


eComment: Under representation of Germany’s specialized thoracic surgery units in maximum service hospitals impacts treatment

Author: Thorsten Walles, General Thoracic Surgery, Schillerhoehe Hospital, Solitudestrasse 18, 70839 Gerlingen, Germany
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In their recent national survey ‘Incidence and treatment modalities of tracheobronchial injuries in Germany’ Schneider and colleagues analyzed the frequency of iatrogenic and non-iatrogenic tracheal injuries and the characteristics of surgical units (specialized thoracic surgery units vs. others and maximum service and university hospitals vs. others) involved in the treatment of this rare traumatic entity in Germany [1]. Despite evidence-based recommendations towards more conservative treatment approaches, especially for iatrogenic tracheal injuries, the authors identified a high proportion of surgically managed injuries in both groups in institutions of highest level of service [2]. The authors, therefore, rightly conclude that surgeons being involved in the treatment of these patients should be familiar with the limitations and chances of conservative tracheal injury management.

Interpreting these findings the reader has to visualize the given fact that most of the 38 specialized thoracic surgery units in Germany reside outside maximum service and university hospitals [3]. Therefore, it is comprehensible that 53% (226 of 429) of patients with non-iatrogenic tracheobronchial injuries were treated in hospitals that do not provide specialized thoracic surgery services. The majority of these patients (276 of 429; 64%) had developed a tracheobronchial injury following blunt chest trauma and it can be assumed that these patients were transferred to a special trauma unit for treatment of the probably present coexisting injuries [4]. In contrast, 62% patients (374 of 604) with iatrogenic tracheal injuries were treated in specialized thoracic surgery units. This allocation appears reasonable against the background of 38 specialized centres (representing 16% of the reporting institutions) being distributed throughout the country. Here, the supposedly isolated tracheal lesions could be managed in the absence of resource-intensive trauma units.

To cut a long story short, the settling of the (existing or new) specialized thoracic surgery units at Germany’s maximum service and university hospitals may address the detected inadequacies more sustainable than expecting general and trauma surgeons being familiar with sophisticated treatment modalities of thoracic injuries.

References


