



European Society for Trauma and Emergency Surgery (ESTES)

Association sans but lucratif (ASBL)

www.estesonline.org

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Message from the President

“Warning incoming!”

One of the privileges of becoming President of ESTES is the opportunity to compose this article in the knowledge that whatever I write will be published in its full and unexpurgated form. So here goes....

I fell in love with ESTES in Budapest in 2008 at what was the first ESTES Congress for both of us. The depth and breadth of the scientific programme was incredible. Instead of searching the pages for something mildly interesting, as had been my usual habit at conferences, I was confronted with so many sessions I wanted to attend that I had to draw up a short-list. In fact I practically had to devise a complex mathematical algorithm to ensure that I missed as few as possible! I have kept that enthusiasm for ESTES ever since and I hope I shall have the occasion to share it with you during the coming year.

I would like to thank Hans-Christoph Pape for the excellent work he has done during the past year as President. The rapid and successful development of the Polytrauma Section would not have been possible without his drive and leadership. I should also like to pay tribute to Ari Leppaniemi who has stepped down from the Board of ESTES at the end of his term as Past-President. Ari's guiding influence has been evident since before the merger of EATES and ETS to form the Society that we have today. I hope he will continue to be actively involved and that we can count on his support for years to come. Finally, and perhaps most importantly, I must thank Daniela Lenzinger who has run the ESTES Office superbly over recent years. Daniela was of immense support to me during my year as President-elect, but has now temporarily handed over the reins. I am sure I write on behalf of the whole Executive Board in wishing her well as she tackles her next challenge.

Although the distance from Graz to Vienna is only 200 km, ESTES has come a long way since its formation in 2007. In addition to nine outstanding scientific congresses, we have seen the development of the highly successful MRMI and MUSEC courses and the coming year will see the launch of the new Emergency Surgery Course (a joint initiative with the American Association for the Surgery of Trauma). For the first time the UEMS Board Examinations in both Trauma and Emergency Surgery were held in conjunction with the ESTES congress in Vienna and I hope that this healthy collaboration will continue. The new Advisory Council has been created to enhance the role of our institutional members and the work of the Sections has seen the development and publication of a number of important guidelines. Preparations are well under way for our next congress in Bucharest in May 2017.

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As ESTES approaches its 10th anniversary year it is a time not only to look back on the achievements of the first 10 years, but to look ahead to the next decade. I have been privileged to visit and work with a number of colleagues through ESTES and I am aware of the wide range of problems we face as trauma and emergency surgeons. How we organise and deliver services will vary, but if we put aside the differences and build on the things we have in common, I believe we can learn from each other and find new and powerful solutions. As any geneticist might tell you, hybrid vigour is a force to be reckoned with.

Communication is the cornerstone of an effective Society and I hope that we will be able to make the most of the opportunities presented by modern technologies and videoconferencing in particular. Communication is also a two-way process, and while I hope there will be a greater flow of information from the Board and Advisory Council to the membership, I believe it is important for there to be a significant flow in the opposite direction. The Sections and the newly constituted Advisory Council will have an important role in facilitating this. As the Advisory Council finds its feet during the coming year, I hope it will have the full and active support of everyone involved in the Society. I believe that the future success of ESTES will be built on a healthy dialogue that ensures the Society is responsive to the needs of its constituents.

Like any Society, ESTES depends on its members for its vitality. ESTES is your Society; it is important that you not only 'Spread the Word', but get involved and make it work for you.

At the closing ceremony in Vienna I was formally handed the insignia of office as President. As you may know, this is a shepherd's crook. The role of a shepherd is to guide the flock and to keep it safe. I hope that my term of office will see ESTES continue to grow and develop into one of the foremost surgical societies in the world. It is also clear to me that this is more likely to happen from a 'bottom up' rather than a 'top down' approach. What that requires of a President is someone who can both nurture and protect the society. Of course to do that effectively requires more than just a 'safe pair of hands'. It needs innovation and, to keep the shepherding analogy, the ability to find new and better pastures.

The shepherd's crook also bears the names of the previous Presidents and reading them for the first time reminded me of the giants of trauma and emergency surgery upon whose shoulders I am currently standing. I am both honoured and humbled to know that such a great Society has put its faith in me for the coming year. I promise I will do my best to live up to that trust and I hope I will not let you down.

Jonathan Tilsed
ESTES President

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Report of the 17th European Congress of Trauma and Emergency Surgery April 24–26, 2016 Vienna, Austria

Richard Kdolsky

“Myths & Truths”

Vienna—not only an important city in European history and the imperial residence, but also a historical site for the development of trauma care and home to the first trauma hospital worldwide—hosted the 17th European Congress of Trauma and Emergency Surgery with almost 1300 participants from 78 nations organised by ESTES and the Austrian Trauma Society.

For the first time during this congress and for the first time in Vienna, an EBSQ training day and an EBSQ examination were held in “Trauma Surgery” and “Emergency Surgery”. In addition, a Modular UltraSound ESTES Course (MUSEC) was provided the day before the meeting.

