

Images of Anaesthesia



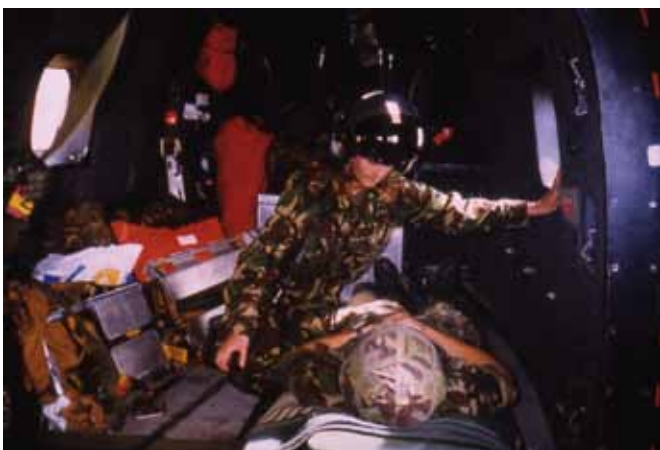
Gulf War 1991- Anaesthesia at 32 Field Hospital (Photo: Col PF Mahoney L/RAMC)



The Resus dept at 32 Field Hospital, Op Granby. Teams were of three people (a doctor, a nurse and a medic) to look after two trestles. At night teams slept in the department. (Photo: Col PF Mahoney L/RAMC)



Receiving a casualty in Resus in Macedonia in 1999 prior to the move forward into Kosovo. (Photo: Col PF Mahoney L/RAMC)



Retrieval of a casualty by the Immediate Response Team (IRT) from Macedonia, 1999. The IRT was the forerunner of the MERT. (Photo: Col PF Mahoney L/RAMC)

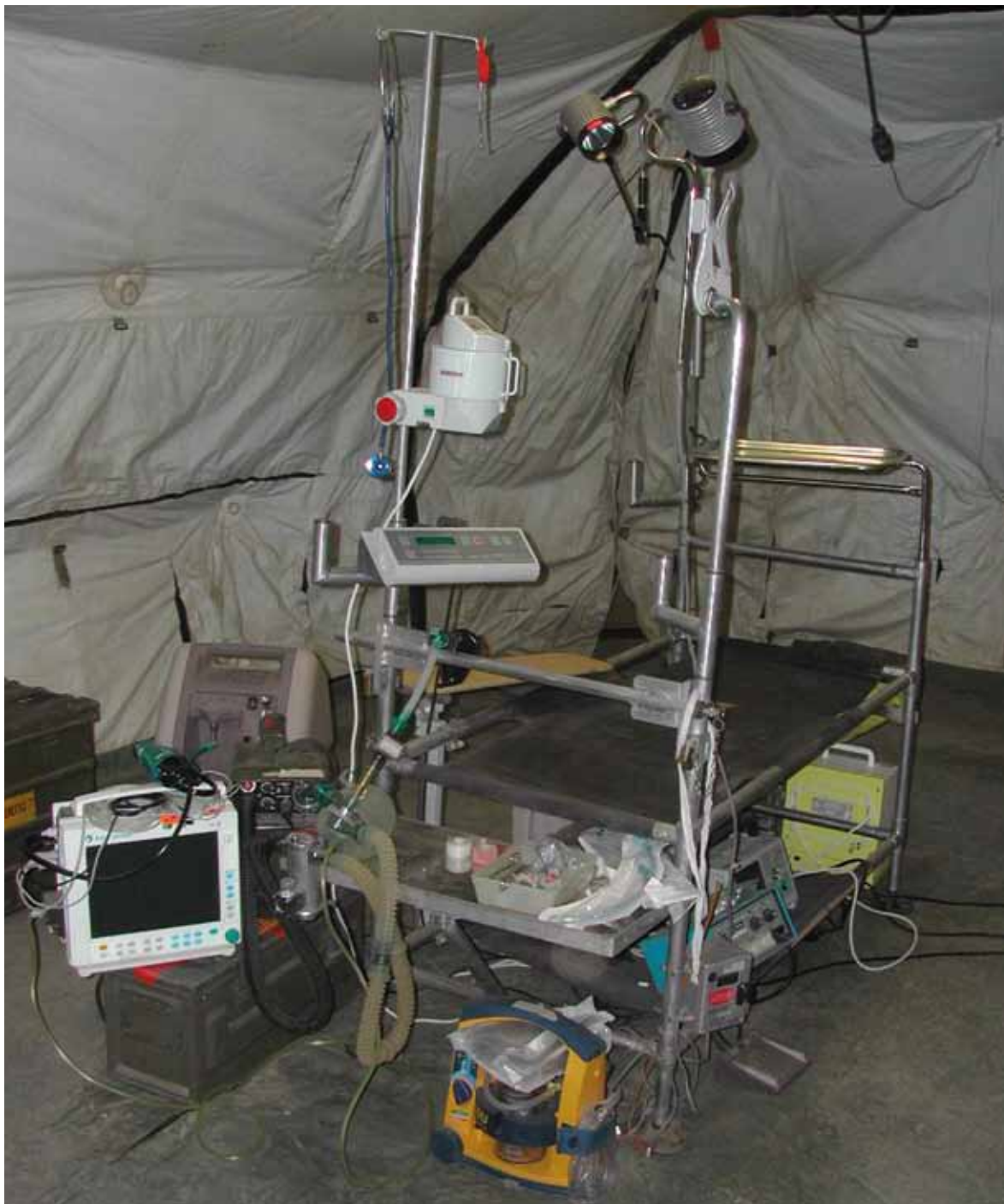
*Col Trip Buckenmaier undertaking regional anaesthesia with ultrasound guidance, Bastion 2009
(Photo: Lt Col Simon Orr RAMC)*



