



European Society for Trauma and Emergency Surgery (ESTES)

Association sans but lucratif (ASBL)

www.estesonline.org

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Message from the President

Dear Colleagues and Friends,

The recent European Congress of Trauma and Emergency Surgery (ECTES) in Lyon, under the guidance of Dr. Eric Voiglio, was a large success! More than 1200 delegates from all over the world gathered in this beautiful old French city to discuss hot topics on trauma and emergency surgery. There were good debates and discussions on new insights and many instructional lectures to set the basis for outstanding clinical practice. In addition, many courses held prior to and after the congress attracted many young surgeons, who learned more about the basics of trauma-related life support, advanced surgical interventions in both trauma and emergency surgery, etc.

The congress was also the final task of my predecessor Prof. Taviloglu, who led the society in the past year. I would like to thank him for his relentless efforts to bring our society further. His efforts for the Emergency Surgery Course and new setup of the website are only a few of his contributions to our society.

I would like to thank you all for the confidence you have bestowed upon me, electing me as your new president! Much work lies ahead of us! Continuing to build this society, based on our mutual interest for the acutely sick and/or traumatized patient, brings us together as does the surgical vision that accompanies it. In addition, the organization of our care, education and research to optimize care for our patients will be the focus of our efforts in the near future.

The first steps have already been set for the next ECTES in Frankfurt am Main. Also being held at the same time is the second World Trauma Congress—the first time on the European continent. The outlines of the programs have already been set and detailed information will be available shortly.

I hope all of you will join me in the effort of optimizing care by building our society to a strong European society as a home for surgeons interested in trauma and acute care surgery.

With kind regards,

Luke Leenen

ESTES President 2013/2014

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**15th European Congress of
Trauma & Emergency Surgery
&
2nd World Trauma Congress**



Dear colleagues,

The **15th European Congress of Trauma & Emergency Surgery**, together with the **2nd World Trauma Congress** will take place in Frankfurt am Main, Germany, from **May 24 – 27, 2014**.

Important dates to remember:

Important Dates	
Monday, September 2, 2013 Start abstract submission	Friday, January 10, 2014 Notification of abstract acceptance
Wednesday, November 6, 2013 Deadline for submission of abstracts	Friday, February 28, 2014 Deadline for early bird registration fee, registration cancellation
Monday, December 2, 2013 Start on-line registration	Friday, April 25, 2014 End of regular fee
Saturday, May 24 – Tuesday, May 27, 2014 15 th European Congress of Trauma and Emergency Surgery & 2 nd World Trauma Congress	

Abstract submission starts on **Monday, September 2, 2013**.

All necessary information regarding topics and submission details, as well as the **Preliminary Scientific Programme** (including keynote speakers and first session details) is available online at:

<http://www.ectes2014.org>

Sincerely,

The ECTES 2014 & 2nd WTC Organising Team

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Definitive Surgical Trauma Course following ECTES Lyon a great success!

Under the guidance of Drs. Eric Voglio, Tina Gaarder and Kenneth Boffard, a Definitive Surgical Trauma Course which was attended by surgeons and even anesthetists from all over the world was held following the European Congress of Trauma and Emergency Surgery. The faculty from France, the Netherlands, Switzerland, Canada, and Italy made this event a true world class experience. This intensive 2.5-day course took place in the building of the École de Chirurgie in Lyon (Figure).



Based on a series of lectures in which the needs of trauma patient were defined, indications for surgical intervention were outlined and thoroughly discussed. The true international flavor and the vast experience in the room granted good and fierce discussions on when and how intervention was needed.

Core to the course are the case discussions that involved every single participant and faculty. It was nice and also thrilling to see how different cultures, but also different settings of the participants gave rise to different viewpoints; however, always coming together in a focus of the patients' needs.

After the first morning and a good French lunch, the real work started. Situated in a beautiful modern setting and outstandingly staffed and supported, the animal lab took place. In the animal lab, the participants had the opportunity to practice all possible surgical procedures, ranging from thoracotomy to pancreatic resection for trauma. Because

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of the setup, the real tension and pressure were felt by the participants and communication skills were also trained (and strained).

