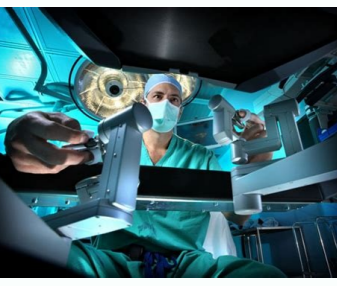
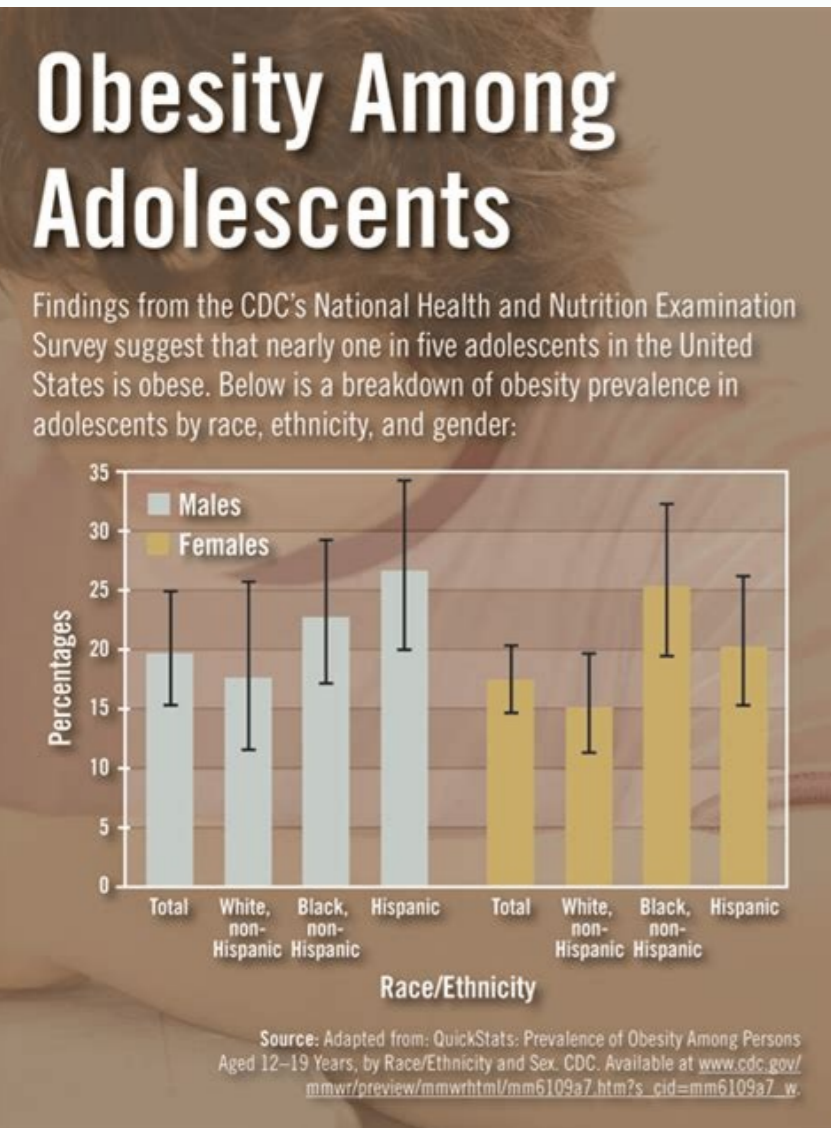
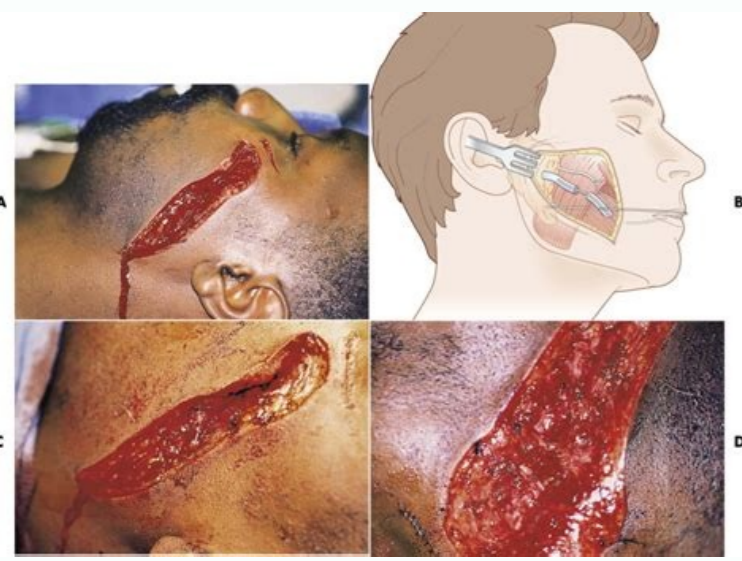


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Carry out the Election of DC on definitive surgery) To the extent that surgeons reported that surgeons reported that they would have DC in a given clinical scenario or an indication predicted by the use of DC in practice in a cross-survey survey. The X% informed that DC could be carried out when an important abdominal vascular lesion was identified in laparotomy in a cohort study. Identification Intraoperator Ia of an important abdominal vascular injury was associated with or X (95% CI, X-X) to perform DC instead. of the definitive surgery in practice builds extension to which the indication to theoretical concepts (constructions) under study (for example, if an indication has built built It must be associated with the deficient results of patients when patients undergo a definitive surgery instead of cc surgery) as well as an indication or combination of indications and demographic variables predicted poor results in untreated patients with DC (that is, the extent to which an indication was associated with a greater probability of poor results in patients treated with definitive surgery and, therefore, should be considered as a possible indication of DC) in a cohort study, intraoperative identification of an important abdominal vascular injury was associated with an increased risk of mortality in patients who underwent the definitive laparotomy for the trauma criterion, which was extended to which the indication related to a reference standard (eg, the measurement in which the realization of DC instead of a definitive surgery in that clinical situation it was associated with an improvement in the Sultados) instead, the use or behavior of DC instead. Definitive surgery for one or more indications was associated with WI the improved results of patients in a cohort study, the use of DC instead of a definitive surgery for patients with an important abdominal vascular injury was associated with an improvement in the mortality adjusted in the hospital where IC indicates a trusted interval; DC, control of damage; and or, the probability index is a guide for the design and the realization of self-administered surveys of the methods. Opinions of practicing surgeons on the adequacy of published indications for the use of harm control surgery in patients with traumas: a cross-sectional international survey. Injury. [Correction in the scene of the surgery pathology of the stomach ("Dance Control") under decompressed hypovological shock conditions]. 2012; 72 (3): 601- 6 discussion 06-8.PubMed Å Article Scholar Å Watson JJ, Nielsen J, Hart K, et al. Meta-Analysis of observational studies in Epidemiology: a proposal for reports. 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