

Personal experience of a surgical resident in a catastrophic, ongoing, low resource, massive casualty environment: Experience from the frontline

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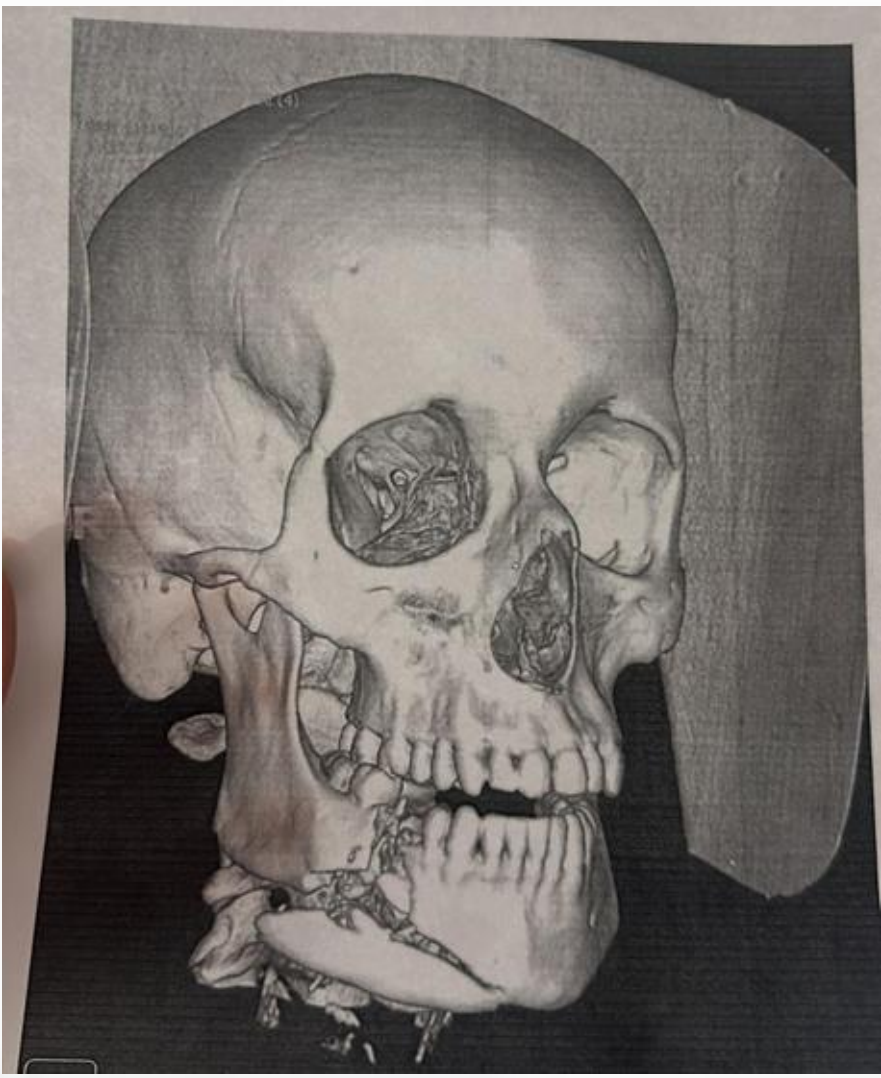
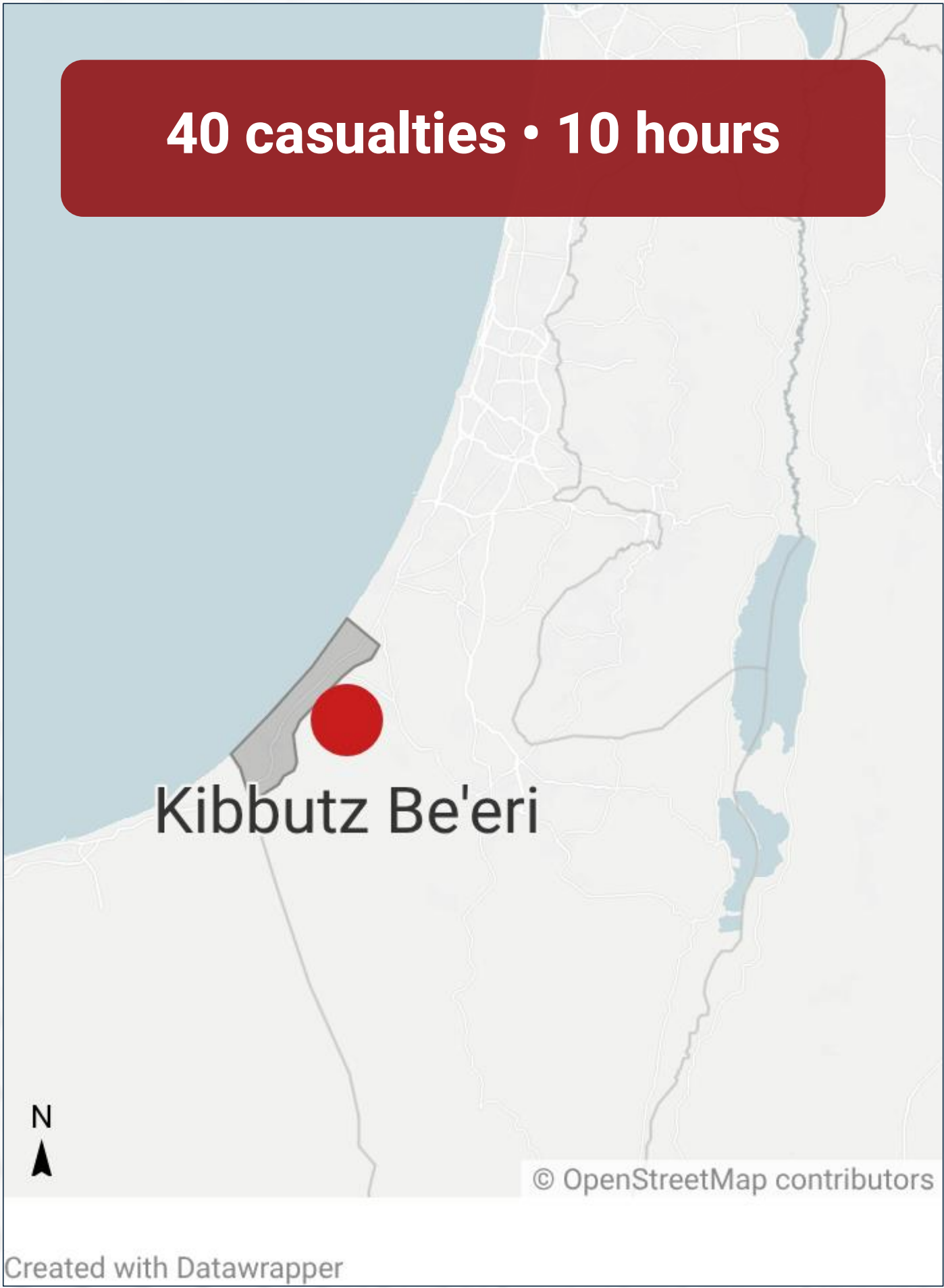
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introduction