After a few hours of tense practice, the evening came to a close with a nice gathering in a French bistro, together with the Advanced Trauma Life Support Course which was organized in the same building. New friendships were made and old friendships were renewed in a very vivid well-organized evening.

On the second day, lectures on various challenging subjects like cardiac and lung repair, and—as the devil in disguise—pelvic trauma were again discussed. The participants had obviously lost their shyness and fiercely discussed the cases that were presented. The second afternoon was in the morgue, where all the approaches were demonstrated and performed on fresh frozen (and thawed) cadavers. Both faculty and participants enormously enjoyed the possibilities of practicing complicated surgical procedures in a relaxed and safe environment.

The evening was again an opportunity to get together and enjoy a nice dinner in the inner city of Lyon. The only drawback was the fact that heavy showers resulted in some of the participants experiencing a very wet end to the evening.

On the last day, intensive care and anesthesia were the subjects, followed by a final case discussion on complex cases—a true integration of the lessons learned during the preceding days.

After a short goodbye, everybody departed Lyon with a satisfied feeling of having learned important lessons on how to care for traumatized patients. I think I can speak on behalf of the participants and faculty that we owe many thanks to the local organizer Eric and the two other leaders of the course Tina and Ken for this fantastic event.

Luke Leenen
ESTES President 2013/2014

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Report of ESTES Grant Winner Dr. Hagen Andruszkow



Dear Sir or Madam,

At first I would like to thank the ESTES Committee for the ESTES Travel Grant 2013 and the opportunity to visit this interesting congress and to present results of my current research ambitions.

The first visit to the ESTES Congress 2012 presenting merits and capabilities of helicopter emergency rescue in traumatized patients encouraged me to continue my research. Since 2009, I have been working as a resident in the Trauma Department (Prof. Dr. C. Krettek, FRACS) at the Hannover Medical School, Germany. Early in my career, I was involved in statistical and animal research projects focusing on long-term outcome after multiple trauma and experimental trauma research. My current research ambitions emphasize long-term outcome after multiple trauma and intensive care treatment of severely injured patients. In this respect, I changed to the Department of Orthopedic Trauma and Reconstructive Surgery, Aachen, Germany (Prof.

Dr. H.-C. Pape, FACS) in January 2013. With one oral presentation and two further authorships I had the chance to present our recent data from clinical research:

1. Pediatric Trauma O032
Interleukin-6 as inflammatory marker referring to multiple organ dysfunction syndrome in severely injured children
2. Pediatric Trauma O039A
Long-term outcome after isolated moderate to severe pediatric traumatic brain
3. Poster P073
Influence of gender on outcome polytraumatized patients with severe chest trauma

Critical questions from the audience and chairmen allowed the identification of limitations and improvements in the studies performed. Moreover, critical contributions and exchange of opinions resulted in new ideas for future projects and studies.

During the opening ceremony, the president of the ESTES (Prof. T. Taviloglu) and the president of the congress (Prof. Dr. E. Voiglio) invited all guests and introduced the key points and the aims of this congress. A recital of classic music by Prof. Pascal Roy completed a most delightful evening. Furthermore, during my stay in Lyon I had the opportunity to learn more about the traditions and traditional dishes. Our study group visited numerous restaurants and enjoyed evenings along the Rhône.

As an orthopedic trauma surgeon, I was mainly interested in skeletal trauma sessions. It was very interesting to see the research on orthopedic trauma from all over Europe. There were a wide range of topics, including complex coagulation treatment in multiple trauma patients from the USA, animal models of hypothermia from Germany, results of Focused Abdominal Sonography (FAST) in traumatized children from Israel and perceptions of pediatric trauma from Qatar.

