistan, for various leadership roles with both FSTs and CSHs.

This book will keep new, first-time deploying surgeons out of trouble and up to date on current methodologies in theater. Any surgeon treating trauma patients should have this book. However, beyond that, it is a great introduction to the medical battlefield for surgeons and for general medical officers preparing for deployment. Any provider from first responder medic to Walter Reed staff would benefit from seeing how military trauma casualties are meant to be handled throughout

this throughput system. In this day of emerging deployments to faraway places without a golden hour, dedicated surgical support, or planned out evacuation routes, anyone could be the provider on the hot seat with only this book to guide them. In Vietnam, we used to talk about performing surgery with a book open on a mayo stand—this is that book!

*Front Line Surgery* provides practical insights for surgeons where quick, best-outcome based, solutions for complex urgent clinical problems are required. Each chapter has detailed instructions and emergency surgical principles with many illustrations. The focus is clearly surgery, but the authors also have provided clinical pearls and a "Top Ten Combat Trauma Lessons" such as, "1. Patients die in the ER, and 2. Patients die in the CT scanner; 3. Therefore, a hypotensive trauma patient belongs in the operating room ASAP." Also "4. Most blown up or shot patients need blood products, not crystalloid. Avoid trying "hypotensive resuscitation"—it's for civilian trauma. 5. For mangled extremities and amputations, one code red (4 PRBC + 2 FFP) per extremity, started as soon as they arrive."

Chapters that should convince medics to buy this book are "Chapter 34: Stabilization and Transfer From the Far Forward Environment" and "Chapter 2: Combat Triage and Mass Casualty Management." Another pearl is "Appendix A: Improvise, Adjust, Overcome: Field Expedient Methods in a Forward Environment." Two examples: "weight lifting belts make good abdominal binders" and "Most disposable supplies can be cleaned and reused; pay attention to what gets thrown away."

Amazon shows a new, unreleased second edition of this book on the way, which I plan to review when I can get my hands on one. This first edition should then be findable on the used book market for you cheapskates out there. I highly recommend this book for both for the skilled damage control surgical practitioner and for the first responder. As I said above, as war transitions into immature theaters, no/limited surgical support, and on the fly evacuation, this book can made you the smartest medical operator out there, wherever there is.



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