Surgeon Commander Heames giving the first general anaesthetic (semi-elective) on RFA ARGUS in 2003 before the start of operation TELIC. It is for a non-battle injury. Name of surgeon unknown. (Photo: Surg Cdr R Heames RN)



Emergency moulage on board RFA Fort Victoria (2010) where a patient is getting log-rolled. (Photo: Surg Cdr R Heames RN)



This was the portable operating theatre carried by the 22 Squadron FST of the Medical Support element of 16 Air Assault Brigade during the invasion phase of the Iraq campaign. Two MacVic operating tables with supporting anaesthetic kit, based on the Tri-Service vapourizers and CompPac ventilators, and supplies were packed onto trailers towed by Pinz-Gaur non-armoured trucks. Two squadrons (22 and 19) leapfrogged, setting up and taking down every 48 hours, to keep abreast of the advancing Coalition forces. Op TELIC 1, 2003 (Photo Lt Col NJ Jeffries RAMC)

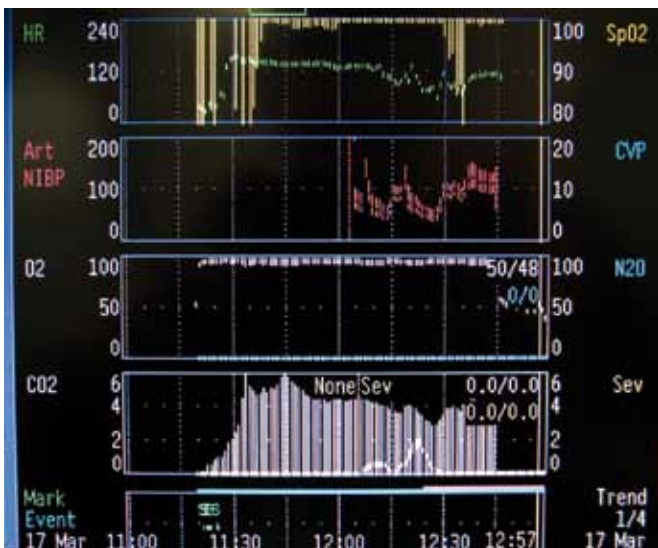
GIAT Industries (Groupement des Industries de l'Armée de Terre, a French government-owned weapons manufacturer) produced a modular, containerized operating theatre which was deployed in FRY to the SFOR UK Med Group hospital set up in a vacant shoe factory on the outskirts of Sípovo. It contained an operating table with associated lighting, a (barely...) overhead track to carry an X-ray, and a Kontron 5100 anaesthetic machine. There was a separate module for compressed gas supplies. The Kontron 5100 was a sophisticated "civilian" apparatus in common use in French and other European hospitals. It featured several ventilation options including variable I:E ratios and SIMV, and two common gas outlets which was a little confusing. There was an option for a circle system but this had not been purchased. The instructions were only in French. Sípovo 1998. (Photo: Lt Col NJ Jeffries RAMC)



ROTEM thromboelastometry analyser in use, revealing hyperfibrinolysis in a brain-injured patient, Camp Bastion Operating Room, Op HERRICK 11b (Photo: Maj N Tarmey RAMC)



Air-freighted platelets for transfusion arrive at Camp Bastion Role 3 Hospital Op HERRICK 11b (Photo: Maj N Tarmey RAMC)



Vital signs displayed on an Operating Room monitor following successful resuscitation from hypovolaemic cardiac arrest. Camp Bastion, Op HERRICK 11b (Photo: Maj N Tarmey RAMC)



Incident involving multiple casualties in Iraq 2004. This was a fixed tented field hospital and highlight multiple resuscitation teams working simultaneously in a co-ordinated fashion. There is an anaesthetist in every resuscitation bay. (Photo: Lt Col DA Parkhouse RAMC)



Preparation of equipment at the start of the day. Pre-anaesthetic equipment checks are similar to those carried out in hospitals in the UK everyday. Same skill set, different environment. (Photo: Lt Col DA Parkhouse RAMC)



Transfer of casualty from CH47 to Battlefield Ambulance at Camp Bastion. Care is uninterrupted throughout. (Photo: Lt Col DA Parkhouse RAMC)



Four man team carries out resuscitation on a MERT mission; the other troops look on calmly. (Photo: Lt Col DA Parkhouse RAMC)