The evening before the official start of the congress, board members, international faculty and invited guests joined the President’s dinner at Palais Niederösterreich, the provincial government’s former residence, where in November 1918 the Provisional National Assembly of the Independent Austro-German state was formed.



Picture 1: Opening ceremony—flag parade

Following the motto of the congress “Myths and Truths”, the scientific program presented a wide range of interdisciplinary and sometimes controversial perspectives to provide participants with full and holistic information for daily practice.

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In dealing with the “Mangled extremity” there were not only interdisciplinary lectures and discussions on reconstruction and amputation, on civilian and disaster settings, but also an inspiring talk of Ms. Heather Mills, who had an amputation following a MVA and who provided insight into a patient’s needs, feelings, and ways to overcoming adversities and living with a disability.



Picture 2: Heather Mills: Overcoming adversities and living with a disability

The participants exchanged results in basic research and technical issues, discussed trauma systems and registries, emergencies and surgical techniques.

During the poster sessions selected presenters had the opportunity to explain their project in a short bullet talk.



Picture 3: Poster session

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One of the most noteworthy session was the “nightmare session” dealing with: “When bad things happen to good surgeons”, organised by Ari Leppaniemi and Otmar Trentz.

In the light of recent events the terrorism attacks and the medical responses and preparedness were reported and discussed by some colleagues who had to focus on treating the immense number of victims.

A total of 16 instructional course lecture sessions were offered by each of the 5 sections of ESTES and guest symposia were organised by the following: AGA, ATCN, ATLS, AOTrauma, DGU, EBJIS, EFORT, EFOST, ETCO, Küntscher Society, ÖGC and ÖGG. Overall, the 31 keynote lectures, 277 free papers and 322 poster presentations provided a platform for professionals from various settings and sought myths and truths in trauma, orthopedics and acute care surgery.



Picture 4-5: Room forum—auditorium

The Otmar Trentz Lecture (held by Vilmos Vécsei) and the Sten Lennquist Lecture (held by Alastair Wilson) by coincidence (or maybe more by actuality) both addressed the indeterminate future of the specialist and the speciality of trauma surgery as well as the indeterminate future of emergency surgeons and emergency surgery.

During the congress there was ample time and opportunity for informal discussions, get-togethers and for renewing old friendships.

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Picture 6: Industrial exhibition

The “Industry opening reception” gave opportunity to meet and exchange experience with our industrial partners. Special thanks are given to our platin sponsor ITS and to the sponsors CSL Behring and Tokai.

For the official Congress Evening we were invited to Vienna’s City Hall by the Mayor of Vienna, Dr. Michael Häupl, and 600 participants enjoyed a fantastic networking evening in the spectacular ceremonial hall.



Pictures 7-9: Vienna City Hall

During the closing ceremony on Tuesday afternoon, the presenters of the best posters and best oral paper presentations were awarded: M. Pishnamaz, R. Ostermann, M. Janko, M. Wannberg, L. Moore and H. Llaquet-Bayo.

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Finally, it was time for the traditional handover of the Society baton from Hans-Christoph Pape to Jonathan Tilsed, incoming ESTES President of 2016–2017, and the handover of the Congress medal from Congress President Richard Kdolsky to Bogdan Diaconescu (deputising for Mircea Beuran, ESTES Congress President 2017), as well as a short look ahead at next year's congress, which will take place in Bucharest, Romania from May 7–9, 2017.



Pictures 10-11: Closing ceremony—handover of the Society baton from Hans-Christoph Pape (ESTES President 2015–2016) to Jonathan Tilsed (Incoming ESTES President of 2016–2017) and handover of the Congress medal from Richard Kdolsky (Congress President of 2016) to Bogdan Diaconescu (Congress Co-Chairman of 2017)

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Minutes of the Annual Meeting of the Disaster and Military Surgery Section of the European Society for Trauma and Emergency Surgery

Held in the Room LEHAR, Sunday, May 24, 2016, 7:30–8:30 a.m.

Present:

Chairman: Mike Bemelman (absent)
Vice-Chairman: Pedro Ramos (replacing Boris Hreckovski)
Committee Members: Boris Hreckovski
Itamar Askhenazy

1-The Chairman Boris Hreckovski, replacing Mike Bemelman who was unable to attend, opened the meeting at 07:30 a.m. and welcomed all the participants.

2-The number of participants was very restricted, with 9 being present despite growth in the number of Section members, currently 193, which we are very proud of.

3-Agenda approval, Pedro Ramos was confirmed as Secretary for the meeting.

4-Announcement of additional agenda points:

Apologies for absence were received from Mike Bemelman because of his military functions, Prof. Sten also could not attend, Carl Montan, Kristina Montan, and others who have been involved in past years with this section.

The minutes of the previous Section in Amsterdam in May 2015 had been previously distributed and were accepted as an accurate record of the meeting.

