A trap gun (TG) is a locally manufactured, illegal barreled weapon with a simple trigger mechanism. Trap guns are frequent in agricultural areas of the country. Once the gun is set, it bursts automatically upon the triggering. Since there is no present person selecting the target, the gun injures both animals and humans. A retrospective study was carried out to identify geo-spatial distribution, seasonal variation and injury patterns of TG injuries brought to Teaching Hospital Anuradhapura during 2007 to 2009. A prospective study will identify those in a more detailed manner. The abstract discusses some findings of this ongoing study and the retrospective study. In 2007 there were 107 TG injuries, and 68 in 2008. In 2009 the number increased to 126. Of the victims, 97.5% were males. The mean age was 36.98 years (SD = 11.36), with an age range of 13–69 years and an Inter Quartile Range (IQR) of 29–43 years. The majority of the injuries were lower limb injuries. A significant percentage showed compound fractures and soft tissue injuries. Amputations due to vascular injuries were low (1.5%). Of the victims, 97.5% were males. The mean age was 36.98 years (SD = 11.36), with an age range of 13–69 years and an Inter Quartile Range (IQR) of 29–43 years. The majority of the injuries were lower limb injuries. A significant percentage showed compound fractures and soft tissue injuries. Amputations due to vascular injuries were low (1.5%).

The provision of mechanical ventilatory support for large numbers of casualties in disasters is a complex, controversial issue. Some experts consider this modality unsuitable for large disasters and a waste of resources better devoted to eminently salvageable victims. However, the reality has usually been that rescue teams bring with them some ventilatory capability, even if only for perioperative support. Also, there are many instances when the environment, the existing and potential capacities, allow for significant numbers of victims to be saved by providing artificial ventilation, that would otherwise have likely died. It is therefore important to discuss the issue, with all its complexity, so that the disaster preparedness and relief community fully understands its implications and makes informed, locally relevant decisions before and after disasters strike. The purpose of this presentation

May 2011
Prehospital and Disaster Medicine

Downloaded from https://www.cambridge.org/core. IP address: 54.70.40.11, on 22 Nov 2018 at 14:06:45, subject to the Cambridge Core terms of use, available at https://www.cambridge.org/core/terms.