

Treatment of Penetrating Injuries
Surgical Lessons Learned in Rotterdam, Cape Town and
the Combat Zones of Afghanistan

1. The decision to perform damage control surgery for patients suffering from penetrating injury is not only dictated by the patient's physiology, but also by possible concomitant (neuro) trauma and the amount of energy that has been transferred to the body. (this thesis)
2. Selective non-operative management is a safe treatment option for penetrating injuries in trauma centers with a low volume for penetrating injury. (this thesis)
3. Out of hospital resuscitative thoracotomy for penetrating thoracic injury can yield neurological intact survivors. (this thesis)
4. High energy transfer penetrating rectal injury requires aggressive surgical management, in contrast to low energy penetrating rectal injury in which an expectant treatment with a diverting colostomy might suffice. (this thesis)
5. Lightning strike can result in improvised explosive device-like penetrating blast injuries. (this thesis)
6. Osseointegrated prostheses will become a fully integrated treatment option in restoring the mobility of the amputee.
7. Osseointegration is a critical step for biomechatronic limbs in cybernetic organisms.
8. The future trauma surgeon's scope of interest should not only be with the knife and drill, but should also be in the TREES (Tissue Regeneration Enhancer Elements).
9. In the surgical arena, the trauma surgeon was the first and will be the last man standing.
10. He who wishes to be a surgeon should go to war (Hippocrates).
11. Denken is bedenkelijk (Emery Pierre Marie van Waes).