The sessions "How I do it" were terrific lectures providing important clinical tips and strategies focusing on skeletal trauma and emergency surgery. Moreover, political discussions of experts to different topics were extremely interesting and stimulating. I would like to emphasize the session "New Technologies & Research in Visceral Trauma", which revealed interesting perceptions on current coagulation treatment in multiple traumatized patients.

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This was one of my major clinical interests during my time as a resident in our intensive care unit. The contributions from experts from different European countries and the US provided various points of view and led to an animated discussions.

I would like to thank the ECTES 2013 organization committee for this successful congress and the opportunity to contribute to this conference. At the end of this congress, I decided to join ESTES as a member. I am looking forward to the next meeting in Frankfurt am Main, Germany.

Sincerely yours,

Dr. med. Hagen Andruszkow

Resident

Department for Trauma and Reconstructive Surgery

(Director: Univ.-Prof. Dr. med. H.-C. Pape, FACS)

University Hospital/ RWTH Aachen

Germany

This congress grant was sponsored by the Austrian Trauma Society. Thank you!



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Report of the ESTES Grant Winner Dr. Paa Ekow Hoyte-Williams



Introduction

I would like to commence my brief report by extending my sincere gratitude and appreciation to the ESTES, the president, Taviloglu Korhan, the executives and all members for this honour and opportunity offered to me in the form of a grant to participate in the 2013 congress. I assure you that even though it is an individual grant, the benefits thereof from the knowledge and experience acquired, will traverse multitudes of persons and boundaries, including both colleagues and clients.

The venue and city of the congress couldn't have been more perfect and I would like to congratulate the congress president, Voiglio Eric and the entire team for a brilliantly organized event.

Experiences and Activities during the Congress

My experience at the 14th European Congress of Trauma & Emergency Surgery is a very memorable one. The congress venue, instructions and directions were clear and precise. The punctuality, modulation and the flow of the sessions were smooth and excellent. Many of the sessions were of great interest to me; however, the forums on road traffic injuries, hand trauma and disaster and military surgery were of particular interest because of the direct bearing on my practice as a resident in surgery in Ghana.

In the various fora I participated in, it was highly impressive and inspiring to see the attempts made at providing the ultimate standard in trauma and emergency care. This insight made me assess the level of care we are able to provide back in my country and it motivates me to think about ways in which we can achieve this desired standard as well as the role I can play to that effect.

I found the oral presentations particularly interesting, seeing what others are doing in Europe and around the world, and how they overcome some of the challenges I most frequently encounter was a great eye opener. The vast experience shared from all over the world was very stimulating in the Experts forum on "How I do it" Tips and Tricks? Indeed it is one session I would highly recommend.

There were opportunities to ask questions and interact with the experts in the various fields of trauma and emergency surgery who were always happy to share their knowledge.

I remember participating in the 12 to 12 seminar on "How to organize a mortality and morbidity meeting". The presenter admitted she was overwhelmed at the turn out. I believe many young surgeons like me are enthusiastic on running effective scientific meeting hence such fora provide the platform for answers we seek. I am vigorously discussing the imports of that meeting locally for implementation as the ideas and methodology provide more efficient ways of organizing Mortality and Morbidity meetings.

I presented a poster on a case series of severe acute Fourniers gangrene which I realised caught some attention. This was good as it provided another platform to interact with other participants where I was able to share my experience from a developing country and the efforts made to provide optimum care regardless of the limitation of resources.

The industry exhibitions was a good opportunity to see some of the state-of-the-art teaching/simulating apparatus for students and residents as well as the technological advancement in surgical apparatus. I had great discussions and hope to follow-up for future collaborations.

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Experiences and Activities in My Professional Career

I am currently a senior resident in reconstructive plastic and burns surgery. I have already had 3 years of training in surgery in general which includes rotations in all branches of surgery such as urology, plastic surgery, general surgery, trauma and orthopedics, anesthesia, neurosurgery, pediatric surgery and cardiothoracic surgery.

