

‘Like an F1 pit crew’: How NUH medical staff work to save trauma patients

When a road accident victim arrives at the National University Hospital (NUH) emergency department, there can be up to 20 medical and nursing staff working furiously to save him.

To save the life of a motorcyclist who was hit by a lorry in Jurong in 2017, an orthopaedic surgeon, trauma surgeons, a radiologist, an anaesthetist and nurses were in the operating theatre.

With so many people in the room, each had to be clear what his or her role was, to not get in one another’s way.

This is why one of them said they had to function like an F1 pit crew to quickly identify the patient’s injuries, treat them, then stabilise him, because every second counts.

On Sept 10, 2017, Mr Patrick Pereira, now 55, was riding his motorcycle home from a family dinner when he was hit by a lorry.

He was rushed conscious to NUH, but his blood pressure was abnormally low, said Dr Zulkarnain Ab Hamid, who was on duty then.

Medical staff at the emergency department examined Mr Pereira for haemorrhaging – bleeding that could potentially be fatal. At the same time, he was given a blood transfusion, which had to be done through his legs as both his arms were broken.

Said Dr Zulkarnain, who is a senior consultant at NUH’s emergency department: “Every minute counts. If we didn’t do something to bring up his blood pressure, he might die prematurely from excessive bleeding.”

He described work in the emergency department as a stop-gap measure, adding: “We do all we can to help patients move to the next step, which is the operating table.”

For trauma cases, up to six

medical staff can be involved in saving a patient’s life.

Realising that Mr Pereira’s pelvis was broken, the emergency medical team applied a binder to stabilise the fracture and reduce the bleeding before he was brought into the operating theatre.

In 2025, NUH treated 28,487 trauma patients, making it the hospital that sees the largest volume of trauma patients in the country. This included 1,266 moderately to severely injured adults and children.

In the operating theatre, a team of nearly 20 medical and nursing staff worked to stop the bleeding in Mr Pereira’s abdomen.

Given the complexity of Mr Pereira’s injuries, the different surgeons had to decide who would operate first.

Dr Lynette Loo, a trauma surgeon who was involved in treating Mr Pereira’s injuries, said trauma surgery involves the concept of damage control, where doctors help the patient live to fight another day.

She said the team cannot spend too long in the operating room, because they are racing against time.

The longer they take, the more the patient’s condition will deteriorate, and he might die, she said.

She added: “We decided that the trauma surgeon should go first, as we had to make a big cut in his abdomen to see where the bleeding was coming from.

“It’s like an F1 pit crew – everybody knows their role. We do what we need to do to (save the patient).”

The doctors discovered that Mr Pereira’s spleen and several blood vessels leading to his liver were torn. The trauma surgeons



Mr Patrick Pereira (seated) with (from left) senior physiotherapist Karilyn Koh; Adjunct Assistant Professor Sandeep Jacob Sebastin Muttath, who operated on Mr Pereira’s hand; Adjunct Assistant Professor Raj Menon, centre director of the National University Centre for Trauma; and Dr Lynette Loo, a trauma surgeon who was involved in treating Mr Pereira’s injuries. In 2017, he was riding a motorcycle when he was hit by a lorry. ST PHOTO: JASON QUAH

rushed to stop the bleeding, which allowed the orthopaedic surgeon to place a metal plate to hold his broken pelvis together.

Mr Pereira’s spleen and gallbladder were removed as they

were badly damaged.

Said Dr Loo: “Because of how urgent the situation was, we couldn’t stitch up his abdomen. We had to give him a temporary dressing so we could bring him

back (to the operating theatre) the next day.”

Mr Pereira’s second surgery involved liver surgeons, who mended his broken blood vessels.

He underwent more operations to treat his broken arms and a nerve graft to replace a contused nerve in his left arm, which prevented him from extending his elbow, wrist and thumb.

Adjunct Assistant Professor Sandeep Jacob Sebastin Muttath, who operated on Mr Pereira’s hand, said the procedure involved taking a 40cm nerve from his left leg to replace the injured nerve.

After undergoing multiple operations, a physiotherapist was brought in to help with Mr Pereira’s recovery.

Senior physiotherapist Karilyn Koh said: “Once Mr Pereira was out of the woods, our first aim was for him to get out of bed.”

She said the pelvis is the main bone structure that supports body weight when sitting, so an injury there can make sitting especially painful due to direct pressure on the area.

She said: “Pelvic injuries can be challenging to rehabilitate because pain, weight-bearing restrictions and reduced trunk stability may limit sitting tolerance, balance and the ability to perform transfers early in recovery.”

Mr Pereira can now walk on his own and use both hands.

Said Ms Koh: “I think Patrick is a miracle (patient), because not everyone can get that far. It takes a lot of perseverance and mental strength to continue the rehabilitation journey.”

Mr Pereira said he is thankful to NUH’s team of medical staff and volunteers.

He said: “I was given a second chance at life – one I owe to the extraordinary team at NUH. I carry the scars, but also my deepest gratitude. Because of you, I am here.”

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