



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, members and friends of ESTES,

The past Annual meeting in Amsterdam was very interactive and busy.

Many initiatives during the meeting were ongoing and some were new. Among the ongoing ones, some important steps have been made and goals were fulfilled:

One of the most important ones is the agreement on the guidelines of hip fractures under the leadership of Klaus Wendt. He was able to manage a large group of expert physicians who developed and approved these guidelines in a timely fashion. This consensus is an outstanding contribution of ESTES to the upcoming challenges of the ageing population in Europe. Thus, ESTES is enabling orthopaedic traumatologists throughout Europe to follow a new path of evidence. Given the growing amount of cooperation in orthogeriatrics, this is truly an achievement.

Among the new initiatives, ESTES representatives have joined task forces that work on educational guidelines which might be helpful in the future. The UEMS is one of them. Likewise, the EBSQ exam has been going on for more than a decade during the German Trauma Meeting and has been maintained since the introduction of DKOU with Hans-Joerg Oestern as the key figure. We will hopefully be able to also host this exam during ECTES in the near future.

Another initiative is the foundation of the polytrauma section by a large group of about 50 ESTES members, which I was glad to initiate. The group was founded to host many special aspects of care. During the meeting, there was rapid consensus about the numerous foci that should be targeted. Specifically, these topics are summarized as follows:

1. Guidelines about consensus and treatment recommendations (all)
2. Crossborder rescue (as initiated by Peter Brink)
3. Teaching (all)
4. Trauma chain: Prehospital care, ICU care, rehabilitation (all)
(Team work / communication)
5. Trauma systems (Rolf Lefering)
6. Translational research (all)

I would like to thank all of you for the trust in becoming President of ESTES and for all the support that I have received so far. Let us work together in keeping the society busy and growing.

All the best,
Hans-Christoph Pape
President ESTES

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Report of ESTES Congress Grant Winner Savyasachi Thakkar



I feel privileged and humbled to have been given the golden opportunity to attend the ECTES 2015 meeting in Amsterdam. The travel grant was truly the icing on the cake as I felt extremely fortunate to have heard about the meeting and to have my work accepted for presentation. My excitement to deliver a talk in front of an international and well-respected audience was palpable throughout the months leading up to the meeting.

ESTES, the parent body that hosts ECTES meetings, has shone through the formidable challenge of organizing an international level meeting. From deciding on a venue that can host the volume of people that attend ECTES to the immaculate execution of each detail associated with the meeting is no easy task. This year's venue at the Amsterdam RAI was a perfect choice, as RAI provided a cosmopolitan and welcoming atmosphere along with the highest standards for exhibition space, poster presentation and multi-media projects.

The opening ceremony that described the "marriage" between various European trauma societies was an eye-opener towards the incredible collaboration prevalent in the European trauma community. Another memorable lecture from the opening ceremony bridged the history of Amsterdam and its masterful artists with anatomy and medicine. And how can I ever forget the joyous occasion of shaking hands with the ESTES president while in the presence of luminaries and visionaries!

The meeting itself was an insightful perspective on all aspects of trauma and emergency surgery. Never before had I gained such exposure to the plethora of topics surrounding caring for the trauma patient systematically. Even though I am almost completing my orthopaedic education, it was fascinating to read and hear about general surgical issues, vascular problems, intensive care and military & disaster management. In fact, my podium presentation session had wide ranging talks from caring for avalanche victims to setting up a paramedical trauma network in China.

ECTES also provided me with the wonderful opportunity to network with leaders in the field of trauma research; some were authors of the numerous papers I had read and referenced in my work. It is hard to pen down all the wonderful moments I experienced at ECTES 2015 in this brief essay. But to paraphrase, as a first time attendee of ECTES, I have been tremendously stimulated by the collaborative community of trauma surgeons from across the world cultivate and foster a sense of caring for the acutely ill, and to utilize my research endeavors for the same.

Once again, I thank the ECTES committee for allowing me to present my thoughts and ideas, and I surely hope to be an active ESTES member throughout my career.

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Report of ESTES Congress Grant Winner Teun Teunis



Recently I moved back from Boston to the Netherlands to start residency training at the Onze Lieve Vrouw Gasthuis in Amsterdam. I was happy to be back in my native country, but also missed “Beantown” a lot.