In the center where I am training, our unit is responsible for all emergency hand trauma cases as well as burn patients. Being the only tertiary facility in the most populated region, all major hand injuries are referred to the center. Trauma to the hand accounts for about 6–10% of all traumas presenting to the emergency unit. The other emergency we see is acute burn injuries; however the rate of emergency surgeries in these patients is low. There is twice weekly seminar presentations by residents, one day for the outpatient clinic where I see on average 30 patients, organize daily ward rounds and one grand teaching ward round once a week. Emergency duties are run bi-weekly. One day a week is scheduled for major elective surgery and another for minor elective cases.

With my experience and exposure I am able to treat a significant percentage of trauma emergencies; however, with the more severe cases I assist my consultant or pursue it under his supervision.

Not only are regular CMEs are part of my schedule, but an academic surgeon in training, I participate and sometimes lead various research projects within my unit and scope of training.

Conclusion

As it is the aim of the ESTES to promote emergency surgery and trauma surgery in general and to disseminate interest, knowledge, and quality in these fields, this grant has come to facilitate and fulfill this mission in me and it is my intention and ambition to be a leader in providing the best standard of trauma and emergency surgical care in my community and country. I am sincerely grateful to the ESTES for its contribution to the pursuance of this noble ambition.

This congress grant was sponsored by the German Trauma Society. Thank you!



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Emergency Surgery Section Report

2012/2013: Chair: H. Kurihara (Italy) - Vice chair: J. Tilsed (United Kingdom)

The Emergency Surgery Section currently counts 368 members from 63 countries. Unfortunately many of the members did not pay the Society Membership fee—for this reason they should be cancelled from the Emergency Surgery Section.

Video Platform

From the technical point of view, J. Tilsed reported that the online video platform is ready, but there were not enough videos submitted to the Congress to form the "critical mass" needed to launch this effectively. Most of them had not been designed as "stand alone" videos and could not be published as there was no commentary—either spoken or written. It was agreed to approach the section members directly for video submissions. These should have a duration less than 10 minutes, not more than 500 MB and be identified with the ESTES logo and its Emergency Surgery Section.

Emergency Surgery Section Guidelines

H. Kurihara announced that the board of ESTES proposed the section for the production and development of guidelines for publication in the European Journal of Trauma and Emergency Surgery. The executive board of the society decided to contribute this project with a budget of 5,000 EUR. The section proposed to develop a guideline project on emergency surgery issues to be discussed among the committee members.

It has been proposed to develop Emergency Surgery Issues Guidelines through this strategy:

- Two experts will focus on each issue and will analyze independently the current state of the art.
- A preliminary document with levels of recommendation will therefore be evaluated by an Expert panel meeting.
- Key statements with Grade of recommendation followed by commentary to explain the rationale and level of evidence will be validated when 100% consensus is reached.

Emergency Surgery Topics and Lectures in Lyon 2013

A summary of the lectures presented at Lyon ECTES 2013 have been listed.

ILC - Surgical oncologic emergencies

1. Who should operate when: emergency surgeon or surgical oncologist?
2. Acute abdomen in the neutropenic patient
3. Stenting for malignant gastrointestinal obstruction
4. Small bowel obstruction from tumor recurrence: therapeutic options
5. Complications of radiotherapy: management of acute surgical problems

ILC - When is laparoscopy the best route?

1. Small bowel emergencies and laparoscopy
2. Role of laparoscopy in acute colonic emergencies
3. Abdominal emergencies in the elderly: when laparoscopy?
4. Gastroduodenal emergencies and laparoscopy
5. Unclear abdominal pain: any role for laparoscopy?

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Key-note lectures:

1. What treatments can be delayed, and for how long?
2. Emergency care in times of financial austerity
3. Bariatric surgery: complication management
4. Acute appendicitis: surgery or conservative treatment? Still a debate
5. "Spontaneous" haematoma: when conservative management is not enough
6. Revision abdominal surgery, how I do it?
7. Acute care surgery: how to maintain surgical skills? The Japanese experience
8. Emergency medicine and acute care surgery, who is doing what in Europe?

