Preface

Colorectal Trauma

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“The only victor in war is medicine.”

–William or Charles Mayo

The contemporary management of colorectal trauma owes much to the synergistic clinical efforts between military and civilian surgeons, as well as the extensive wartime surgical experience many of these individuals brought back to their civilian and academic practices. Drs. Tyler and Welling nicely summarize these advances over the last century. The next two articles, authored by surgeons located in San Antonio but based at the university and Ft. Sam Houston, examine the literature supporting the modern treatment of colon and rectal trauma, respectively. Likewise, anorectal and perineal wounds are succinctly addressed by Dr. Jeganathan and colleagues.

Dr. Beldowicz, an experienced combat surgeon, offers a superb primer on damage control techniques, an unfamiliar

concept for many practicing colorectal surgeons. Yet, this remains an appropriate approach for certain patients we may encounter who present *in extremis* from intra-abdominal catastrophe with advanced metabolic derangements. How to handle the injured or resected colon following damage control surgery remains unclear, although Drs. Chamieh, Prakash, and Symons provide a thorough review of the available data and their own treatment algorithm.

Not all colorectal injuries are the result of external trauma. Drs. Rai and Mishra describe the incidence and outcomes following endoscopic perforation of the colon. Their article focuses particularly on novel and less invasive approaches to these iatrogenic injuries. My hope is this issue of *Clinics in Colon and Rectal Surgery* will be useful to the surgeons working tirelessly both abroad and at home in caring for injured patients.

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