After finishing medical school at the University of Utrecht two years earlier, I had the chance to work as a research fellow at the Hand and Upper Extremity Service of the Massachusetts General Hospital and the Harvard Medical School. My research focused on distal radius fractures, and I would present two studies at the ECTES. As often happens with researchers and their thesis topics, I got a little bit obsessed. If you’re reading this report as, say, a lower extremity trauma surgeon, you may get the feeling we weren’t quite at the same conference.

After dropping off my loved one on Sunday morning at Schiphol airport for her flight back to Boston, I rushed back for what would prove to be a very interesting and fruitful trauma meeting. I was just in time to catch the closing part of the morning Hand & Wrist session, chaired by Daniel Rikli. I recently co-authored a paper for my thesis with him, and was about to submit our second, but we had actually never met. As a result of modern, global research the collaboration was done by mail, and I was dying to meet him in person. Sadly, we had to cut our first face-to-face encounter short, as I was about to give my first ECTES presentation – to be continued.

The first study I presented assessed the differences in surgical outcome between reduced and unreduced distal radius fractures. Some fractures are so severely comminuted or displaced that the surgeon and patient both agree on surgery, no matter what reduction might achieve. When this is the case, our study showed it’s safe to forgo an attempt at reduction as we found no difference in adverse events and subsequent surgeries between reduced and unreduced fractures.¹

A very interesting study in the same session presented by Charlotte Lameijer evaluated the optimal questionnaire to assess patient-reported outcome following distal radius fractures.² But static questionnaires often include questions that can be considered irrelevant or unrelated.^{3,4} During my time in Boston we often worked with the PROMIS (Patient-Reported Outcomes Measurement Information System), using computerized adaptive testing. This method of testing provides patients with a maximum of 12 questions – but often only 4 or 5 – in a dynamic order with the content determined by the response to the prior question. The method reduces administration time and flooring and ceiling effects.⁵ The difficulty is that to develop this method of testing you need large item banks, tested in the general population, and funding. PROMIS is tailored to the US population, and cannot be directly implemented in Europe. Also the project is funded by the NIH and comes together with an online questionnaire platform – no more paper questionnaires that poor researchers manually enter into a spreadsheet. Through a European trauma network, we could work together to create our own computerized adaptive testing questionnaires. This would shorten questionnaires, thereby reducing questionnaire burden, and greatly help European trauma research. I was happy to hear from Mostafa El Mounni, one of the authors, that they are currently working on setting this up.

After lunch it was time for my second talk during the next Hand & Wrist session. This study assessed factors associated with finger stiffness after distal radius fractures. Earlier in the session Emily Boersma discussed a case series of patients receiving a training program after conservatively treated distal radius.⁶ On final follow-up no patients fulfilled the criteria of so-called

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complex regional pain syndrome. She concluded her talk by proposing that a lack of motion might cause symptoms associated with this syndrome. I couldn't agree with her more. We found greater catastrophic thinking to be the most consistent, independent factor associated with finger stiffness in a prospective cohort of surgically treated distal radius fractures.⁷ This tells us that finger stiffness after distal radius fracture is due to normal human illness behavior. Patients, who understand that surgery hurts and finger motion and stretching exercises are good for you, are less likely to get stiff. These findings question the need to posit an elusive pathophysiological cause for finger stiffness, such as so-called complex regional pain syndrome. Coaching or cognitive behavioral treatments may actually be more promising than injections, creams and pills. Although I'm aware this is all pretty controversial⁸, as was illustrated by the discussion ensuing my talk.

After conclusion of this session there was finally time to sit down with Daniel Rikli. In the spring sun we enjoyed our cup of coffee and a good conversation. We discussed residency training programs, academic climate, and possible future research. I'm sure his sharp, thoughtful ideas will result in some very interesting publications. Also – running the risk of sounding aged, I'm only twenty-five years old after all – in this digital day and age, it was nice to just sit down and have a face-to-face conversation. The day was concluded by the opening ceremony with a very interesting presentation on surgeons in seventeenth century Golden Age Dutch paintings.

Since my talks were over, during the second day of the conference I could unwind. I visited several very interesting talks on burns and femur fractures – I know, not on distal radius fracture, weird right? Also I met up with trauma surgeons from my current hospital. The day was concluded at Strand Zuid. Because of the sunny weather, this real beach offered a great way to get together with colleagues and some new international friends.