5-Pedro Ramos was confirmed as Vice-Chair of the Section until 2017 in Romania, and Philipp Fisher resigned and his position is no longer filled in ESTES.

6-Membership Status

The list of members, currently 193, was sent to ESTES.

7- ESTES Website

Pedro Ramos presented the preliminary layout of the website based on previous ESTES proposals.

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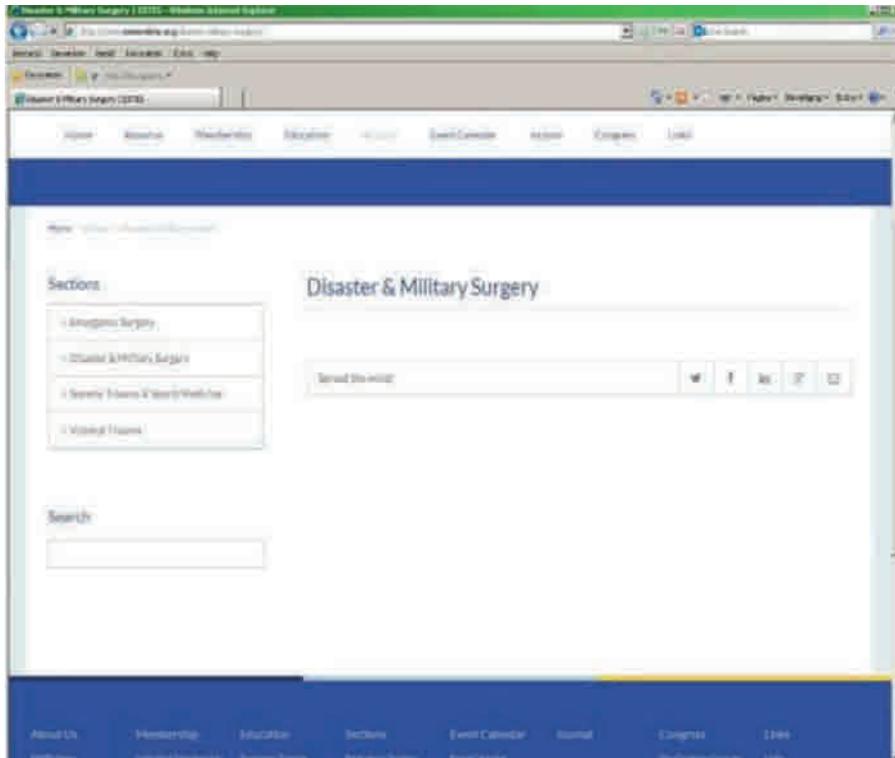
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8-Report DITAC

Boris Hreckovski says that the project is now completed after overcoming a few problems.

9-Report THREATS

Roberto Faccincani presented a report and the evolution of the programme in Europe. The project is to continue.

THREATS project:

- Terrorist attacks on Hospitals: Risk and Emergency Assessment, Tools and Systems, which is a EU Commission-funded project
- Duration: 24 months (July 2014–June 2016)
- Partners: Hannover Associates (Project Coordinator), CRIMEDIM (University of Novara, Italy), INSA de Lyon (Department of Lyon Engineer University) and Ospedale San Raffaele (OSR), Milan
- Objectives: Analysis of risk and preparedness of the EU health systems with respect to terrorist attacks against health critical infrastructures; OSR use case of Health Critical Infrastructure: analysis of its risks and preparedness and simulations of terrorist attacks to assess how to better protect it.

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10-Courses realized in 2015:

In the past year several courses were offered by the Section: Italy (1), Croacia (1), Sweden (1), Portugal (5) and Slovenian (1). Note that an Instructor Course was offered in Portugal (Azores Islands) last February.

11-Topics from Amsterdam

- Disaster and Military Preparedness Instructional Lecture Course (ILC), Sunday
- Military & Disaster Keynote, Sunday
- International Comparison for Staged Care of the Battle Injured Patient ILC, Sunday
- Tech Support in Military Surgery & Disaster Care ILC, Monday
- Military Medicine Keynote, Monday
- The Next Disaster; How We Get Trained ILC, Monday
- Military and Disaster Keynote, Tuesday
- Lessons to Learn for Civilian Circumstances ILC, Tuesday

12-Plaquette:

Pedro Ramos presented the plaquette that the Section arranged to honour Prof. Sten and said that this year it will be given to Prof. Strada from Italy. The plaquette is to honor extraordinary achievements in the field of Disaster and Military Medicine, under the auspices of the ESTES.

