

SVS Members Volunteer Services at LRMCM

Ruth Bush, MD, MPH, discusses the origins and experiences of the SVS's volunteer program sending vascular surgeons to Germany to treat soldiers injured in battle.

How did you become involved in the SVS's volunteer program at Landstuhl Regional Medical Center (LRMC)?

The Society for Vascular Surgery (SVS) volunteers at LRMCM in Landstuhl, Germany, and I was the first person to volunteer last September. The volunteers go every 2 weeks, one vascular surgeon at a time. It is nearly booked through January 2009. I am hoping that my talk at the SVS Vascular Annual Meeting encouraged some people to go. I'm sure they are busy, especially with the rise of troops in Afghanistan.

How did the program come to be?

Dr. David Gillespie, a colonel in the army, initiated the program along with consultation and advice from Dr. Norman Rich. At the time, Dr. Gillespie was Chief of the Division of Vascular Surgery at Walter Reed in Washington, DC. He had gone overseas and had seen the amount of vascular surgery that was being performed in Iraq and Afghanistan. After the procedures are completed, the patients are transported to Landstuhl, which is the receiving hospital for all combat and noncombat injuries sustained in Iraq and Afghanistan. Originally, he was trying to figure out how to populate the military training programs with vascular surgeons in the US. Several of us had been contacted because so many vascular surgeons were being deployed because they did not have enough key personnel to train the military vascular trainees. Because the Accreditation Council for Graduate Medical Education requires that you have a certain number of key faculty, he originally asked us if we would volunteer for a month at a time at some of the military training facilities; however, in trying to arrange that, he thought it would be a better use of our time to go to Landstuhl for shorter rotations where we would not be burnt out and could provide consultations and vascular surgery if needed. He did not believe that a military vascular staff should be stationed at LRMCM due to the varying vascular caseload and limited personnel.

The American College of Surgeons and the American Association for the Surgery of Trauma already had a senior trauma surgeon rotation over there, which he used as a format to build this program.

What is required of each volunteer?

Volunteers need to be a member of SVS, and they must be able to be credentialed at Landstuhl, which is not difficult for a practicing surgeon. Volunteers apply to the American Red Cross to go as Red Cross volunteers. The Red Cross provides malpractice insurance. Volunteers stay on the base in billeting, which is next to the hospital. The day begins with trauma rounds at 7:00 AM to see what admissions came in and what arrivals are expected. Volunteers then do formal intensive care unit rounds with all the trauma surgeons, staff, nutritionists, and therapists, etc. The US Army provides the housing for 2 weeks as well as a roundtrip coach ticket; volunteers are responsible for their food.

How many of the procedures are considered vascular surgery versus just surgery?

I would say approximately 20% to 25% is vascular surgery, which varies per volunteer and what each volunteer is comfortable doing. The remainder of cases consists of vena cava filter placements, wound washouts and debridements, and a few endovascular procedures.

There are many huge trauma wounds; the body armor that the soldiers wear is excellent and provides good coverage, but there are a lot of blast injuries that are disfiguring and deforming.

How much endovascular therapy is being performed?

Very little is actually needed, but when it is needed, that is when the SVS volunteers can really provide service. As stated, many inferior vena cava filters being placed due to the magnitude of the injuries including head injuries. Also, when

the wounded soldiers are being sent back to the continental US for continuing care, they may be on a cargo plane for 24 hours en route to their base.

Several volunteers have done either diagnostic or therapeutic endovascular procedures. I did several while I was at LPMC. What they used to do for those procedures is transfer the patient to a facility in Homburg, Germany, where there is an interventional radiologist. Now they do not have to do that because there is someone on-site who is endovascularly trained. Otherwise, there are many issues with transporting a critically ill soldier, which is done by ambulance.

Do you know if any other societies are involved in any similar programs?

The American College of Surgeons has an initiative called *Operation Giving Back*, and they offer some different volunteer opportunities for general surgeons. I believe that most people who have gone to LPMC have found it worthwhile, as well as a humbling experience.

What was the volume of patient transports like while you were at LPMC?

The average stay at Landstuhl is 3 days—some patients stay longer, some patients leave sooner; it depends on when you can get them on a cargo plane and how sick they are. The C-130s were landing every day, and the number of patients varied. Some days, there were just a few; one day in particular, there were 48 patients brought to the center. Some may be people who are downrange and have minor illnesses, and others have major combat-related injuries.

What did you take away from your volunteer experience at LPMC?

It was a humbling experience. I have no military background, and what we see in this war is a lot different from what has been seen in other wars because of the type of munitions and body armor. Two weeks is not a very long time for someone to be away from his or her practice or home. All five of my partners and I have gone.

How many American surgeons have volunteered so far?

Thirty-one SVS members have gone or will go through January 2009. The cycle runs every 2 weeks, and it has been filled each time. I have been very impressed with people volunteering, and one SVS member has gone back for a second rotation. I am happy to go back again. Surgeons should contact SVS if they want to volunteer; the number is (312) 334-2309. ■

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