Sadly, I couldn't attend the final day of the conference. Instead, I was called to duty and spent the whole day in the OR. Nonetheless, I immediately could put to work the knowledge I gathered over the last couple of days, performing a tension band wiring of an olecranon fracture.

During my time abroad, I presented both studies at American conferences. But it has been a while since my last talk in the Netherlands. As it was a European conference, there were many Dutch trauma researchers, residents and fellows. Presenting my work to my fellow countrymen, but also on an international stage, was very exciting. I want to thank ESTES and the Netherlands Trauma Society for the opportunity to present my work at this fantastic meeting and I'm looking forward to next year's conference!

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ECTES 2016 - Vienna

Dear colleagues,

After *ECTES* 2015 in Amsterdam, the Netherlands, we are now looking forward to *ECTES* 2016 in Vienna, Austria, which will take place from April 24–26, 2016.

Important dates to remember:

Mon, August 31, 2015	Start abstract submission
Fri, October 23, 2015	Deadline abstract submission
Mon, November 30, 2015	Start online registration
Fri, December 18, 2015	Notification of abstract acceptance
Fri, February 19, 2016	Deadline for early bird registration, registration cancellation
Fri, April 8, 2016	End of regular fee

The **abstract submission** starts on **Monday, November 30, 2015**.

All necessary information regarding topics and submission details can be found on the website: www.estesonline.org

A **Preliminary Scientific Programme** (including keynote speakers and first session details) will be available online by July 2015.

Sincerely,

The ECTES 2016 Organising Team
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Postgraduate Course in Medical Response to Major Incidents

(MRMI)

Organized in collaboration between the European Society for Trauma & Emergency Surgery (ESTES) and Prehospital and Disaster Medicine Centre, Region Västra Götaland and Gothenburg University, Gothenburg, Sweden

Time: November 23–25, 2015
Location: Prehospital and Disaster Medicine Centre, Gothenburg

Chairman of MRMI faculty: Sten Lennquist
Chairman, local organizing committee: Amir Khorram-Manesh

Design of the course

The course is based on an advanced simulation model (www.macsim.se) training the whole chain of response: Scene, transport, hospitals, coordination & command, including also training in triage and individual patient-management and with participation of collaborating agencies like rescue service, police and protection agencies. It is completely interactive, starting with one day of preparative training in groups, followed by two full days of simulation exercises with all participants active in their normal positions and with careful evaluation and analysis of the result of the response.

This requires a distribution of participants in accordance with the roles during the simulation exercise.

In the standardized application form, the applicant has to indicate his/her preference and competence for the different roles and this may be used in the composition of participants.

Accommodation

Accommodation is not included in the course fee, but rooms are reserved, in walking distance to the course venue and at a discounted price, at Tidbloms hotel (<http://www.tidbloms.com/>). Participants can use the following code “PKMC” at the time of booking.

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Course fees (Members of ESTES 10% discount on course fees)
Basic course 3 full days including lunches but not accommodation

<i>Nurses, paramedics and ambulance staff:</i>	€450
<i>Officers in fire, rescue, police and protection services</i>	€450
<i>Doctors and administrative staff:</i>	€590
<i>Västra Götaland's employee, all organizations:</i>	1500 SKR

Application

For more information please visit www.macsim.se
Application forms can also be requested from pkmc@vgregion.se

Deadline for application: September 21, 2015. Number of participants limited.

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Announcements

Upcoming related congresses & courses

MUSEC - Modular UltraSound ESTES Course

Madeira, Portugal
September 12, 2015

www.thesoundofthebody.org

Workshop on Trauma to Visceral & Gastrointestinal Organs / DEFINITIVE SURGICAL TRAUMA CARE-DSTC™

Graz, Austria
September 21–22, 2015

<http://www.chirurgischeforschung.at/de/viszeraltrauma-ws.html>

National Trauma Congress of the Czech Trauma Society

Brno, The Czech Republic
October 1–2, 2015

www.novakovydney.cz

DKOU 2015

Berlin, Germany
October 20–23, 2015

www.dkou.org

MUSEC - Modular UltraSound ESTES Course

Geneva, Switzerland
October 31, 2015

www.thesoundofthebody.org

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