Guidelines:

- The plaquette is issued by the Disaster and Military Section of the ESTES.
- The plaquette is presented to an individual or institution which has provided “extraordinary” achievements in the field of Disaster or Military surgery.
- Extraordinary achievements are defined broadly. The individual or institution has distinguished itself by presenting scientific and/or fieldwork which, in the opinion of the members of the Disaster and Military Section, is admirable and extraordinary.
- Every member of the Disaster & Military Section may nominate a person or institution for this plaquette. This is done by a written (e-mail) nomination to the board of the section. The nomination must be submitted before the 1st of March in order to present the award during the ECTES of the same year.
- From all nominees, the section board (Chairman, Vice Chairman, Secretary) will select the nominee who is to be presented this plaquette. The final decision will be communicated with the members of the Section and the executive board of the ESTES.
- The members of the section and executive board may object the nomination. A written (e-mail) objection, with founded reasons should be submitted to the board of the section within 2 weeks after announcing the nominee.
- Only one person or institution can be nominated per year.
- The award is presented to the nominee during the annual ECTES congress.
- The recipient of the award accepts the responsibility to keep and cherish the plaquette.
- The recipient of the award accepts that the plaquette may not be altered in any way.
- If the recipient does not want the plaquette, the person or institution accepts the responsibility to return the plaquette to the ESTES.
- These guidelines were approved on the 11th of May 2015, during the Section meeting of the ECTES in Amsterdam, The Netherlands.

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13-Election of New Members:

The Section has gained 10 new members for a total of 193 members.

14-Topics for Vienna:

- 1. Advanced Technologies for Disasters D+E
- 2. Facts about Clotting Agents, Experience from Military
- 3. Military Surgery the Cradle for Trauma Care
- 4. Maritime Disasters
- 5. Disaster Projects with EU Funding
- 6. Prehospital Session on Disaster
- 7. Surgery Techniques in Austere Environments

15-Projects 2016–2017

- Institutionalise a disaster course for every congress. Try to increase participants, and start to involve them in this subject before the Congress.
- MRMI courses
 - Milan, May 2016
 - Utrecht, Netherlands, June 2016
 - Azores, September 2016
 - Lisbon, October 2016
 - Slovenia, not shedule yet
 - Madeira, November 2016

16-Proposals for Romania:

- 2 ILCs (military surgery, preparedness for disasters)
- 2 Keynotes and (military surgery, recent disaster) one round table Preparedness Hospitals for Attack
- A one-day disaster course in Bucarest.

17-Date of Next Meeting:

The next meeting of Disaster and Military Surgery will take place during the 17th European Congress of Trauma and Emergency Surgery, on May 7, 2017.

At 8:30 a.m. the Section meeting was closed, and everyone continued with their Congress activities.

Pedro Ramos

Secretary of this Section Meeting in Vienna

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Minutes of the Section Meeting of the Skeletal Trauma and Sports Medicine Section on April 24, 2016, in Vienna

Present:

Ahmad (Great Britain), Ashraf (Great Britain), Cretnik (Slovenia), Drac (Czech Republic), Farouk (Egypt), Heim (Switzerland), Höcker (Austria), Josten (Germany), Kalashnikov (Ukraine), Keel (Switzerland), Komadina (Slovenia), Kornherr (Germany), Kudolsky (Austria), Mitkovic (Serbia), Nijveldt (Netherlands), Oord (Norway), Ponsen (Netherlands), Radu (Romania), Seibert (Austria), Vecsei (Austria), Verbruggen (Netherlands), Vitalii (Ukraine), Wendsche (Czech Republic), Wendt (Netherlands)

Agenda

- Welcome
- Topics ECTES 2017
- ESTES recommendations on skeletal trauma: how to go on?
- Communication: how to get and stay in touch
- Section Chair/Vice-Chair 2016/17
- Miscellaneous

Welcome

Wendt opened the section meeting. The present section members approved the agenda:

The section Skeletal Trauma and Sports Medicine has 280 members (5 more than 2015) from 46 countries but only 4 countries have more than 20 members. Everyone is asked to promote membership in his national society.

Proposals Topics ECTES 2017 in Bucharest, Romania

- Basic fracture care (fractures around the hip and wrist)
- Conservative fracture treatment
- Paediatric trauma
- Skeletal injuries in polytrauma patients
- Intramedullary nailing procedures
- Spine
- Hand injuries
- Soft tissue and bone infections
- Periprosthetic fractures

All section members will be asked via e-mail to propose speakers for the topics mentioned above.

ESTES recommendations on skeletal trauma: how to go on?

Wendt reported on the events of the last year. After the presentation of the ESTES recommendations on hip fractures in Amsterdam we planned to publish the recommendations in the EJTES. He submitted the recommendations but the ESTES board decided not to publish it because the board compared them with a new guideline about acute mesenteric ischemia and decided that our recommendations do not reach the scientific level of that guideline. He had a discussion with the

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board about this topic and at the moment they disagree. He told them that recommendations are different to a guideline and our recommendation is a consensus from many different countries with different levels of healthcare. The compromise was to publish the recommendations on the ESTES website. Thus it was not useful to go on with proximal humerus fracture recommendations. First we need a clear decision from the ESTES board about how to handle guidelines and recommendations in the future.

