

## A GANGSTER'S PRIORITIES

"Trauma code, trauma code, trauma code"; the words echoed, late that night, all over Riverside Community Hospital where I was the Trauma Director. It was even louder coming through the loudspeaker a few feet above my bed in the Trauma sleeping room. These words always sent cold chills up and down my spine, especially that night when I had been sound asleep. How long would I be able to make correct critical decisions the next day after I had been up all night?

Eighteen year old Alberto, and the rest of his Hispanic Gang were at war with a Black Gang in his neighborhood. A member of the Black gang had been shot several days previously, so we knew that there would be retaliation. It was therefore no surprise to us that Alberto was ambushed by members of the opposing gang! Now Alberto was fighting for his life and was being rushed to our Trauma Center!

I slept at the hospital in my scrub clothes when I was on trauma call. I jumped out of the bed in the Trauma sleeping room, slipped on my shoes, grabbed my key card, smoothed my hair, and ran out of the room onto the porch. I used my key card to open the staff entrance to the emergency room just in time to see the patient being wheeled into the trauma room. I was glad to see Dr. Vu, the anesthesiologist rushing down the hall. He had just finished a case in the operating room and was coming to see if I needed him before he left for home.

The patient, a young man with "gang tatoos" was very critical, he had no blood pressure, only a faint carotid pulse could be felt and blood was dripping all over the floor. A large bullet wound was seen in his left upper abdomen. There was no exit wound! The urine was very bloody. Dr. Vu quickly intubated the patient and connected him to the respirator. He then quickly inserted a large bore jugular central venous line. Uncrossmatched red blood cells were given along with other warmed fluids. IVP contrast was given, then portable chest and abdominal X-rays were taken. The films were quickly developed in the emergency darkroom adjacent to the trauma room. Only the left kidney was functioning! The patient was rushed to surgery. Dr. Jerry Baxter, my assistant, the best trauma surgeon that I had ever met, was already scrubbing. I had called him at home only fifteen minutes before that!

In surgery, the patient's abdomen was quickly opened with a long "stem to stern" midline incision. Bright red blood seemed to be spurting from everywhere! The blood was sucked up into the Cell Saver and transfused. The patient's aorta was blindly clamped just below the diaphragm and the bleeding slowed down. A shattered right kidney plus a torn right renal artery and veins were quickly removed. Two large holes in the stomach were repaired. The X-rays showed many small bullet fragments in the abdomen. The bullet must have been a hollow point bullet that exploded in the abdominal cavity. Two small holes in the vena cava were

repaired. A few small holes in the aorta were also sutured. But when the aortic clamp was released more holes started spurting blood. The aorta below the right renal artery looked like a sieve! The aorta was then clamped just below the renal artery and the first clamp was removed. The abdomen was irrigated with warm solution. A lot of food had spilled all over the abdomen. The patient had been given contaminated red blood cells through the cell saver! Then to add insult to injury, the damaged portion of the abdominal aorta had to be replaced with a foreign body, a Gortex graft. This was a set up for a serious infection with the body rejecting the graft! Meanwhile, Dr. Vu was giving the patient warmed fluids including red cells, platelets, and fresh frozen plasma. He warned me that the patient's body temperature was dropping, the EKG was showing cardiac instability, the patient was bleeding more, and the blood was not clotting; all signs of impending death!

A suction drain was placed where the kidney had been removed and the abdomen was quickly closed. The patient was rushed to the ICU still connected to the respirator. He was encased in a special warming "bear hugger". It was noted that blood was oozing from the suture and staple holes and was flowing steadily into the drainage container. The blood was not clotting. Blood gases showed that the patient had also developed severe metabolic acidosis! It looked like we were losing the battle! But, Dr. Vu and I stayed by the patient, trying our best to save his life. Finally, the patient's body temperature started to improve, bleeding slowed, and finally blood from the drain started clotting. After another hour the patient's vital signs were stable, the drainage had stopped, and the patient was regaining consciousness. He started to make hand signs and answer by nodding or shaking his head.

Then, as trauma director, I had time to review the efficiency of my trauma team. I could not recall even having to give a single order. Every member of the team knew their job and did it all at the right time. I could not find a single glitch in the system. The team had worked like a well oiled machine. I was sure that Alberto could have had no better care any other place in the world. I was sure that he and his family would thank us all for our hard work and for saving his life!

We were puzzled when the patient became more and more agitated, started frantically making hand signals and kept pointing at his incision. He was very concerned about something! He was given a writing pad where we expected him to write a "thank you note." Instead, he wrote: "HOW MANY STITCHES DO I HAVE?" This was his only concern! When I said; "Maybe a hundred", he smiled broadly, gave me a "Thumbs Up", relaxed, and went to sleep. Alberto made a rapid recovery. He did not complain of any pain. He cooperated with his caretakers, because he wished to leave the Hospital as soon as soon as possible. He would not talk to the Police. He said he and his "home boys" would take care of "this problem"! He was still bragging to

everybody about all his stitches and the huge scar on his abdomen. It was his “Badge of Honor”! He now had the respect of all his Gang Members! He was an extremely happy young man! Besides bragging about his injuries, Alberto kept talking about getting revenge!

The gang wars still continue unabated even though it has been about fifteen years since Alberto was shot. Children, even babies, are being caught in the crossfire. I never found out what happened to Alberto after he stopped coming to my office for follow-up. If he continued with his plans, it is very unlikely that he is still alive!

P.S. Some Trauma Centers are now being used to train Military Surgeons. They often get more experience with gunshot wounds at these hospitals than they get on the battle field!

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