Twelve-to-twelve lectures:

1. Does training in elective one-organ surgery make you automatically an expert in emergency surgery?
2. How to organize a Mortality and Morbidity (M&M) meeting
3. When to skip the CT scan and go straight to the OR
4. US for the acute care surgeon: where to place the incision and how to detect complications
5. Postoperative care after emergency surgery; why surgeons should go to the ICU

How I do it session - Clinical decisions in everyday emergency surgery

1. Complicated groin hernia
2. Small bowel obstruction
3. Colonic obstruction

Election of Chairman and Vice Chairman and new committee members

The section meeting took place before the ESTES General Assembly. It was anticipated that H. Kurihara would be elected treasurer of ESTES at the General Assembly and on that assumption he left his position as Chairman of the Emergency Surgery Section. J. Tilsed, the current Vice Chair of the Section, was elected as new Chair of the section, and Andreas Shamiyeh from Austria was elected incoming Vice chair by the attending members of the Emergency Surgery Section.

L.F. dos Reis ended his duty as committee member of the Section and J. Pereira (Portugal) and H. Kurihara (Italy) were elected to the committee.

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The present organization of the Emergency Surgery Section is therefore the following:

Chairman	Jonathan Tilsed	United Kingdom
Vice-chairman	Andreas Shamiyeh	Austria
Committee Member 1	Eric Voiglio	France
Committee Member 2	Diego Mariani	Italy
Committee Member 3	Alexandru Nicolau	Romania
Committee Member 4	Martin Sundelof	Sweden
Committee Member 5	Isidro Martinez Casas	Spain
Committee Member 6	Mahir Ozmen	Turkey
Committee Member 7	Jorge Pereira	Portugal
Committee Member 8	Hayato Kurihara	Italy

Lyon, May 6, 2013

Chair: Hayato Kurihara

Vice-Chair: Jonathan Tilsed

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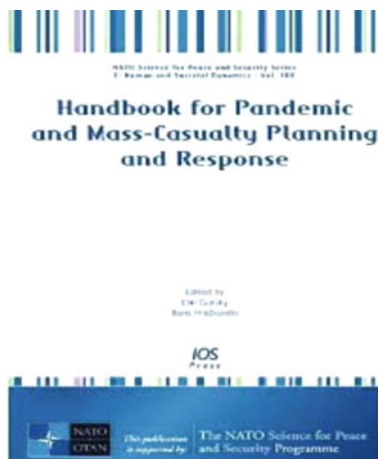


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Report of the ESTES Education Section



At the beginning of 2013, the NATO Handbook “Pandemics and Mass Casualty Planning and Response” became available (IOS Press, Amsterdam). In all, 14 ESTES members contributed as authors, co-authors and editors. The NATO Handbook covers many specific topics on disaster management and it is the result of the 12-day NATO ASI Conference held in 2011 in Croatia under ESTES endorsement. Many topics of the Handbook address ESTES contribution in a field of Education and Training for better disaster preparedness. This first collaboration of the many experts across Europe and beyond under the auspices of NATO and ESTES shows the great potential and opportunity for future projects.

The next planned future project will be with collaboration of Croumsa society and one of the ESTES institutional societies from Non-NATO countries.

During the NATO COMED meeting in Paris (June 2013), the final version of the minimal skills needed for military surgeons deploying to NATO operations for ROLE 2 level were presented. Two ESTES members gave contributions to the NATO Military Surgery Expert Team group (Hreckovski, Gen.Poins) under the leadership of the

thoracic surgeon Teun van Egmond, Col-surgeon RNAF.

The third Slovenian-Croatian MRMI course under ESTES endorsement was held in the Slovenian Army Base in February 2013. The Croumsa and Slovenian Surgical Association together with the newly founded society Slovenian MRMI Association continue with the education project on disaster preparedness for two neighbouring states. More than 60 participants from two countries attended the course under the leadership of the international MRMI faculty.



