



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



Dear Colleagues,

Preparations for the 15th European Congress of Trauma & Emergency Surgery & 2nd World Trauma Congress, due to take place from May 24–27, 2014 in Frankfurt, Germany, are in full swing.

We would like to invite you to submit your abstracts for the congress through Wednesday, November 6, 2013!

You will find all information regarding abstract submission on the Congress Website: <http://www.ectes2014.org/ectes-2014/abstract-submission/index.html>

Please also have a look at the Preliminary Scientific Programme.

We look forward to receiving your scientific work and to welcoming you to the summit on Trauma Care in 2014 in Frankfurt!

Sincerely,

The ECTES 2014 & 2nd WTC Organizing Team

Mondial Congress & Events

Mondial GmbH & Co. KG

Operngasse 20b, 1040 Vienna, Austria

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www.estesonline.org

<http://www.ectes2014.org>

ESTES Administrative Office:

c/o Mondial Congress & Events, Operngasse 20b, 1040 Vienna, Austria

Tel : +43 1 588 04 802 / Fax : +43 1 588 04 185 / e-mail : office@estesonline.org

ESTES registered office: Avenue de la Couronne 20, 1050 Brussels, Belgium



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Preliminary Scientific Programme

Main Topics

- World Trauma Congress / Polytrauma / Neurotrauma
- Emergency Surgery / Acute Care Surgery / Surgical Intensive Care
- Skeletal Trauma / Orthopedic Trauma / Orthopedic Surgery
- Visceral Trauma / Abdominal Trauma / Thoracic Trauma / Vascular Trauma
- Military and Disaster Surgery / Education / Miscellaneous

Sessions

World Trauma Congress / Polytrauma / Neurotrauma

RT - WHO/WCTC: Global Alliance for the Care of the Injured (GACI)

- Improving trauma care worldwide: do we need a world coalition?
- Trauma systems worldwide: where we are and where do we need to go?
- Collaboration in trauma system development: the Indian–Australian collaborative experience
- WHO Global alliance for the care of the injured – what is supposed to be done?

ILC - ECTES/WTC: Prehospital Care in Trauma

- Still scoop and run
- Still stay and play
- Role of air transport
- In austere environments

RT - WTC/ECTES: Emergency Room Diagnostic Tools

- Austere environments – which diagnostic tools to use
- Ultrasound, fluoroscopy, DPL, and conventional radiology: what works, what does not?
- Whole body scan
- Contrast CT scan: routine or selective?
- Modern settings–mobile CT–with interventional options

RT - ESTES Education Section: Algorithms and Quality in the Emergency Room

- Global needs analysis
- ATLS concept
- DSTC
- ETCO
- The educational perspective (in-house team training)

ECTES/WTC: Decision Making: Operative Algorithm

- Early total care – still a choice?
- Damage control orthopedics
- The bleeding patient
- Neurotrauma and instable injuries: what comes first?
- What stabilization is necessary for intensive care

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RT - ECTES (with EMN): Neurotrauma in the Polytrauma Patient

- Bleeding control first
- Decompression first
- Damage control strategies: how to use and prioritize?
- Staged treatment procedure and effect on MODS
- Intensive care of the combined neurotrauma and polytrauma patient

ILC - ATLS: Achievements and Advances of ATLS

ILC - ECTES/WTC/DIVI: Modern Aspects of Surgical Intensive Care

- Preventive rotational/proning bed therapy after multiple trauma
- Fast track extubation of the polytrauma patient
- Nutrition of the surgical ICU patient: how to do it?
- Antibiotic prophylaxis in the surgical ICU: when, how, what, and why?
- Use of modern technology for physiologic monitoring: what works?

RT - WTC/ECTES: Detection and Management of Complications

- Incidental findings during trauma scan and how to deal with them
- Immunosuppression and infection during posttraumatic course: what are the therapeutic options
- Bacterial and viral complications after polytrauma: what to do?
- Is re-intubation a major morbidity in the ICU?
- Timing of follow-up operations after initial damage control: which parameters have been proven useful to decide?

