## MINE VICTIMS ASSISTANCE AT HOSPITAL LEVEL

Marco Baldan, MD, ICRC Chief Surgeon

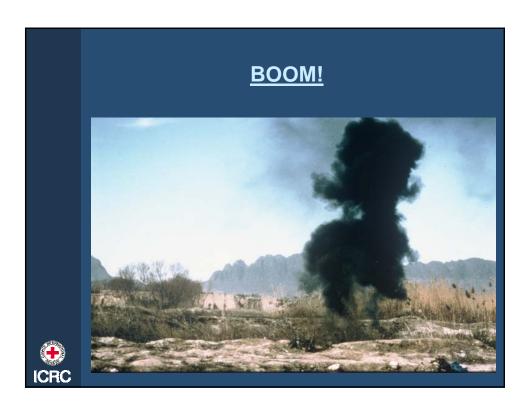
2006 Meetings of the Standing Committee on Victims Assistance, Geneva, 08-12 May 2006



#### **DIFFERENT TYPES OF MINES**



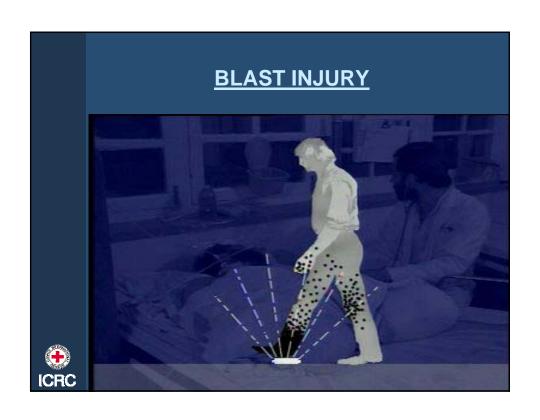


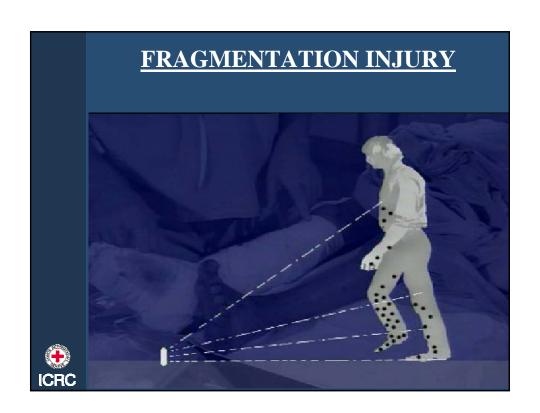


# Emergency medical care

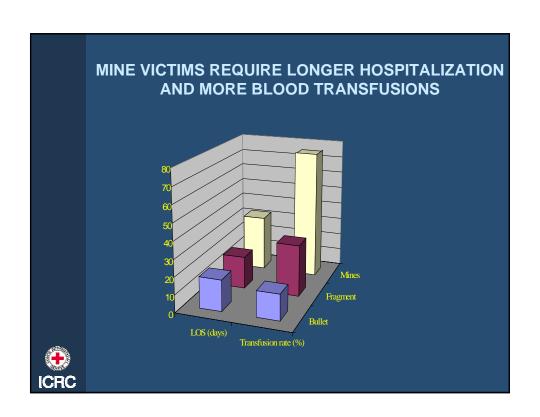
- **▶ BOOM** mine injury ... alive ... so far
- If irst aid ... then
- medical evacuation to ...
- health facility for definitive management ...
- surgery and recovery ...
- then physical and social rehabilitation









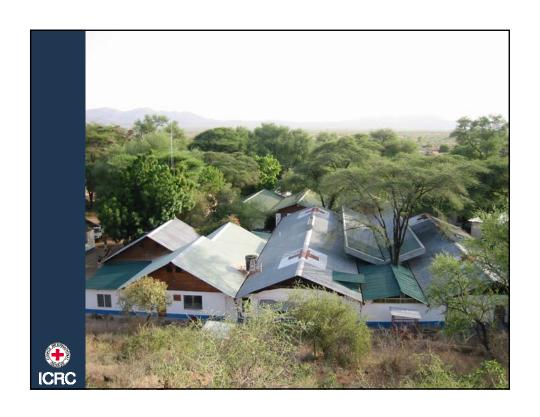


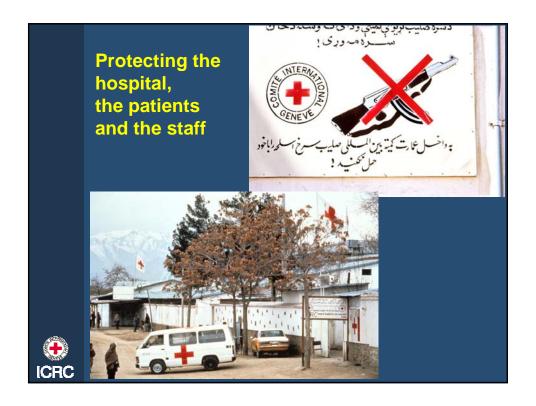
#### Basic management of war wounded

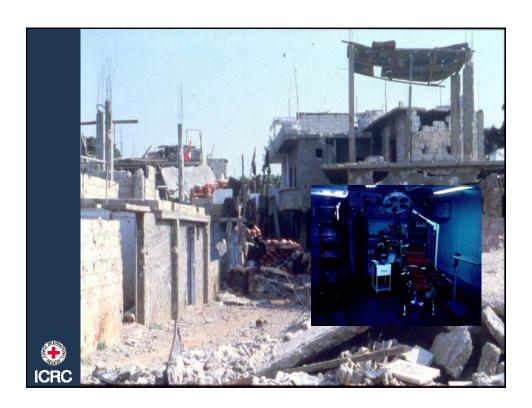
- Adequate surgical wound excision
- Adequate amputations
- Leave the wound open
- Bulky dry dressing
- Leave undisturbed for 4-5 days (no dressing changes)
- Delayed Primary Closure (DPC)
- Leave undisturbed for 5 days post DPC
- Early physiotherapy
- Standard antibiotics and pain killers (cheap, effective, available)











#### 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



#### HOSPITALS FOR WAR/MINE VICTIMS 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