MRMI course Slovenian Army Base

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ESTES is also an associated partner of a project called "Development of a European training curriculum for international crisis management" (DITAC project). A meeting of working group 2 and the general assembly of the DITAC project were held in Istanbul (March 13–15, 2013) with the active participation of seven ESTES members. The European Disaster Response Course (EDRC) will be developed within DITAC project and the plan to have it on the programme at the ESTES congress in Frankfurt am Main 2014.

During the ESTES conference in Lyon many activities were analysed in the Education Section Business meeting and in other sessions. The analyses of the first survey conducted by paramedics and a nurse group was performed under the leadership of Fabiana Cambiaghi, Christine Lennquist Montan and their colleagues.

The project "Establishing a European Nurses Network for trauma and acute care"

(Cambiaghi, Martin, Kolstadbraaten, Lodler, Varischi) was presented. The secretary of the Education Section, Prof. R. Komadina, presented an update on the European guideline for Management of bleeding and coagulopathy following major trauma. Mauro Zago, Miriam Rüsseler, et al. reported on the MUSEC course development and organisation. In the business meeting of the Education Section it was decided to support a proposal from the Disaster & Military Surgery Section on nomination of ESTES Centers of Excellence (COE) for specific education and training programmes (courses). This promotion of COE under ESTES endorsement would bring mutual benefits for local organisers, institutional societies and ESTES.

In two sessions during the congress, we discussed present trauma education and differences in training programmes and curriculums among European countries. It was proposed to publish material from these topics in a future issue of the EJTES magazine. One of the conclusions of the business meeting is that more communication of information between individual and institutional members would give us a chance to improve education and training processes and initiatives within the ESTES society. *Prehospital care in emergencies worldwide: experience from the scene* is the working title of a new book (B. Dobson, Ed.) to which many ESTES members will make contributions.

The Education Section will continue to support local national programmes in injury prevention organized by ESTES institutional societies, especially activities in the European Road Safety Charter etc. Some ESTES institutional societies (Croumsa) are already members of the European Road Safety Charter and give their contribution through injury prevention in a road safety programme under the initiative of the EU Commission. The section's proposal would be that the majority of ESTES institutional societies join the European Road Safety Charter and through various forms of education (e.g. lectures, seminars, workshops) contribute towards reducing road fatalities. This would also be a good opportunity for residents of surgery and members of the institutional societies to go public and give educational presentations. The European Road Safety Charter is a participatory platform made up of enterprises, associations, research institutions and public authorities. These actors undertake concrete actions and share their good practices in order to resolve the road safety problems that they encounter in their day-to-day environment. The objective of the Charter is to help reducing road fatalities. It has more than 2000 signatories (more information at www.erscharter.eu).

Boris Hreckovski
Chairman of Education Section

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Summary of the Visceral Trauma Section Meeting May 5, 2013, Lyon

Regular script: Meetings notes.

Blue Script: follow up after the meeting until 11 June 2013 (read only blue if in short of time)

Section Chair: Pantelis Vassiliu from Haidari, Greece

Successor of Luke Leenen who was elected to be the new president of ESTES

1. Suggestions for future VTS vice chair:

- Paal Aksel Naess, Oslo, Norway
- John Louis Riddez, Karolinska, Stockholm, Sweden
- Fernando Turregano, Spain

Dr Turregano due to other responsibilities with ESTES could not accept the invitation.

The other two members accepted. They both sent their CVs which were included in the internet voting site to facilitate informed voting. Both candidates and VTS Chair met in Stockholm on May 30th. Briefing and agreement on the planned process was achieved. The voting is open for 15 days, starting from June 3. The result will be announced by the June 22. All members were invited via email to vote.

Carlos Mesquita suggested contacting the VTS committee members which are 8, according to the bylaws. This committee was inactive for a few years. He recalls that Pal Naess was a member of this committee and due to his active participation the previous years was suggested earlier to become vice-chair.