RT - WTC/ECTES: New Surgical Procedures for Multiple Trauma Patients: Status of Evidence

- Early stabilization of chest wall – when to do it?
- Percutaneous dilatation tracheostomy – should it substitute open tracheostomy?
- Endovascular treatment for thoracic aortic tears
- Early decompressive craniotomy: a new way to go
- Major vascular injuries of the chest

ILC - ECTES: Further Development of Trauma Scores – New Perspectives

ILC - ECTES: Trauma Registries

- German Trauma Registry
- TARN
- AFEM trauma bank

ILC - ESTES ST: Who Cares for the Trauma Patient around the World

- The English system
- The Dutch system
- The Indian system
- The Greek system
- The Brazilian system
- The US system

KS - ECTES: Research in Trauma

- Key note: new signals in trauma
- Key note: experimental models for modern trauma research

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Emergency Surgery / Acute Care Surgery / Surgical Intensive Care

ILC - AAST: Multi-Organ Damage Control Strategies

- Damage control approaches: abdomen & pelvic
- Thoracic damage control
- Vascular damage control: ligation, shunts and other maneuvers
- Critical care: resuscitation goals & endpoints for the damage control patient
- Damage control resuscitation: factors, pro-coagulants, monitoring

RT - ECTES ES: Complications in Emergency Surgery

- Surgical complications
- How to avoid surgical complications: learning from mistakes
- Surgical ego and the neglected complication
- Managing complications in unfamiliar territory
- Patient safety in surgery

ILC - ESTES ES: Critical Care in the Surgical Patient

- Damage limitation in emergency surgery
- Planned re-laparotomy: do we need to optimise physiology and immunology first?
- Fluid management in the critically ill surgical patient
- Complex abdominal sepsis: managing the fistulating laparostomy
- Surgical emergencies in pregnancy: the two patient rule

ILC - ECTES: Antibiotics in Surgery

- Infections in trauma patients: different problems throughout the world
- Infections after abroad situations
- What is new in antibiotic therapy
- Biofilm-penetrating antibiotics
- Coated implants
- Bone scaffolds with antibiotics

ILC - ESTES ES: Complications in Surgery

- Postoperative hemorrhage: a management strategy
- Anastomotic breakdown: therapeutic options
- Dealing with complications of biliary surgery
- Abdominal collections: how to approach them
- Pseudomembranous colitis: when medical management fails

ILC - ECTES: Bleeding Control in Trauma

- Intraoperative maneuvers and tricks to control massive bleeding: solid organs
- Intraoperative maneuvers and tricks to control massive bleeding: vascular injuries
- Options of angioembolisation
- A systematic approach for pelvic bleeding
- Optimizing clotting in trauma: is 1:1:1 the way to go

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Skeletal Trauma / Orthopedic Trauma / Orthopedic Surgery

ILC - Gerhard Küntscher Society: Nailing of Metaphyseal Fractures – What Have We Learned?

- Proximal femur
- Distal femur
- Proximal tibia
- Distal tibia
- Reconstruction of the lower extremity by means of an intramedullary device

KS - ESTES ST: Fractures and Dislocations of the Foot

- Lisfranc fracture dislocation
- Hindfoot dislocations
- Internal fixation of calcaneus fracture
- Fractures of the talus
- Injuries of the ankle

ILC - ESTES ST: Complex Joint Lesions of the Lower Extremity

- Joint fractures – arthroscopic options
- Joint fractures – open requirements
- Knee luxation
- Reconstruction or prosthesis
- Bone defect management: synthetic material
- Bone defect management: RIA, stem cells

GS – DVSE: Focus on Elbow Trauma

- Simple elbow dislocation: diagnostics and treatment
- Coronoid fractures
- Distal humeral fractures
- Proximal ulna fractures
- Posttraumatic elbow stiffness

ILC - ESTES ST: Sport Traumatology

- Cycling accidents: typical patterns
- Sports injuries of the hand
- Sports injuries of the elbow

RT - ESTES ST: Fractures in the Elderly: Care Pathways

- Geriatric fracture centre
- Geriatric care pathway: who has to participate
- A comprehensive care pathway for the treatment of hip fractures in the elderly
- Osteoporotic fractures of the spine
- Multiple injury in the elderly

GS – BG-Hospitals: Current and Future Concepts for Treatment of Non-unions

KS - ECTES: Trauma during Childhood

- Sports injuries in childhood

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Visceral Trauma / Abdominal Trauma / Thoracic Trauma / Vascular Trauma

