

Commentary on Resuscitation experience in the Falklands Islands Campaign

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Each major military campaign leaves a legacy and in the case of medicine this may be clinical, policy or operational. Perhaps the most famous quotation in relation to trauma is that by Cannon, an American Surgeon practicing during the first world war, who reported in 1918 “shock may hinder bleeding”. The Falkland Islands campaign was no exception.

In a pre ATLS era Williams et al reported devising a resuscitation policy very similar to an ABCD primary survey. Their desire was to create a system which was “simple and straightforward using a minimum of procedures, drugs and fluids” – principles similar to those used at the Birmingham Accident Hospital (“simple things should be done well always” Peter London, Senior Surgeon).

Contemporary care remains similar albeit with some advances in assessment and resuscitation techniques. In relation to airway care there has been the addition of naso pharyngeal airways and rapid sequence induction of anaesthesia frequently delivered in a forward position as part of the MERT teams. Oxygen can now be delivered in higher

concentrations with the use of the trauma mask. Non operative management of penetrating chest trauma, where indicated, remains unchanged as does the use (at the moment) of titrated opiates. Early blood transfusion led to more effective resuscitation in the severely injured, a lesson reinforced by the current conflict.

In relation to major incidents the successful management of the multiple burn victims from the Sir Galahad was an illustration of “doing the most for the most” with the adoption of a generic fluid replacement policy for all patients with burns >10% - applying principles ahead of the creation of the MIMMS course.

Lessons from the Falkland Islands campaign have advanced medical education but so often history repeats itself. How will the current campaigns in Afghanistan and Iraq be remembered? - for the use of hypotensive resuscitation strategies (remember Cannon), tourniquets, haemostatic dressings and damage limitation surgery with early blood transfusion (remember the Falklands), FFP and platelets.