The VTS committee members were identified from the records of the VTS meetings. Those members were as follow:

2009 Committee Members: A. Nikolau, A. Leppäniemi, G. Salcedo, H. Kurihara, K. Saribeyoglou

2010 Committee Members: I. Martinez, P. Naess, R. Komadina

2009 National Representatives in VTS: Z. Rajkovic, L. Fattori, P. Patka, L. Reis

From those

G. Salcedo was replaced since 2011 by I. Martinez.

A. Leppäniemi (President Elect), H. Kurihara (Treasurer), P. Naess (candidate Vice Chair VTS) were excluded as having current major responsibilities within ESTES.

Drs. Nikolau, Saribeyoglou, Martinez, Komadina, Rajkovic, Fattori, Patka, Reis were contacted via email on May 15.

Drs Martinez and Komadina are willing to assist but are not available for active participation as having responsibilities with other sections. Dr. Patka is unavailable and suggested Pr. Verhoftad as successor. Dr. Reis stated his availability. We have no response from the remaining members and who will be contacted again.

Stefaan Nijs, Belgium, stated his disappointment for the lack attendance and active participation. Carlos Mesquita suggested Stefaan to be the future vice chair. Stefaan denied accepting an official position, but he very strongly wants to make the section work and is willing to put effort into this. It was mentioned from the audience that more active communication between the section and the members is needed.

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2. Topic suggestions for ECTES 2014:

The following topics were suggested: Topics have to be submitted to the board by September 2013.

- Carotid artery injuries: always or never shunt?
- Intraaortic balloon occlusion instead of clamping the aorta. Vena cava balloon occlusion. Innovations
- Different countries, different cultures. Major duodenal trauma: When and how are you doing pyloric exclusion (Portugal). Are we doing pyloric exclusion? (Norway)
- Pancreatic trauma surgery: As complex or as simple as possible?
- Retrohepatic IVC injuries: liver isolation or atriocaval shunt?
- Operative splenic trauma: crazy enough to preserve the spleen? How?
- Primary repair of colon injuries: staple or suture? One layer or two layers?
- Preperitoneal pelvic packing: how is it different from intraperitoneal?
- Splinting broken ribs: Why? When? How?
- Lung stapling: tricks of the trade
- ECMO: function, indications, practical appliance
- Which vessel do we ligate? What are the long-term and short-term consequences? Trauma surgeon vs subspecialized elective surgeon.
- Venous bypass around the liver: availability, technique
- How do we create a guideline in an evidence-based way
- Suggestion for guidelines development: 1. splint ribs, 2. preserve spleen
- Practical session on Tips and tricks. How do I do it? What is the outcome? (p.e. Carlos foley balloon pyloric exclusion)

It would be important to know how many sessions can be organized per section. The suggestions should be ranked by value/importance. In 2013, the VTS had a total of 21 sessions, out of which only 9 were “real” sessions. The others were guest symposia, endorsed sessions, 12-to-12 sessions or video sessions.

The common impression was that there is need for sessions that encourage members’ active participation. “Young blood” surgeons should present their work. New research ideas should be highlighted.

People like case scenarios with voting tools. There should be more of them. Therefore, technical infrastructure is needed. A “poor-boy” alternative to technology would be red and green cards. The alternatives should be checked with the congress organizers.

Since then and in order to be prompt with the first deadline (May 20) and the requirements (2 round tables, 2 keynotes) from the Frankfurt 2014 organizing committee, the following suggestions were given:

ILC1: How can we make Trauma surgery an attractive subspecialty?

How can we better serve the European trauma patient?

ILC2: Innovations: ups and downs. The youth speaks up.

Keynote1: Perihepatic vascular injury. Ligate vessels to save a life. At what long-term cost?

Keynote2: Europe: different languages, different cultures, different economies. One entity.

An advantage or a fault? What is the common ground? How we bridge the gaps?

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3. Other Business

Why do members participate less and less? Ideas to motivate them.

