

## NTDB® data points

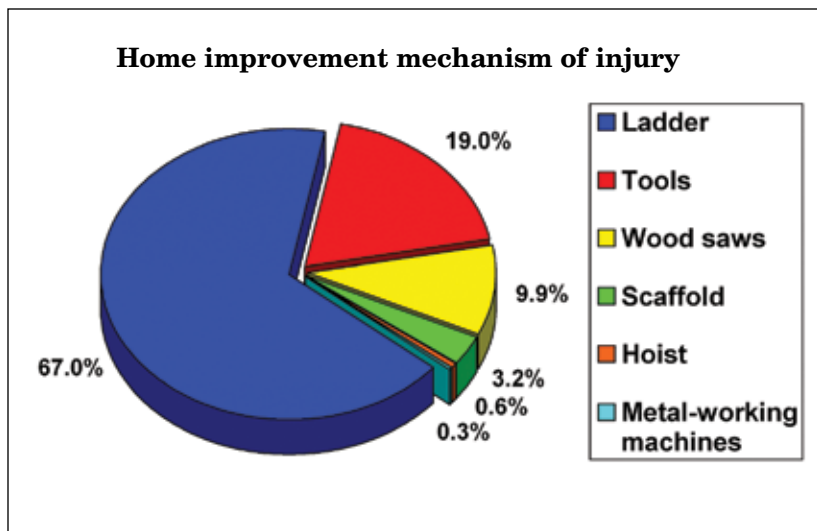
# The house of pain

by Richard J. Fantus, MD, FACS, Chicago, IL

Summer is well under way. It is a time for family gatherings, vacations, outdoor activities, and home improvements. According to the Home Improvement Research Institute ([www.hiri.org](http://www.hiri.org)), chain stores like Home Depot and Lowe's have proliferated from 96 stores in 1998 to 1,895 stores in 2007. Consumer spending at such stores nearly doubled between 1996 and 2006 to greater than \$230 billion per year, and this figure is projected to continue to grow annually by 5.4 percent. There have been sitcoms, public access programs, and entire television channels devoted to home improvements. Along with the exponential growth in do-it-yourself home projects has been the alarming climb in ladder-related injuries. The Underwriters Laboratories (UL) report that one of the most potentially hazardous tools used around the house, accounting for 222,000 emergency room visits in 2005, is an extension ladder or stepstool.\* As I was getting ready to ascend my 24-foot fiberglass extension ladder, I thought it would be best to assess the risk-to-benefit ratio of changing those flood light bulbs myself.

In order to examine the occurrence of home improvement injuries in the National Trau-

\*Available at: [www.ul.com/media/newsrel/nr\\_spr05\\_lad.html](http://www.ul.com/media/newsrel/nr_spr05_lad.html).



ma Data Bank® Dataset 6.2, I used the International Classification of Diseases, Ninth Revision, Clinical Modification cause of injury code E 881.0, 881.1, falls from ladder or scaffold; E919.2, 919.3, 919.4, accidents caused by machinery; E920.1, 920.3, 920.4, accidents caused by cutting or piercing instruments (hand tools); and E849.0, for place of injury home. There were 16,084 records found in the dataset for these E codes. The injuries included 10,776 related to ladders, 3,049 related to powered and nonpowered hand tools, 1,595 related to woodworking saws, 522 related to scaffolds, 93 related to hoists, and 49 related to metal working. These data are depicted in the figure

on this page. Among victims, 85 percent were male, on average 52 years of age, and with an average length of hospital stay of 4.3 days and an average injury severity score of 7.36; 2 percent died of their injuries.

Ladder-related injuries accounted for two-thirds of the records. UL safety experts have put together guidelines for ladder use, including following the instructions and warning labels, using fiberglass ladders whenever near electric wires, inspecting the ladder before stepping on the first rung, keeping the ladder on a firm surface, using the right height ladder or stepstool, not overextending reach, facing the ladder while climb-

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ing, and never leaving a raised ladder unattended.\*

When it is time to start your home improvement project—especially when it involves a ladder—please observe the above safety recommendations so we can stop the climb in

ladder-related injuries and your home will not turn into the house of pain.

Throughout the year, this column will provide brief monthly reports. The full NTDB *Annual Report Version 6.0* is available on the ACS

Web site as a PDF file and a PowerPoint presentation at <http://www.ntdb.org>.

If you are interested in submitting your trauma center's data, contact Melanie L. Neal, Manager, NTDB, at [mneal@facs.org](mailto:mneal@facs.org).

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## Operation Giving Back

# Volunteer opportunities available

Operation Giving Back (OGB) frequently receives inquiries from surgical residents interested in surgical volunteer opportunities and international medical experiences. The education afforded by such unique experiences includes learning different cultures and pathologies as well as insights into policy and economic influences on health care decisions. The following is a sampling of OGB's partner agencies that provide volunteer opportunities for residents:

- The Community Coalition for Haiti conducts several mission trips a year to Pignon, Haiti, to provide education, training, and medical support at the Hôpital Bienfaisance de Pignon.

- Omni Med organizes five teaching missions a year to Belize from September through May and offers one-week teaching rotations to Georgetown, Guyana.

- The Foundation for In-

ternational Education in Neurological Surgery has partnerships with 17 sites in Central and South America, Africa, and Asia, offering many unique and valuable experiences for residents in neurosurgery.

- Global ENT Outreach offers two-week opportunities for ear, nose, and throat residents throughout the year at the University of Addis Ababa School of Medicine in Ethiopia, the Hospital de San Juan de Dios in the Santa Ana province, and the Hospital Rosales in San Salvador, El Salvador.

- The Pan-African Academy of Christian Surgeons provides short-term learning opportunities for residents at their training centers in Kumbo and Mbingo in Cameroon and Lebamba, Gabon.

- The World Surgical Foundation conducts two medical missions a year in developing countries. Upcoming missions will be in San Pedro Sula, Honduras, in September and

Hyderabad, India, in January 2008.

You can learn more about these and other opportunities for residents on the OGB Web site, [www.operationgivingback.facs.org](http://www.operationgivingback.facs.org). From the Venn diagram on the home page, specify search parameters and click the yellow Search button. The Search Results page will display all relevant matches, and clicking on each title will provide a detailed description with appropriate contact information and links to a country-specific toolkit of other resources. In addition, there is a Resource Center for Residents available from the main menu. The opportunities included in the OGB database are current, so the information on the site is always changing. We encourage those interested in volunteering to revisit the site often to look for available opportunities.