At the ESTES advisory board meeting on April 23, 2016, in Vienna this topic was discussed. The assembly decided to create a working group on ESTES guidelines. The working group will be established after the ECTES meeting and will bring out proposals for ESTES guidelines. Wendt will coordinate this process. There will be a representative from all sections. We are working on guidelines for guidelines.

At the beginning of ECTES 2016 Wendt was informed by Ingo Marzi, chief editor of EJTES, that the hip recommendations will be published as recommendations in the journal.

After this update a discussion followed.

Josten:

We should have a look at different levels of guidelines in Germany (S1 is low and S3 is high). S1 and S2 guidelines would be the best solution to become more visible for trauma in Europe. This gives an overview of our standards and is a consensus of different European guidelines.

Vecsei:

Recommendations are not as obligatory as guidelines. That is why recommendations are the best solution for our section.

Keel:

Recommendations should be based on a good methodology and evidence based is mandatory.

Verbruggen:

The position of ESTES versus national societies might be a problem.

In conclusion the assembly decided that our way of creating recommendations is the way to go but we have to improve the quality level.

Thus, we will continue with recommendations on proximal humerus fractures. In Groningen a PhD student is performing a review of the literature on this topic. Everyone is welcome to join this working group.

Communication: how to get and stay in touch?

At this moment ESTES is testing a web-based platform where we can have meetings. For our society this development is a great opportunity to have more contact with each other. The assembly decided to plan a web-based section meeting in autumn. Furthermore we need a discussion platform on our web site. Difficult or interesting cases can be discussed. We can help to bring the care for the trauma patient to a higher level. Furthermore it can be a forum to promote new techniques. This is only possible with a sort of web master who coordinates this process. We especially need young colleagues for this job. Everyone who wants to participate is welcome.

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Section Chair/Vice-Chair 2016–2017

Because Marius Keel will become the next president elect of ESTES, he will step down as Vice-Chair of our section. Thus, Wendt proposed Radko Komadina from Slovenia to be the new Vice-Chair. For many years he has been active in our society as a national delegate, section- and working group member. The assembly approved this proposal. Radko Komadino is our new Vice-Chair and next year will succeed Klaus Wendt as section Chair.

Next year we will again need a new Vice-Chair. Proposals are welcome.

Miscellaneous

Educational Committee: Jan Bernard Sintenie from the Netherlands is the representative of our section in the ESTES Educational Committee

He needs information about skeletal trauma courses in Europe and asks all members to send him information about already planned courses in Europe (sintenie@hotmail.com).

The UEMS exam on trauma surgery will be held twice every year, during the ESTES congress in spring and during the DKOU in Berlin in autumn. Please promote the UEMS exam at the ECTES in your country!

The assembly decided not to support the web seminars of BioQuest Solutions, Bangalore, India. It does not make sense because of many already existing web seminars.

Klaus Wendt closed the meeting and thanked everyone for her/his attendance despite the early hour. Following the statement of Henry Kissinger, former Foreign Minister of the USA, that Europe has no phone number Klaus mentioned that ESTES has to become the phone number of trauma surgery in Europe.

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Visceral Trauma Section Meeting, Vienna, April 24, 2016, 18:30-19:30

16 persons present

	Name	Surname	Initials
1	Argon	Dogjani	AD
2	Luis Fernando	Dos Reis	LFR
3	Miguel	Ferreira	MF
4	Christine	Gaarder	CG
5	Carlos	Mesquita	CM
6	Paal	Naess	PN
7	Jorge	Pereira	JP
8	Sandra	Pires	SP
9	Pedro	Ramos	PR
10	Louis	Riddez	LR
11	Peep	Talving	PT
12	Pantelis	Vassiliu	PV
	Visiting non-members		
13	Fawzi	Al-Ayoubi	FA
14	Korab	Berisha	KB
15	Stefanos	Karamaroudis	SK
16	Thodoris	Sidiropoulos	TS

Membership

The VTS has 331 members, which represents an increase of 17% since last year.

Membership distribution was shown.

Members by country (15 most populous represented countries):

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Country	Members
Netherlands	45
Italy	31
Portugal	20
UK	19
Spain, USA	18 each
Romania	14
Greece, Switzerland	12 each
Germany	10
Albania, Austria, Ireland, Norway, Sweden	8 each

Board, Steering Committee, Representative in Educational Committee

Board: consists of 2 board members (P. Vassiliu, Riddez).

P. Vassiliu, Chair. Steps down this year

L. Riddez, Co-Chair. Takes over Chairmanship

Proposal from the Board for new Board Members, on the basis of their activity and respect from the community:

Michael Sugrue

Peep Talving

Micheal heard the proposal and gently and honestly responded that is not fair to become a board member of a trauma community, since after his relocation to Ireland, he see very few trauma patients.

Peep already holds an office as Co-Chair in the Educational Committee and there is a conflict to simultaneously hold two offices in the Society. Thus he may officially function as a board member after the completion of the co-chairmanship in Educational Committee.