ILC - ESTES VT: Perihepatic Vascular Injury: Traumatic and Surgical

- Traumatic liver injury: life-saving procedure; how to do it?
- Traumatic liver injury: ligate on which long-term consequences?
- Perihepatic vascular injury during surgery: current management

ILC - Panamerican Trauma Society (PTS): Innovations in the Management of the Severely Injured Patients

- Minimally invasive aortic occlusion in the resuscitation of "extremis" patients
- Laparoscopy in the diagnosis and management of abdominal trauma
- Advances in the surgical treatment of liver injuries
- Damage-control techniques in vascular injuries
- Current concepts in hemostatic resuscitation

ILC - ECTES: Interdisciplinary Management of Thoracic Trauma

- Diagnostic procedures
- Blunt thoracic trauma
- Major vascular injuries
- Heart injuries
- What procedures are indicated in austere environments

KS - ESTES VT with DGCH/ISTAC: Intra-Abdominal Infections

- Open abdomen in trauma
- Role of vacuum therapy in the open abdomen
- Management of severe pancreatic trauma
- Colostomy and the open abdomen
- Enteral nutrition in the patient with an open abdomen

ILC - Trauma Association of Canada: Diagnosing Coagulopathy Immediately after Trauma and the Role of fibrinogen in its management

- Advances in understanding the mechanisms responsible for early trauma coagulopathies
- Advances in understanding the role of fibrinogen in early trauma coagulopathy
- Advances in diagnosing early trauma coagulopathies
- Advances in using ROTEM to direct and evaluate the use of fibrinogen
- Advances in diagnosis and treatment of early trauma coagulopathy

Military and Disaster Surgery / Education / Miscellaneous

KS - ESTES DM: Principles from Military Surgery Translated to Civilian Care

- Principles from military surgery translated to civilian care; fluid resuscitation

ILC - ESTES DM: Past Disasters Specific Injuries & Therapies

- Resuscitation of explosion victims in civilian setting; pitfalls
- Blast lung injury and its treatment

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ILC - ECTES: Care under “Fire”

- Care under fire from military setting
- Care under fire from civilian setting

ILC - ESTES DM: Chemical Biological Radiological and Nuclear Defense (CBRN-E)

- CBRN-E considerations with wound treatment
- Canadian train disaster

RT - ESTES DM: Training Medical Teams for Missions Abroad

ILC - ESTES Ed: What Does a Trauma Patient Need? Interactive Audit of Real Patient Scenarios

- Prehospital setting
- In the emergency department
- In the OR
- Intensive care
- Posttrauma care

KS - ESTES Ed - Research in Trauma Education

- Keynote: Research in education in trauma care

Legend:

- ILC- Instructional lecture course
- KS - Keynote / Free Paper Session
- RT - Round table
- GS - Guest symposium

Pre- & Post Courses

- DSTC
- DITAC
- MuSEC
- ETCO
- ATLS
- Vascular trauma

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Report of ESTES Grant Winner Dr. Philipp Mommsen



Dear Sir or Madam,

In general, participating in an international meeting offers the opportunity for constructive and informative discussions. Furthermore, sharing study results as well as experience of trauma professionals from all over the world makes it possible for the trauma community and thereby for the patients to reap the benefits of our daily efforts to improve trauma care.

All these aspects were especially true for the 14th European Congress of Trauma & Emergency Surgery (ECTES) taking place from May 4–7, 2013 in Lyon, France. Therefore, I would like to thank the Committee of the European Society for Trauma & Emergency Surgery (ESTES) for awarding me a Congress Grant in order to attend this year's ECTES meeting.

Since my first attendance at the annual ECTES 2010 in Brussels, Belgium, I always have been impressed by the international flair and the broad range of subjects targeting visceral and orthopaedic trauma aspects as well as clinical and experimental research encouraging me in my own scientific work. During my residency at the Trauma Department of the Hannover Medical School (starting in February 2007) under supervision of our head Prof. Dr. Christian Krettek, I tried to acquire profound knowledge in the clinical course and the specific problems concerning multiple trauma patients setting a special focus on the posttraumatic inflammatory response. Additionally, I joined experimental activities in our department's research group for shock, trauma and haemorrhage, formerly headed by Associate Prof. Dr. Frank Hildebrand. In this context, it was a great experience for me to present my own scientific results in the Research Session "New technologies & Research in Visceral Trauma". This session was characterized by a very international audience and a great variety of different research topics ranging from trauma-induced coagulation disorders to the modulation of the posttraumatic inflammation including the most recent and important scientific content. The controversial, but always goal-directed discussions raised new questions for further scientific studies.

