Being radiologist in a Field Hospital

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The Danish experience.

In 2008 the Danish Government had a request from England and accepted to man the Field Hospital in Camp Bastion in Afghanistan as part of the Danish participation in ISAF in Afghanistan. The Field Hospital had been driven by the British Army for several years and was fully equipped. The task was to man the Field Hospital with app. 100 Danish medical personnel for 3 months in 2009 and all supplies to the hospital should still come from England. It should be the first time since the Korean War that Denmark send out medical personnel for a whole hospital, and the first time ever that a Danish radiologist was deployed from the Danish army (at least as a diagnostic radiologist).

However, after acceptance of this task the incidents in the area (Helmand Region) were increasing in number and severity and as a consequence the Field Hospital had to grow 2008/9. The increased demand for personnel gave the hospital a true international appearance, as the extra persons were coming from US and England and we ended up being app. 200 medical personnel.

Starting the period in the middle of the American offensive “The Claws of the Panther” we started out with a very hard workload night and day, and in July the temperature itself can give problems. The Field Hospital was equipped with digital radiography, with a 6 slice CT-scanner and 4 radiographers. App. 3 months before our period a radiologist from England was starting on spot, whom I relieved. Until then the radiology service were teleradiology with several hours in delay for CT-reading and usually a minimum of one days delay for reading the radiographs. Sometimes a radiographer was deployed who could do ultrasound and other times there were just the surgeons to do that. In my period I was the only person from the radiology department that could do ultrasound, and as such I was part of first trauma call 24/7 all 3 months to do FAST to help prioritize.

This lecture will deal with the preparation of the team before start, the workload, duties for the radiologist, common diagnostic problems as well as unexpected demands and problems, caused by the environment or the situation. I certainly find that our specialty should be on spot in Role 3 Field Hospitals or larger. The direct contact with the surgeons and knowledge of the patients from the FAST-scanning facilitates faster and better CT descriptions and thereby contribute to the optimal treatment for each patient.