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Urological trauma - Where do urologists fit into the trauma team?

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Urologists are not typically considered as part of the emergency trauma team. These old connotations continue to fade with increasing importance on the input of reconstructive urology in individuals with abdominal and pelvic trauma. Novel therapies in the management of renal trauma are considered with focus on the acute control of hemorrhage with view to preservation surgery as opposed to emergency total nephrectomy. We review modern imaging techniques which are increasingly used as diagnostic adjuncts and important therapeutic devices, with an increasingly important role for urologists alongside interventional radiology. Bladder trauma remains poorly understood. We explore the varied opinion of experts when considering conservative and invasive management of traumatic bladder perforation. Urethral and ureteric trauma can propagate to complex sequelae in patients beyond the immediate management stage. We review the importance of isolating areas of tubular damage and instigating appropriate management to restore urinary flow and act as a prophylactic agent against future complications. Urology remains at the forefront of technological advancement; and as such, has a pivotal role in the maintenance of the current best standard of trauma management.

Biography`

Torath Ameen is a Urology trainee at Chelsea and Westminster Hospital. He has interest in Surgical Innovation; currently, working with the urological robotics research team at St Mary's Hospital, London's North West Major Trauma Centre. His background includes research in Translational Stem Cell Therapy and Reconstructive Microsurgery.

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