- On 07/10/2023, south-western Israel was subjected to an unprecedented military attack from the Gaza Strip resulting in approximately 1,200 deaths and 3,300 injuries. First responders were unprepared and thrust into a chaotic theatre of war treating multiple mass casualty events simultaneously. A lack of equipment and resources characterized this hostile environment. Herein is presented an account from a surgical resident tasked with operating within this austere environment.

Methods

A personal account of the medical and operational outcomes of the events occurring during the 07/10/2023 conflict in kibbutz "Be'eri" focusing on the treatment, evacuation and follow-up of the 40 patients treated within 10 hours.



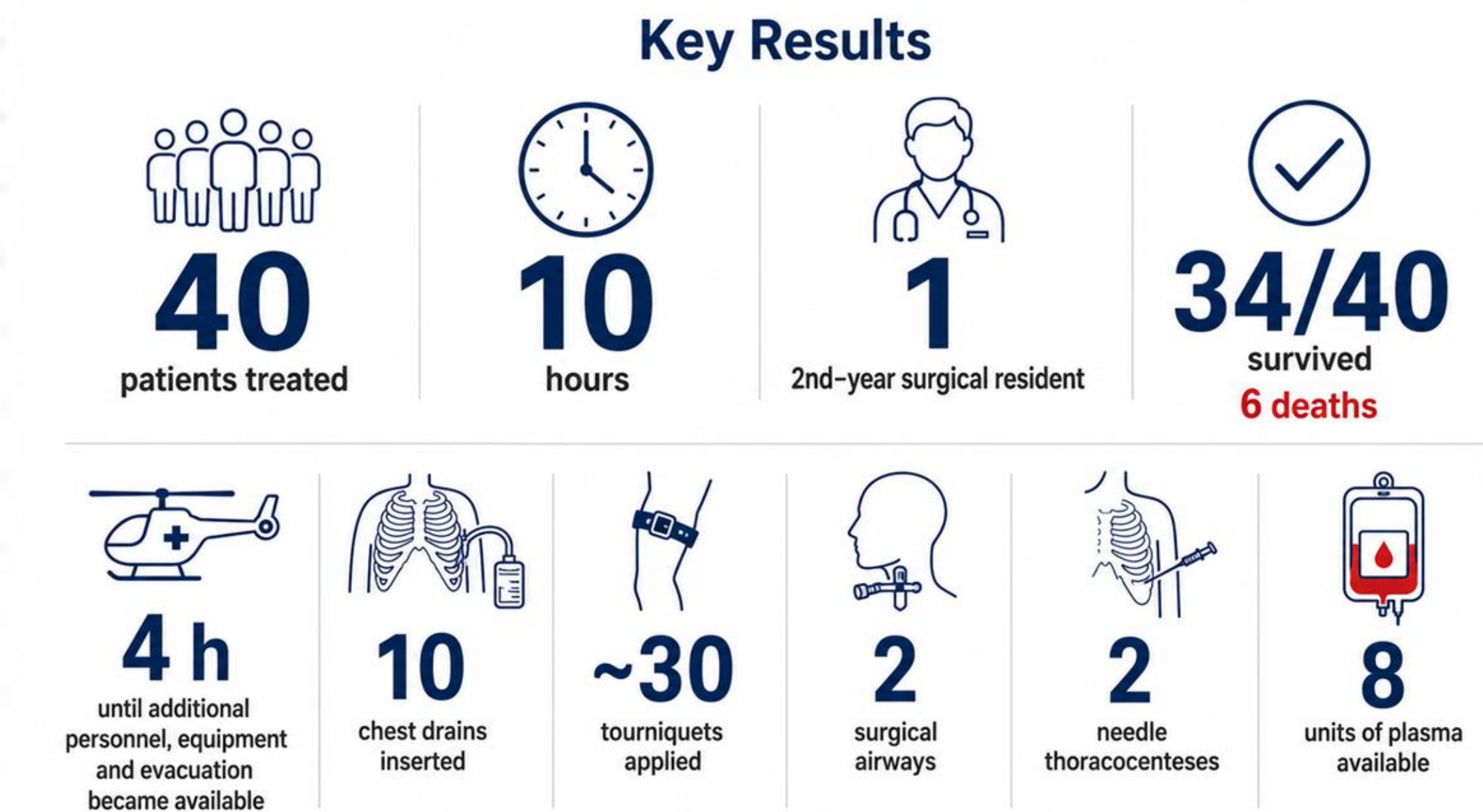
CT
Mandibular GSW with severe deformity. Managed with conservative airway control (intervention avoided) and rapid evacuation in a seated position.

Conclusion

- The events described above reinforce the importance of effective triage, resource allocation and appropriate usage of available supplies. Whilst practice differences between established protocols and real-world experience may occur, the experiences described above poignantly reinforce the importance of training for such situations at all levels of medical practice.

Results

- There were 40 patients treated in the first 10 hours. Additional medical personnel, equipment and means for evacuation only became available after 4 hours. The casualties included civilians and military with a variety of high-velocity gunshot and stab wounds, blunt trauma, burns, fractures and psychological injuries.



Frontline Case Highlights

Patient 1: Groin GSW, arterial injury, profound shock. Managed with CG packing, pressure, and immediate evacuation.

Patient 2: Axe blow with external jugular tear, deep shock. Managed with packing, plasma, and rapid vehicular evacuation.



Abstract disclaimer: The statements and opinions published in this abstract are solely those of the abstract authors and not of the Israel Defense Forces (IDF). This study was performed as part of the IDF Trauma and Combat Medicine Branch's efforts to improve the quality of combat casualty care and received no external funding or support. All authors had access to the data utilized in this study