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PV, LR, TG: Other members that can be approached

- Pal Naess if his obligations with the Norwegian Army give him space and time to support VTS.
- Carl Montan
- Jorge Pereira
- Thorsten Hauer
- Falco Hietbrink
- Ioannis Gerogiannis

Steering Committee: Consists of 7 members. Currently 6 members exist and after a term of 3 years the service is considered complete.

5/20/2013

- Luis Reis

6/26/2013

- Stefan Nijs

6/27/2013

- Michael Verhostat

5/18/2013

- Chrysanthos Georgiou

26/05/2014

- Willem-Jan Metsemakers
- Ioannis Gerogiannis

Active participation is essential as this is content of the committee function. Decisions should be the responsibility of each member and the work should be delivered.

CM suggested members of DSTC international faculty (who are genuinely motivated in trauma), and included in the list of members of VTS, to be proposed to become members of the VTS Steering Committee. TG has the position to do that.

Representative in the Educational Committee

PV proposed Ali Foroutan, Master in Education from the US, who applies his degree in his professional practice.

What is done

Last year the decision was made to develop guidelines from one of the three following topics:

- VTE (venous thrombo-embolism) prophylaxis
- Screening for blunt carotid and vertebral artery injuries
- Initial management of TBI (traumatic brain injury)

On the basis of the following:

- Europe: mainly blunt
- Blunt TBI: put serious limitation on prognosis
- Early management essential for limitation of brain tissue damage
- Neurosurgeon frequently take responsibility later

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- Selected topic was
 - Blunt TBI initial management by the trauma surgeon before the neurosurgeon takes over

The team members who were approached to take the task included

- S.D. Timmons, Neurosurgeon, Temple University
- S. Sgouros, Neurosurgeon, Athens University
- G. Velmahos Surgeon Harvard University
- P. Talving, Surgeon Estonia
- L. Riddez, Surgeon, Sweden
- E. Degiannis, Surgeon, SA
- G. Gemenetzi, Fellow, USA
- G. Konstandoudakis, Surgeon, SA
- P. Vassiliu, Surgeon, Athens University Greece

The effort started on identification of the methodology to develop guidelines, which was found on the proposal of the Australian National Health and Medical Research Council: <https://www.nhmrc.gov.au/guidelines-publications/cp30>

Implementation was impossible due to the need for close co-operation of the team, which was obstructed by the diverse geographic location of team members.

Instead as first step was a literature review from here:

1. TBI definition
 - <http://www.neuroskills.com/education/definition-of-brain-injury.php>
 - <http://www.mayoclinic.org/diseases-conditions/traumatic-brain-injury/basics/definition/con-20029302>
2. ATLS 9th Edition, Chapters 1 and 6
3. Canadian CT head rule. http://www.ohri.ca/emerg/cdr/docs/cdr_cthead_poster.pdf
 - <http://www.mdcalc.com/canadian-ct-head-injury-trauma-rule/>
4. NICE guidelines for head injury (UK). <https://www.nice.org.uk/guidance/cg176>
5. NIH guidelines for head injury (USA). <http://www.ncbi.nlm.nih.gov/pubmed/21563330>
 - <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3303645/>
6. Chris-Hani Baragwanath Academic Hospital, Trauma Unit, Brain Injury Protocol for CT Scan

Thereafter, a discussion was held via internet and in person with members of high volume trauma centres and an algorithm as simple as possible was created. On this basis, the next step is the confirmation of the algorithm with literature and identification of issues that are questionable, need clarification, and have proven validity. This can be done through meeting(s) of the international authorities, which already co-operate on the project.

Future Suggestions

1. On Guidelines

Continuation of the work with the guidelines seems problematic as collaboration of members through long distances without the appropriate specific infrastructure, or the ability to fund a trip for a meeting, seems problematic. In addition TG suggested that members look for good quality guidelines related to our subject (TBI management before the neurosurgeon)

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and send them to PV (pant_greek@hotmail.com). Thus we may cover the need by adapting the guidelines by VTS ESTES and posted to the ESTES site. PV stated that guidelines oriented to the first medical responder to TBI do not exist, and it is not our work adapted to our needs. PT proposed BTF Guidelines to be included: <https://www.braintrauma.org/>

In addition the Education Committee may adapt this: <https://www.nhmrc.gov.au/guidelines-publications/cp30>, and incorporate it to the internet site. It is a guide of how guidelines are created. PT will propose that to the EC.

2. Proposal for 2017 ECTES

On Education

CM proposed a collaboration with the Educational Committee: “what course structure we consider attractive for the audience and educationally beneficial.”

Recent common experience of CM, TG and PV at the EaSC course in Dublin which has all the above characteristics (Michael Sugrue).