As blunt chest trauma has always been in the focus of my clinical work I was delighted that this aspect of visceral trauma, especially the question concerning surgical chest wall stabilization, was extensively discussed in different scientific sessions during this year's ECTES meeting. Additionally, I focussed on skeletal trauma sessions due to my special interest in this topic as an orthopaedic trauma surgeon. Again, the scientific program of ECTES 2013 provided a great variety of different aspects of skeletal trauma, each having a substantial impact on surgeon's daily practice. Especially, the key note lectures, given by the most prominent experts in Europe and even in the world, providing topically focussed overviews of current knowledge combined with useful treatment strategies and algorithms were of tremendous value.

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In overall, ECTES Lyon 2013 was a well-organized, very international and open-minded congress with an excellent scientific program deserving its motto “working together to save lives”. Again, I would like to thank the ESTES Committee for giving me the opportunity to participate in this remarkable conference and I am looking forward to the ECTES 2014 meeting in Frankfurt, Germany.

With kind regards,

Dr. med. Philipp Mommsen

Trauma Department
Hannover Medical School, Germany

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



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Report of the ESTES Grant Winner Dr. Jeffrey Harr



ESTES Travel Award Committee,

I would like to thank the European Society of Trauma and Emergency Surgery for their generous travel award. This conference was a wonderful experience, and an opportunity to develop new perspectives on trauma and emergency surgery.

My previous experience of trauma and acute care surgery has been limited to what occurs within the borders of the United States. Although my area of research has led me to European journals, which have exposed me to controversies in the management of traumatic coagulopathies, my understanding of European methods and approaches to the trauma patient have been lacking. There are many things we do in the United States that we consider the standard of care; thus, I was surprised that great debate remains in many critical areas in trauma surgery. However, I have been enlightened by this experience and have learned that there are geographical, cultural, political, and financial variables, which significantly influence the differences I have observed in the management of critically injured and ill patients. My lack of exposure to these ideas have limited my perspective, and I want to briefly highlight some of these areas.

First, not all trauma systems, prehospital care, and resources are uniform across Europe and broadly differ across the world. What struck me the most about the trauma system organization, as well as prehospital care in most European countries, is the use of physicians as first responders. In the US, physicians in the field would not be as useful due to the rapid transport times to most urban trauma centers; however, the longer average transport time in many European communities necessitates experienced physicians to employ adequate resuscitation measures, as well as the empiric pharmacologic treatment of actively bleeding patients. In addition, the roles of anesthesiologists, emergency medicine physicians, and trauma surgeons substantially differ compared to those in the US. Although we have some overlap in care of the trauma patients in the US, the trauma surgeon has an active role in the emergency department, the operating room, and the intensive care unit to ensure continuity in the care of the patient. However, it appears the role of most European trauma surgeons is more defined. At the same time, the role of emergency physicians and anesthesiologists are also more defined to the prehospital and ICU care of patients, respectively. I can see the value and limitations of both systems, and I believe the role of physicians in trauma will continue to be debated. However, I now have a better understanding of the significant contributions of both European anesthesiologists and emergency physicians to the trauma and critical care literature.

Other highlights I found interesting were the broad differences in the use of ultrasound and CT scans, the use of laparoscopy, the management of hemorrhagic shock with blood components, colloids, and even vasopressors, and the management of ARDS. I believe these differences highlight the availability of resources, as well as the management of unique patient populations. Although some might believe universal standards are needed in the management of trauma patients, this may not be possible due to the geographical, cultural, political, and financial differences mentioned previously. One thing I have taken away from my public health training is that programs aimed to influence change and improve outcomes have to be population specific. What successfully works as a trauma program in Denver, CO may not work as well in Lyon, France. Therefore, as researchers, we need to keep an open mind, understand the specific population-based factors, and collaborate in order to further improve our trauma programs, with the ultimate goal of improving patient outcomes.

