



# Sixth International Joint Meeting on **THORACIC SURGERY**

Barcelona - 20<sup>th</sup>, 21<sup>st</sup> and 22<sup>nd</sup> November 2024  
Auditorio Foment del Treball Nacional, Barcelona (Spain)

11<sup>th</sup> International Meeting on General Thoracic Surgery



Hospital  
Universitari  
Sagrat Cor

10<sup>th</sup> International Workshop on Surgical Exploration of the  
Mediastinum and Systematic Nodal Dissection



5<sup>th</sup> Meeting of the Thoracic Oncology, Thoracic  
Surgery, Techniques & Transplant, Respiratory Nursing  
and Respiratory Physiotherapy Areas of the Spanish  
Society of Pneumology and Thoracic Surgery (SEPAR)



3<sup>rd</sup> Joint Meeting of the Spanish Society of  
Thoracic Surgery (SECT)



30<sup>th</sup> Congress of the "Asociación Iberoamericana  
de Cirugía Torácica" AIACT



10<sup>th</sup> International Workshop on Surgical Exploration of the  
Mediastinum and Systematic Nodal Dissection



## LESSONS LEARNED FROM THE CARE OF MILITARY INJURIES OF THE TRACHEA

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We have experience in performing 9 primary reconstructive cases, the most interesting of them will present today during my presentation. Circular resection of 3 tracheal hemispheres - 1 patient; Subcircular resection of 4 - 2 tracheal semicircles without damage to the membranous part of the trachea - 5 patients; Subcircular resection of 3 - 2 tracheal semirings with excision and suturing of the membranous part of the trachea - 3 patients. When the cervical trachea is injured at the prehospital stage, the doctor should be ready for non-standard methods of tracheal intubation - through the wound channel, or performing a tracheostomy. Suturing of the trachea was performed with standard resorbable material - Vicryl. Taking into account the data of morphological changes in the tracheal wound zone, we note that destructive changes are observed at 1, 5 cm from the wound site, so we dissected this zone and then sutured it. It is possible to perform primary reconstructive operations for gunshot wounds of the trachea. It requires excision of non-viable tracheal tissue and sufficient mobilization of the trachea for preventing tension during the anastomosis