

## **EVOLUTION OF TRAUMA SURGERY**

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The problem of fracture management commonly found in Asia during 70-80, was that the patients received treatment by bone setters. This caused great problems on management as deformity, poor function, nonunion and malunion. The operative treatment at that time usually resulted in complication. Due to the problems of instruments and implants and the inadequate comprehension on the biology, biomechanics as well as surgical technique. In former days internal fixation was prohibited for treating open fractures. The treatment for closed tibial fracture was to use the long leg cast and then change to PTB. In case of femoral fracture treated by intramedullary nailing there was only the open retrograde nailing technique with Kuntscher nail. In displaced articular fracture of distal humerus, the recommended treatment was the Bag of bone technique since there was neither implant nor surgical technique to fix the fracture. Since AO was founded in 1958 with the established principles that significantly effect the outcomes of operative treatment of fractures. As a trauma surgeon it is essential to select the appropriate biomechanical principle according to the type of fracture and degree of soft tissue injury. At present one of the recommended techniques for multifragmentary diaphyseal fractures is the MIPO. The concept refers basically to the conservation of bone vascularity during operative procedure to ensure the viability of individual fragments. As a learning surgeon we have to observe what is the state of the art today and improve our practice.