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Once again, I want to thank the European Society of Trauma and Emergency Surgery for their generous support. This has been a wonderful and educational experience. This conference provided an opportunity to meet some of the greatest contributors to the field of trauma surgery. Moreover, the city of Lyon was an excellent background for this conference, in which I was able to find some time to enjoy the historical, entertainment, and culinary highlights France has to offer. It has been a pleasure, and I look forward to attending future conferences.

Best regards,

Jeffrey Harr MD, MPH
Department of Surgery
University of Colorado Denver

This congress grant was sponsored by the Schweizerische Gesellschaft für Traumatologie und Versicherungsmedizin. Thank you!



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Visiting Fellowship of the German Society for Orthopaedics and Trauma 2013

The German Society for Orthopaedics and Trauma (“Deutsche Gesellschaft fuer Orthopaedie und Unfallchirurgie”, DGOU) is the top scientific society for Orthopaedics and Trauma Surgery in Germany.

The DGOU Fellowship provides opportunities for young and active orthopaedic/trauma surgeons from throughout Europe to visit an annually changing German institution, which is suggested by the DGOU, for a period of 4 weeks after or at the end of their specialist training according to the wishes of the applicant.

The work emphases and interests of the applicant shall match the emphases of the respective host institution.

Eligible to apply are all members of ESTES and of national ESTES societies throughout Europe who have completed their education in the field of orthopaedics and/or trauma surgery and who are in an employment relationship and not self-employed. Applicants must not be older than 40 years. The applicant should possess sufficient language skills (at least either English or German).

The amount of the DGOU Visiting Fellowship is EUR 2500. The money is meant to cover parts of the costs for the journey, accommodation and living.

The fellow will be able to visit the host institution for a period of 4 weeks. The fellow should be given the opportunity to give one or more presentations about his clinical and/or scientific specialist subject at the host institution. In addition, the fellow will be obliged to give a presentation about his clinical and/or scientific specialist subject at the annual DGOU conference. Thus, the transfer of knowledge and information between both partners will be promoted. A report about the DGOU Visiting Fellowship should be submitted to the DGOU office General Secretary within 1 month after the end of the fellowship for publication in the DGOU news bulletin.

Applications for the fellowship (in either German or English) must contain:

- the CV,
- list of publications, covering letter describing the intended purpose of the visit,
- description of the applicant's work emphases and interests and
- a letter of recommendation from the director of the sending institution.

Closing date for applications for the DGOU Fellowship is the **31st of December**.

The DGOU visiting Fellowship is supposed to fulfil a mere assisting function for the applicant. The DGOU will only be supporting the organisation of the basic agreement between the participant and the host institution. All further details will be discussed and conducted between the participant and the host institution directly. The realisation of the fellowship and all associated risks and cost are not incumbent upon the DGOU. The DGOU shall not be liable for any claims which the applicant may possibly want to assert. Also, all fiscal matters concerning the receipt and use of the fellowship money shall be incumbent upon the applicant only. By submitting his application, the applicant acknowledges these regulations.

Applications should be sent to

Deutsche Gesellschaft fuer Orthopaedie und Unfallchirurgie (DGOU)

- German Society for Orthopaedics and Trauma -

General Secretary Prof. Dr. Hartmut Siebert

Luisenstr. 58/59,

10117 Berlin, Germany

Mail to: office@dgou.de

URL: www.dgou.de

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MUSEC: a new educational opportunity for ESTES members

After the first edition at ECTES 2013 in Lyon, the ESTES US Course (MUSEC – Modular UltraSound ESTES Course) is now available for all European surgeons.

From surgeons for surgeons, particularly devoted to acute care surgeons and to all physicians who need a surgical decision-making approach in acute settings, this is the MUSEC philosophy:



- Modular
 - Short half-a-day modules with 2/3 of time for hands-on training on healthy models and simulated cases
 - Adaptable to different needs and level of expertise
- A wide and interactive web-based platform for pre-course e-learning, with lessons, video clips and tests, in order to make very practical the day of the course
- Two main aims: teaching US technique and abnormal findings (“to be able to do”) and practicing US driven surgical decision-making in different settings
- A dream: to help surgeons to experience the invaluable usefulness of US in their own hands, for fastening and simplify decision-making and to save time and resources.

