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The Injured Liver

Management of Hepatic Injuries in the Trauma Patient

Martijn Hommes

1. Selective nonoperative management of patients with abdominal wounds, with or without solid-organ injury, with or without advanced CT technology, is largely based on the findings from serial clinical examinations. (This thesis)
2. Pack removal should not be performed earlier than 48 hours after packing for hemostasis of major liver bleeding. (This thesis)
3. Endoscopic internal drainage of bile leaks is only indicated for major bile leaks, as most smaller bile leaks resolve spontaneously. (This thesis)
4. A Sub Xiphoid Window procedure is a simple, safe, and less invasive technique to exclude occult cardiac injuries in patients with thoracoabdominal injuries and should be included in the standard armamentarium of the surgeon dealing with trauma patients. (This thesis)
5. 'Blush' on trauma computed tomography is not as bad as we think. (M. Michailidou, J Trauma Acute Care Surg. 2012 Sep;73(3):580-4)
6. Angiographic embolization is an adjunct to effective packing, not a substitute for sloppy hemostasis. (A. Hirschberg & K.L. Mattox in Top Knife, the art and craft of trauma surgery, January, 2005, tfm Publishinh Ltd, Castle Hill Barns, Harley, UK)
7. A negative ultrasound to detect hemopericardium does not exclude a cardiac injury, when haemothorax, J-waves on electrocardiogram, a straight left heart border on chest-X-ray or raised venous central pressure is present in hemodynamic stable patient, ultrasound should be repeated after 24 hours. (A.J. Nicol, Ann Surg. 2014 Mar;259(3):438-42)
8. When physiology is disrupted attempts at restoring anatomy are futile. (M. F. Rondono, J Trauma. 1993 Sep;35(3):375-82)
9. Due to a lack of published or pending randomized controlled trials, evidence that supports the safety and efficacy of damage control is limited. (R. Cirochi, Cochrane Database Syst Rev. 2013 Mar 28;3:CD007438)
10. It is a Cruel, Crazy, Beautiful World. (Johnny Clegg & Savuka, In My African Dream, 1994, EMI Records Ltd.)