Other suggestions:

- Every surgical course should involve anesthesiologists and nurses with a related modification in its main core
- Interaction is a must
- Lectures are not
- Cases are very well accepted
- Panel discussing a new case spontaneously in public is also enthusiastically accepted
- Dry lab
- Wet lab
- Discussions

The Educational Committee has a registry where all courses sponsored by ESTES can be recorded (https://de.surveymonkey.com/r/ESTES_Survey_Courses).

On Polytrauma, Visceral Trauma

Vivid discussion among all present members on the definition required to differentiate each of the two trauma-related sections of ESTES: “The Interface between Polytrauma, Visceral Trauma and TRAUMA. Why so much wording on that issue in our continent?”

Polytrauma is a term originated by the central European mentality of trauma management which suggests the approach: soft tissue and bones all by one specialist. In the current super specialization era even in central Europe, the two worlds of orthopedic surgeons and visceral surgeons seem to divert, in younger generations.

Although visceral trauma has the visceral component in its title, it is more related to the disturbed physiology of the patient due to lack of oxygen and hypothermia. Salvation of a patient in extremis is won or lost within the initial minutes after arrival when you operate having in mind to restore cell physiology and leave anatomy for the next day. These details should become better known publically so each will understand what the other offers. Trauma (visceral) is related to short times in ER and OR (and hybrid OR), damage control followed by ICU resuscitation. In this trauma, laparoscopy and robotic surgery have no meaning as ... vision within blood is impaired.

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TG coined the idea of creating a short manual “On the Physiologically Competent Surgeon” which all found valid. REBOA and ECMO are proposed to be incorporated into next year’s conference. David Muckart’s (davidmuc@ialch.co.za) shock lecture should also be included. (PV)

Follow-up after general assembly April 25, 2016, 12:30-13:30

- Most of the input received at the general assembly is incorporated in every section of the above script.
- Members especially the most active (board, steering committee) should be assigned a specific task for the year (essential repetition) by the board. It seems essential to take the position to prepare the proposal for a specific task that he/she should take the initiative for.
- Given that ESTES will support (a meeting or/and an internet co-operation platform) PV is willing, with those interested to assist the academic effort, to complete the TBI guideline project.
- It is obvious and anticipated that those central European Societies that have more members and more funds (as they incorporate orthopedics in their surgical trauma practice) to promote their mentality and associates to all “trauma”-related tasks (lectures, education, exams etc.). It is the responsibility of VTS to outline the discipline of trauma, as we understand it. Our voice is supported by the genuine biological priorities of a traumatized in extremis patient. Cooperation with our colleagues representing the combined (including bones) trauma mentality is facilitated by the fact that on the basis of physiology we will never treat a fracture in our practice.

Best wishes to all,
Pantelis

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EMERGENCY is an independent and neutral humanitarian organisation, founded in Italy in 1994, providing free, high quality medical and surgical treatment to the victims of war, landmines and poverty.

Plaque for Extraordinary Achievements in the Field of Disaster and Military Medicine, under the Auspices of the ESTES.

Khartoum, 24 April 2016

Dear friends and colleagues,

I regret not attending this ceremony and thanking you in person. Unfortunately, due to the compelling needs of my organisation, I was not able to leave Sudan.

It is an honour for me to receive this *plaque*, as recognition of the important work EMERGENCY has carried out in the past 22 years.

EMERGENCY is an independent and neutral humanitarian organization founded in Italy in 1994 in order to provide free high-quality medical and surgical care to the victims of war, landmines and poverty. Over the years, EMERGENCY has been working in 16 countries, building and managing hospitals, Medical and Surgical Centres, Rehabilitation Centres, Paediatric Clinics, Primary Health Clinics, a Maternity Centre and a Centre for Cardiac Surgery. EMERGENCY is currently working in Afghanistan, Central African Republic, Iraq, Italy, Libya, Sierra Leone and Sudan. Since its foundation, EMERGENCY has provided free, high-quality medical and surgical care to over 7 million people.

EMERGENCY also promotes a culture of solidarity, peace and respect for human rights. It advocates medicine based on human rights and on three guiding principles: equality, quality and social responsibility.

Receiving this plaque from ESTES encourages me, as a surgeon, and EMERGENCY to multiple efforts to pursue our mission of delivering high-standard healthcare assistance to all those in need, without discrimination. When I started practicing nearly forty years ago, I was curious about the role of the war surgeon and had no idea about its impact in the field. Now, I can appreciate the paramount value that, as surgeons, we can offer to war-torn countries, where people are less fortunate than we are. I would like to take this prestigious occasion to invite you all to consider this profession as an inestimable opportunity and to support the tremendous work that many war surgeons perform every day.

I hope that this recognition will mark the beginning of future and fruitful collaborations between ESTES and EMERGENCY.

I look forward to coming to Vienna to thank you personally and to sharing with you EMERGENCY's expertise and vision.