Five modules [2 basic (*), 3 advanced (§)] are available. Contents of each module are detailed below.

Admission to advanced modules requires documented experience in some basic applications of US. Hands-on practice of advanced modules cannot be effective for beginners. A successful web-based pre-test should be accomplished before admission to advanced modules.

A two-module course was already offered in Alicante (Spain) on September 28th, under the coordination of the Spanish National Representative, Isidro Martinez Casas. Three additional courses are already planned (see below); others are “under construction”.

ESTES individual and institutional members can take advantage of reduced fee registration.

Upcoming Courses

Where	Date(s)	Modules	Contact person
Coimbra, Portugal	November 13, 2013	* EFAST * Diagnostic US in ED	luis.pinheiro@netvisao.pt
Milano, Italy	December 13-14, 2013	* EFAST * Diagnost c US in ED * Advanced Visceral US in acute abdomen * Interventional US	casamax@me.com diemar@me.com maurozago.md@gmail.com
Lugano, Switzerland	January 11, 2014	* EFAST * Diagnostic US in ED	matteo.bernasconi@eoc.ch fabio.butti@hotmail.it

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Info (for registration and request of new courses):

musec@thesoundofthebody.it

www.estesonline.org

We are looking forward to meeting you in one of the forthcoming courses!

The MUSEC Steering Group

Eva Barbosa (Portugal), Andrea Casamassima (Italy), Fawzi Al-Ayoubi (Sweden), Fernando Ferreira (Portugal), Diego Mariani (Italy), Isidro Martinez Casas (Spain), Jorge Pereira (Portugal), Luis Pinheiro (Portugal), Miriam Ruesseler (Germany), Rodrigues Silva (Portugal), Mauro Zago (Italy)

Contents of Modules

Basic Modules

1* EFAST module

Essential of US in trauma, the easiest way to approach US

- FAST and EFAST protocols
- Free fluid in abdomen, thorax, pericardium
- Basic lung US

2* Diagnostic US in emergency department

Common problems and syndromes that require a quick assessment

- Aorta
- Gallbladder and biliary tree
- Kidney and urinary tract
- DVT (CUS)
- Fractures
- Soft tissue infections and collections

Advanced Modules

3§ US and shock

Discovering the extraordinary help US can give you for managing shock

- Basic echocardiography for dummies (and surgeons)
- IVC
- Lung US

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RIAATCE COIMBRA 2013

REUNIÃO IBERO-AFRO AMERICANA DE TRAUMA E CIRURGIA DE EMERGÊNCIA

REUNIÓN IBERO-AFRO-AMERICANA DE TRAUMA Y CIRURGÍA DE EMERGENCIA

IBERO-AFRO-AMERICAN MEETING ON TRAUMA AND EMERGENCY SURGERY



Dear Colleagues,

The Ibero-Afro-American Meeting on Trauma & Emergency Surgery (RIAATCE) will take place in Coimbra from 10–16 November 2013 and will be run by the Lusitanian Society for Trauma & Emergency Surgery (ALTEC-LATES – <http://altec-lates.pt>), in close cooperation with the Committee on Trauma of the Portuguese Surgical Society (SPC) and the Portuguese Medical Association (Ordem dos Médicos).

RIAATCE will have as a target the essential trauma & emergency surgery care for more than 600 million people, an important part of them living in the Portuguese- and Spanish-speaking countries of South America.

Nevertheless, we will be open—worldwide—to all who wish to participate. Please just let us know about your interests and preferences, or if you intend to participate in some of the courses that will take place during RIAATCE.

