

# Once Considered Fatal, Traumatic Cardiac Arrest Now Being Shown to Be Survivable in Ukrainian War Case Series

*Successful Management of Battlefield Traumatic Cardiac Arrest Using the Abdominal Aortic and Junctional Tourniquet*

BIRMINGHAM, AL, UNITED STATES, May 7, 2025 /EINPresswire.com/ -- A newly published case series from the frontlines of Ukraine marks a critical turning point in the fight to save lives from traumatic cardiac arrest (TCA). Authored by Dr. Dmytro Androshchuk, Senior Lieutenant Ukrainian Armed Forces, Vascular Surgeon, Senior Officer of Frontline Surgical Group and featured in the Spring 2025 issue of the Journal of Special Operations Medicine (JSOM), the report documents six consecutive cases of battlefield TCA—all managed under extreme conditions with rapid hemorrhage control, cardiopulmonary resuscitation, and whole blood transfusion. In this conflict, delays in getting casualties off the battlefield have led to more deaths from blood loss and lack of timely advanced medical intervention. Despite these harsh



The abdominal aortic and junctional tourniquet – stabilized (AAJT-S) applied to traumatic cardiac arrest (TCA) patient on the battlefield.

realities, every patient in this series achieved return of spontaneous circulation (ROSC)—a survival marker rarely seen in TCA care, particularly in the prehospital setting.

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The abdominal tourniquet is a game-changer for trauma surgery in the 21st century.”

*Dr. Dmytro Androshchuk*

In trauma systems worldwide, the odds of surviving TCA are slim. ROSC rates typically hover in the single digits, and

meaningful neurologic recovery is even less common. Yet in this series, all six patients achieved ROSC, and five were stabilized and transported to Role 3 surgical care. These were high-threat, resource-limited conditions, where traditional interventions were not always feasible. Instead, a combination of rapid hemorrhage control with the Abdominal Aortic and Junctional

Tourniquet-Stabilized (AAJT-S), CPR, and whole blood transfusion was used. The result: 100% return of spontaneous circulation (ROSC). Dr. Androshchuk noted that three patients were confirmed to be alive and neurologically intact, and no death records matched the fourth's name and date of birth at 18 months.

This case series is recognized as a high-stakes demonstration of how early, aggressive hemorrhage control can help enable survivability in extreme trauma. The AAJT-S was applied to the abdomen as part of a coordinated resuscitative strategy—one that included the timely placement of the AAJT-S, whole blood administration, and focused CPR efforts—delivering game-changing results in an environment defined by limited resources and extreme pressure. As global conflicts like those in Ukraine and ongoing discussions on healthcare advancements continue to reshape battlefield medicine, innovations in hemorrhage control and forward resuscitation are critical topics among military, emergency medicine, and humanitarian response communities.

"This is battlefield trauma at its most complex—cardiac arrest, active hemorrhage, and no time to lose," said Dr. John Croushorn, Chief Medical Officer at Compression Works. "These outcomes suggest that when forward teams are trained, equipped, and empowered to act aggressively, the window for saving a life is wider than we thought. It's not theory anymore. It's real-world data."

"The case series underscores a growing shift in trauma care: forward resuscitation is no longer just aspirational—it's operational. Across combat zones, mass casualty events, and remote care environments, clinicians are pushing care closer to the point of injury. This work by Dr. Androshchuk not only reflects that evolution but provides hard evidence that survival—even from TCA—is achievable when systems, training, and tools align," said Dr. John Croushorn.

"The abdominal tourniquet is a game-changer for trauma surgery in the 21st century. In the chaos of large-scale combat operations (LSCO), time is everything. We had to act decisively—without the luxury of helicopter evacuation or ideal conditions. These cases proved that even in the most austere environments, it's possible to bring patients back—if we control the bleeding, initiate resuscitation, and begin damage control surgery (DCS) close to the frontline. In the end, survival is what matters most," said Dr. Dmytro Androshchuk, trauma surgeon and author of the case series.

A newly published, peer-reviewed case series from the Spring 2025 issue of the Journal of Special Operations Medicine (JSOM) documents six consecutive cases of battlefield traumatic cardiac arrest "Successful Management of Battlefield Traumatic Cardiac Arrest Using the Abdominal Aortic and Junctional Tourniquet,"

## About Compression Works

About Compression Works: Compression Works develops the AAJT-S, a multi-use medical device addressing the most pressing needs of emergency and battlefield medicine. For more information about Compression Works, the AAJT-S, and our latest news and studies, visit our [Newsroom](#).

HEMORRHAGE STOPS HERE!

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