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Summary

When endoscopy help is required in surgery: A case of a self-induced gunshot trauma

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Nurses

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An experienced endoscopy nurse presents a complex trauma case involving a 28-year-old with self-inflicted gunshot injuries requiring emergency surgical repair followed by endoscopic management of anastomotic rupture and bleeding, emphasizing the critical role of interdisciplinary communication and nurse expertise in emergency endoscopy.

KEY POINTS

- The patient sustained multiple perforations (transverse duodenum, gastric greater curvature, oesophagus) from a self-inflicted gunshot wound and underwent emergency surgery with gastric and oesophageal anastomoses, requiring 16 units of blood transfusion.
- Four days post-surgery, the endoscopy team managed rupture at the jejunal-gastric anastomosis and oesophageal-fundic anastomosis using adrenaline injection, a clipped colonic stent, and Sengstaken tube tamponade in a six-hour procedure; the patient died 20 days later from multiple organ failure.
- The speaker teaches that emergency endoscopy in trauma differs fundamentally from routine procedures due to limited accessories available through a 2.8mm channel compared to surgical options.
- The speaker emphasizes that endoscopy nurses should share their practical knowledge and experience without hesitation, particularly regarding accessories that surgeons may not be familiar with, and that team communication and having a backup plan are essential.
- The junior surgeon performing the initial operation asked the nurse for advice, illustrating that doctors may lack experience in trauma situations and benefit from collaborative input from experienced endoscopy staff.

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