Yours faithfully,

Dr. Gino Strada

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Report of ESTES Congress Grant Winner Ahmad Mahamid

I am falling short of words to thank you and I appreciate the opportunity to attend the ECTES 2016 meeting in Vienna. It is one of the best conferences I have attended. Everything was outstanding: the lectures, materials and participants. Indeed a very interesting and informative conference. By awarding me the Congress Grant, you have lightened my financial burden, thus allowing me to attend this excellent meeting.

I am in my sixth year in general surgery residency. Since I was a medical student, at the Hebrew University-Hadassah Medical School Jerusalem, Israel, I was strongly attracted by trauma surgery science. Throughout my residency in general surgery, I have been active in the treatment of trauma and emergency surgical cases and privileged to be a team leader in managing and operating sophisticated trauma cases.

In addition to my experience in managing and operating trauma patients, I am also strongly involved in the academic activities of my division and active in teaching emergency surgery and trauma to medical students. Currently, I am taking part in clinical and basic trauma researches conducted in our division.

I was thrilled and honoured for having the opportunity to present one of my research results in the 17th ECTES and of course highly excited and motivated to attend the congress and communicate with the International Trauma and Emergency Surgery Society.

In the first day of the congress I presented the results concerning Blunt Traumatic Diaphragmatic Injury, based on data from the Israeli National Trauma Registry. We showed that in blunt trauma patients, hollow viscus injuries were more predictive for diaphragmatic injury than skeletal or solid organ injuries and awareness of this may help reduce the high mortality associated with diagnostic delays. The very interested audience of our session and the excellent feedback made me feel unparalleled pleasure and honour.

Attending the ECTES conference was an exciting scientific and social experience for me. During this time, I have enriched my professional knowledge and experience. I have always dreamed to work and study aboard, and attending this distinguished conference gave me the opportunity to meet, and communicate with, international colleagues and leaders in the trauma and emergency surgery fields.

In addition, Vienna is an amazing and unique city to visit. Therefore, we spent the evenings sightseeing and enjoying the authentic and historical atmosphere of this beautiful city. To conclude, I would like to thank the ESTES committee for allowing and supporting me as a speaker in this outstanding and educating event. I am sincerely gracious and appreciate your warm reception and your kind hospitality.

Respectfully,
Dr. Mahamid Ahmad

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Report of ESTES Congress Grant Winner Khalid Almahmoud

After attending the 16th European Congress of Trauma and Emergency Surgery in Amsterdam, I was looking forward to this year's annual meeting of ESTES in Vienna. An outstanding program promised new insights and a good platform for discussing various topics of interest to trauma surgeons. It was a great honor to receive one of the congress grants, presented by the ESTES President Prof. Dr. med. Hans Christoph Pape, my mentor and supervisor.

Through my medical education to date I have learned the value of hard work, punctuality, commitment and discipline. These values have served me well in all aspects of my life. They have provided me academic and clinical success at all levels and based upon these values I face each new challenge with confidence and determination. As a young trauma surgeon-in-training, I am honored that my work has been recognized by ESTES. I am very grateful to have been awarded this prestigious congress grant, which allowed me to present my work on pelvic fracture and its impact on the clinical outcomes (under the direction of my mentors Drs. Hans Christoph Pape & Andrew Peitzman).

I have joined Prof. Hans Christoph Pape's medical team at the University of Aachen Medical Center (Aachen, Germany) as a Scientific Orthopedic Trauma Surgery Resident through a collaboration between Aachen and my home institution (University of Pittsburgh Medical Center, Pittsburgh, PA, USA) funded by the International Academy of Life Science (IALS) - Biomedical Science Exchange Program (BMEP; 2014–2015), and the German Academic Exchange Service (DAAD; 2015–2016). It was a unique rich experience for me. I liked the system and the kind of respect for everything in our life, especially the titles and time. I have learned a lot through this experience, and got exposed to different systems and approaches in trauma care. Now, I'm looking back over this experience and hope that I can carry out what I have learned in this chapter to the next level in my clinical training.

Finally, I would like to thank ESTES for supporting me to participate as a speaker at this edition of the European Congress of Trauma and Emergency Surgery. This congress has been a tremendous educational experience, providing a platform to learn and exchange ideas from leading experts and fellow trainees, in order to advance the development of trauma care for our patients. I'm looking forward to participate in the upcoming meeting in Bucharest and share with you more new findings and topics!

Sincerely yours,
Khalid Almahmoud, MD MPH

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Announcements

Upcoming related congresses & courses

DSTC – Trauma Course

Graz, Austria

September 19–20, 2016

<http://www.chirurgischeforschung.at/de/visceraltrauma.html>

Osteosynthese International 2016

Aschaffenburg, Germany

September 22–24, 2016

DKOU 2016

Berlin, Germany

October 25–28, 2016

<http://dkou.org/2016>

EBSQ Examination in Trauma Surgery

Berlin, Germany

October 28, 2016

<http://uemssurg.org/divisions/trauma-surgery/ebqs-examination>

Trauma Days

Moscow, Russia

November 3–4, 2016

More congresses and courses to be found in the **ESTES events calendar** at

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