

# Siriraj Trauma Center

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Trauma has been one of the important health problems for a long time. Even now it is the leading cause of death in young adults. The increase in survival after injury needs rapid and accurate treatment. Professor Udom Posakrisna recognized this problem and established the holistic trauma service in Siriraj Hospital. At that time, he was the Dean of the Faculty of Medicine Siriraj Hospital and the Head of Department of Surgery. He received the donation from the Siam Commercial Bank and the Siam City Bank to build the Trauma Unit. It was a 5-storey building which included outpatient area, operating room, intensive care unit, public ward, private ward, and conference room. Professor Tu Chaiwat was assigned to be the chief of the trauma unit and started to take care of the patients in 1972. The administrative committee was the Dean of the Faculty of Medicine, and heads of the departments of surgery, anesthesiology, orthopedic surgery and physical therapy, ophthalmology, oto-rhino-laryngology, forensic medicine and others.

The trauma unit has served about 30,000 new cases and 30,000 revisited cases per year. The services included common trauma cases and many mass casualty incidences caused by train, bus or boat accident and political or social conflict, etc.

The lists of chiefs of the Trauma Unit from the past to present are as follows:

Professor Tu Chaiwat	1971-1975
Professor Lim Khunwisan	1976-1977
Professor Bhisit Viseskul	1977-1981
Professor Kasian Bhanganada	1981-1989
Associate Professor Boonchai Jitapunkul	1989-1992
Assistant Professor Singhapan Tongswas	1992-2000
Assistant Professor Chumporn Pongnumkul	2000-2004
Clinical Professor Preecha Siritongtaworn	2004-present

To improve the service and academic area, the first Burn Unit in Thailand was established in the Trauma building in 1978. The treatment of the trauma patients were supported

by all departments in the Faculty of Medicine Siriraj Hospital and all divisions in the department of surgery. Therefore, all kinds of injuries were treated, as well as the microsurgery and replantation by the plastic and reconstructive surgery division from the beginning. The trauma unit set up the special clinics to improve the treatment and training such as Facial Fracture Clinic (1981) and Hand Clinic. In addition, the orthopedic and forensic medicine services were initiated in the outpatient area. After my completion of trauma surgery training from Denver General Hospital and also The Advanced Trauma Life Support (ATLS) course in 1988, we started to modernize the service and used the ATLS topics for our medical students and residents. Professor Chomchark Chuntrasakul, the President of the Trauma Association of Thailand had also used The ATLS topics to arrange the course for the physicians in the following year as seen in the Trauma Surgery book no 1. The full ATLS courses were introduced to Thailand in 2003 by the Royal College of Surgeons of Thailand with the support from the American College of Surgeons and the Royal Australasian College of Surgeons.

In 2002, the Ministry of Public Health recognized the national health problems and started the project of tertiary care for cardiovascular, cancer and trauma patients. Siriraj Hospital was chosen to be one of the 28 trauma centers to support the trauma registry, service, teaching and research improvement. The Siriraj Trauma Center prepared the system, self audition and staff to provide in house 24 hours service at the outpatient area in order to resuscitate the severe cases since 2005. The center was approved by the Trauma Association of Thailand to be the excellent trauma center. However, still the knowledge and service have to be improved. Last year, the cell concept for the lean management in the public trauma ward was honored and used to be the model for many hospitals in Thailand, as well as the neighboring countries. It reduced the wasted time. As a result, the nurses worked happily and more effectively, and the patients had better results. The staff in the Trauma Unit was prepared to be the experts in many fields of trauma services such as burn and wound, hyperbaric treatment, critical care and special organ injury.

At present, Siriraj Hospital receives a lot of trauma patients from the nearby places for primary and secondary care, and from the hospitals nearby and all around the

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country for primary, secondary and tertiary care. We do not have the pre-hospital service because even without our pre-hospital service, many patients come to the trauma building as indicated above. Although a number of developments have been made in the past, the improvement is still going on at the Siriraj Trauma Center.

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