



Birmingham QE staff 'adapt to skills of the Taliban'

Julia Leonard Journalist, BBC News, Birmingham interviews Sir Keith Porter

“ People are surviving injuries now they wouldn't have done three or four years ago but we are having to be reactive and adapt to the skills of the Taliban. ”



Sir Keith Porter is the UK's only professor of clinical traumatology, based at the Royal Centre for Defence Medicine (RCDM) at the Queen Elizabeth Hospital (QE) in Birmingham.

He is in charge of the unit where between 650 and 700 servicemen are flown over from Afghanistan or admitted for follow-up treatment each year.

Prof Porter said the skills of the 350-strong team at the RCDM have had to progress at a “significant rate”.

'Unexpected survivors'

He said: “We've been seeing injuries coming out of Afghanistan we simply don't find in textbooks.

“They can be divided into two types, those caused by gunshot wounds and blast injuries caused by Improvised Explosive Devices (IEDs) which are the most severe.

Prof Keith Porter

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“We've had to debate and discuss how to manage these complex problems and draw on the experience of military surgeons on an international level, including the US where

there's big exposure to trauma.” Prof Porter said the team was formed of a “unique blend” of civilian and military personnel.

This team works with colleagues at the £20m the National Institute for Health Research (NIHR).

He said: “Some of our patients are very critically injured and it's a great delight to see many unexpected survivors.

“We are very proud of our records that over a decade we have only lost nine or 10 patients here at Birmingham as a consequence of their wounds.

“There are others who have sadly died because of their head injuries, but relative to the number of patients who we see that figure is very impressive.”

When asked if the Ministry of Defence (MoD) could be doing more to improve force protection to help curb the scale of the injuries, he said the introduction of “blast pants” had helped.

“They have significantly modified the extent of genital injuries and our feedback chain to the MoD is very robust in terms of what is working and what isn't.”



The MoD issues soldiers with “blast pants” similar to these





RCDM QE Birmingham

The MoD said anyone who went on operation had been issued with pelvic protection, as standard, since 2010.

It said further developments meant three-layered protection was now being used, although protection had to be weighed up against flexibility of movement.

A spokesman said: "They [troops] are also issued with an extensive 'black bag' of personal kit worth £3,000.

"So whilst some soldiers may choose to purchase additional items, they are provided with all the necessary kit they require.

"We continually work with scientists, medics and service personnel to ensure that our equipment and vehicles are best suited to meet the emerging threats in Afghanistan, and the Urgent Operational Requirement process has helped to provide billions of pounds of kit as quickly as the technology has become available."

Force protection has had to evolve to mitigate the emerging threat, the MoD said.

It is not just on the front line where servicemen need safeguarding, added Prof Porter.

'Complex problems'

He said the "gap" between wound care treatment for serving soldiers compared to

those who had been discharged needed addressing and he had become a patron of a charity called Woundcare 4 Heroes.

"There will be a significant legacy factor after this war and it's our job to make sure they're captured and get the best advice for their ongoing life.

"Fundamentally there are some complex problems many clinicians will not have been exposed to.

"Discussions are going on with the Department of Health about how we ensure we look after our veterans and

this is a work in progress," said Prof Porter.

The Birmingham-based charity was founded by Claire Stephens, a nurse specialist from Bromsgrove, Worcestershire, who is a former nursing officer captain of The Queen Alexandra's Royal Army Nursing Corps.

She was wounded herself and medically discharged last year.

She said: "The problems start to arise when servicemen are discharged and cascaded outside of the military - that's no disrespect to the NHS, but wound care within the military and within the NHS are very different."

The Department of Health has welcomed the support offered by the charity.

A spokesperson said: "We work closely with the MoD, NHS, armed forces networks and service charities to make sure those wounded whilst serving their country continue to get the right care they need once they leave the armed forces.

"Much of the wound care received by those still serving will be provided by the NHS."

Prof Porter said: "When we come out of Afghanistan we need to make sure everything we've learnt is documented.

"There's been a tremendous advancement and we're working hard to ensure we capture all the legacy issues.

