GUJARAT EARTHQUAKE - OUR EXPERIENCE OF THE FIRST 7 DAYS AT REFERRAL HOSPITAL, AHMEDABAD

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26th January 2001 will be remembered in the history of Gujarat as the day when few seconds of nature's fury wrought untold death & destruction. Our institute was established as the nodal referral center for the management of not only patients of Ahmedabad, but also those from the chiefly affected regions of Bhuj, Bhachau & Anjar.

Within 15 minutes of the earthquake, the first patient had arrived at the casualty. What was initially a trickle, swelled up into a deluge within no time. All the consultants & residents, regardless of whether on emergency duty or not, gathered & swung into action, in spite of the specter of aftershocks & fear of building collapse.

Within the first hour itself, there was an immediate need to perform tracheostomy in over 20 patients. Though tracheostomy tubes were freely available, separate instrument sets for each patient were not available. As a result, we ended up doing tracheostomy with as little

instruments as 1 double hook retractor, 1 single hook retractor, 1 artery forceps & knives without handles. Residents of other specialities & scalpels undergraduate students were used as assistants.

Initially, the indication for tracheostomy was head injury with different levels of consciousness. 6 of the 22 patients were intubated & tracheostomy was done to enable better tracheobronchial toilet. These patients also had polytrauma & other crush injuries. The contribution of E. N. T. department was not limited to tracheostomies only but also included the repair of contused lacerated wounds of different parts of the body. Other indications for tracheostomy included 9 cases of facio-maxillary injury & 2 cases of subdural haematoma (SDH), prior to be taken for surgery. Cases of facio-maxillary injury were managed by the plastic surgeon as a matter of protocol.

From the 4th day onwards, cases of tetanus due to injuries

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Fig. I : Photograph of patient with multiple facial bones fracture with tracheostomy & anterior nasal packing.

Fig. II : Photograph showing fracture nasal bone with deformity.

Date	Head Injury	Facio-Maxillary Injury	Tetanus	SDH(Pre-op)	ARF	Total
26.1.2001	22	2		1		25
27.1.2001	2	5		1		8
28.1.2001		2				2
29.1.2001			2			2
30.1.2001			2			2
31.1.2001			1		1	2
February			1		1	2
Total	24	9	6	2	2	43

sustained during the earthquake started coming in. Till date we have done tracheostomies in 6 such patients. Besides these, tracheostomy was also done in 2 cases of acute renal failure (ARF) due to crush injuries to be put on ventilator support. A complete date-wise record of tracheostomies done is shown in the table.

One 40 year, male patient was rescued from the debris 3 days after the earthquake. He presented to us with multiple facial bone fractures involving maxilla, mandible, sphenoid, nasal bones & pterygoid plate & epistaxis. The initial line of management was anterior nasal packing, which was followed by posterior packing (Fig.I). In spite of repeated anterior & posterior nasal packing & use of epistaxis catheter, the bleeding was intractable. Finally external carotid artery ligation **with** nasal bone fracture reduction was done under general anesthesia. At the time of writing this report, the patient is post-operative day 3 and epistaxis finally seems to have stopped.

Another freak incident occurred almost 10 days after the earthquake. An aftershock of the magnitude of 5.3 was felt in Ahmedabad. This patient (Fig.II) while rushing out of his house fell down, face first & ended up with fracture of nasal bones & gross external deformity. We reduced

the fracture & achieved fairly good results on the operating table. The patient is now with a plaster cast.

An overview of the patients admitted in our institute shows that at times of earthquake, it is the limb extremities that are commonly involved. But patients of head injury and facio-maxillary injury requiring tracheostomy needs the attention of the E. N. T. surgeon. Also such cases as intractable epistaxis & nasal deformity due to fracture may also present to the E. N. T. surgeon.

The events of 26th January and their aftermath evoked immense terror in the populace, but the untiring efforts of the medical fraternity in alleviating the sufferings of the injured & the maimed, demonstrated the triumph of human spirit over the vagaries of nature.

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