E-mail to section members asking if they are still interested in being part of the section. They should be asked to somehow verify their membership and actively reply to this e-mail as a confirmation.

- To support this idea open voting through the internet was elected. Results, not only in terms of votes, but also in participation of members will be announced.
- Members should receive e-mails on a regular basis News on the section, activities, surveys etc. That way they will feel like being part of the section.
 - (Administrative office will send all members' e-mail addresses to the section chair) This was done and on this basis, as an initial step, all members were contacted for the voting.
- For example: One e-mail per month from the section to the members to increase active involvement.
- Google tools could be used for surveys (questionnaires with multiple answers) and other activities with participation. These tools were used to facilitate voting.
- Group of five to work as a team (suggestion to ESTES board as well). Creative participants are needed, not inactive observers.

Development of guidelines, from every section, on specific topics are sponsored by the board for the coming year. If this does not work, other suggestions to disseminate knowledge will be prioritized. Mobile phone game (category of applications defined as gamification = game and education) was introduced to the listeners. This found support in the audience, as an education tool is very important. The possibilities of a journal are limited, therefore new tools like this game should be developed and promoted.

As work is most effectively done in small groups, working groups of 5 persons should be formed. Our members should be motivated to work in small groups of common interest to present problems encountered in their effort to serve trauma patients. A delegate is a title with content, they should present the needs of their country and challenge for solutions. The section officers should evaluate and offer applicable solutions. Working people wanted!

We are aware that all the above are inked ideas, which can only become practice through active participation. This would be fun for all. Let's play.

Best wishes,
Pantelis Vassiliu
Pant_greek@hotmail.com
Visceral Trauma Section Chair
June 11, 2012

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Report

Fourth International Symposium of Orthopedic Surgery and Trauma, Mostar, Bosnia and Herzegovina (April 25–27, 2013)

The Fourth International Symposium of Orthopedic Surgery and Trauma (“Contemporary approach to topics in orthopedics”) was held in Mostar, Bosnia and Herzegovina (April 25–27, 2013). It was two-day symposium discussing contemporary topics in adult and pediatric orthopedic surgery and traumatology, revision surgery, sports medicine and arthroscopy, epidemiology of diseases, organization of health services and clinical research. The symposium was intended for specialists and residents in orthopedic surgery and trauma, medical students, students of the faculty of health studies and nurses/technicians. The aim of the meeting is to pass the knowledge of experts to other colleagues, residents in orthopedics and traumatology in Bosnia and Herzegovina.

The symposium was organized as part of meeting called “Days of BH-USA Academy of Sciences and Arts (BHAAAS)” and the organizers were the Bosnian-Herzegovinian American Academy of Arts and Sciences (BHAAAS), the Orthopaedic and Traumatology Association of Bosnia and Herzegovina, the University Hospital Mostar, and RMC ‘Dr. Safet Mujic’ Mostar.

Throughout the conference various sessions were held, including discussions on the following scientific areas: orthopedic surgery and therapy, pediatric orthopedics, hip and knee arthroplasty and revision surgery, arthroscopy and sport medicine. In total there were more than 40 presentations with discussions after each session (orthopedics, traumatology, arthroscopy/general part). During one symposium there were round tables on various topics with extremely valuable discussions and participation. The participants came from Bosnia and Herzegovina, Croatia, USA, Egypt and Qatar.

Prof. Dr. Ismet Gavrankapetanovic
National Delegate of the Bosnian Trauma Society



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Announcements

Upcoming related congresses & courses

Workshop on Trauma to Visceral & Gastrointestinal Organs, DSTC

September 23–24, 2013

Graz, Austria

II Modular UltraSound ESTES Course

September 28, 2013

Alicante, Spain

TRAUMA 2013

November 7–8, 2013

Moscow, Russia

MRMI (Medical Response to Major Incidents) Course

November 14–16, 2013

Coimbra, Portugal

MUSEC Course (Modular Ultrasound ESTES Course)

November 14, 2013

Coimbra, Portugal

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

www.estesonline.org

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