Colleagues outside Portugal who have expressed their support for RIAATCE:

- From Argentina: Jorge Sproviero and Ernesto Donnelly (Buenos Aires)
- From Austria: Selman Uranues (Graz)
- From Brazil: Sandro Scarpelini and Dino Motta (Ribeirão Preto), Tercio de Campos (São Paulo), Gustavo Fraga (Campinas) and Rogério Schneider (Porto Alegre)
- From Chile: Carlos Pilasi Menichetti (Santiago)
- From Ireland: Michael Sugrue (Donegal)
- From Paraguay: Gustavo Machain (Asuncion)
- From Spain: Fernando Turégano and Francisca Garcia-Moreno (Madrid), Salvador Navarro (Barcelona), Juan Carlos Rumbero (Bilbao), Daniel Casanova (Santander), David Costa and Isidro Martinez (Alicante) and Fernando Carbonell Tatay (Valência)
- From Sweden: Sten Lenquist, Carl Montán, Kristine Lennquist Montán (Linköping) and Per Örténwall (Gothenburg)
- From United Kingdom: Bob Dobson (London)
- From Uruguay: Julio Trostchanky and Fernando Machado (Montevideo)
- From USA: Raul Coimbra (San Diego), Mauricio Lynn (Miami) and Juan Carlos Puyana (Pittsburgh) and Rifat Latifi (Tucson)

We look forward to seeing you in Coimbra

Sincerely yours,

Carlos Mesquita

General & Emergency Surgeon at Coimbra University Hospital

President of ALTEC-LATES (<http://altec-lates.pt>)

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RIAATCE – COIMBRA 2013																				
REUNIÃO IBERO-AFRO-AMERICANA DE TRAUMA E CIRURGIA DE EMERGÊNCIA REUNIÓN IBERO-AFRO-AMERICANA DE TRAUMA Y CIRUGÍA DE EMERGENCIA IBERO-AFRO-AMERICAN MEETING ON TRAUMA AND EMERGENCY SURGERY																				
MEDICINA DE URGÊNCIA E EMERGÊNCIA																				
5º ENCONTRO NACIONAL																				
CENTRO HOSPITALAR E UNIVERSITÁRIO DE COIMBRA – PORTUGAL																				
2013 NOVEMBRO - NOVIEMBRE - NOVEMBER																				
Domingo Domingo Sunday			Segunda Lunes Monday			Terça Martes Tuesday			Quarta Miércoles Wednesday			Quinta Jueves Thursday			Sexta Viernes Friday			Sábado Sábado Saturday		
10			11			12			13			14			15			16		
S 1	S 2	S 3	S 1	S 2	S 3	S 1	S 2	S 3	S 1	S 2	S 3	S 1	S 2	S 3	S 1	S 2	S 3	S 1	S 2	S 3
			Advanced Life Support Course	DSTC™ / DATC™ / DPNTC™	ATLS®	Advanced Life Support Course	DSTC™ / DATC™ / DPNTC™	ATLS®	Sepsis Course	MUSEC® - Ultrasound ESTES Course	ATLS®	Sepsis Course	Abdominal Wall Reconstruction Course	MRMI® - Medical Response to Major Incidents	Emergency Medicine: Talks & Fellowship Models	Emergency Surgery: Talks and Fellowship Models	MRMI® - Medical Response to Major Incidents	Emergency Medicine: Talks & Fellowship Models	Emergency Surgery: Talks and Fellowship Models	MRMI® - Medical Response to Major Incidents
	DSTC™ - What's new in the 3rd edition?	ATLS®	Advanced Life Support Course	DSTC™ / DATC™ / DPNTC™	ATLS®	Advanced Life Support Course	DSTC™ / DATC™ / DPNTC™	ATLS®	Sepsis Course	MUSEC® - Ultrasound ESTES Course		Sepsis Course	Abdominal Wall Reconstruction Course	MRMI® - Medical Response to Major Incidents	Emergency Medicine: Talks & Fellowship Models	Emergency Surgery: Talks and Fellowship Models	MRMI® - Medical Response to Major Incidents			
	OPENING SESSION ECMO		BEFORE DINNER SESSION			BEFORE DINNER SESSION			BEFORE DINNER SESSION			BEFORE DINNER SESSION					RIAATCE 2013 CEREMONY			

PATROCÍNIO CIENTÍFICO, LOGÍSTICO E ORGANIZAÇÃO:



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2nd Disaster Surgery Workshop Davos 2013

Disaster Surgery Under Critical Environmental Conditions
6–7 December 2013, Congress Centre, Davos, Switzerland

Disasters in recent years have revealed the crucial role of embedded medical teams providing disaster surgeries during the primary search and rescue operations, and the response phase as a whole. These operations are often additionally aggravated by extreme environmental conditions (cold, heat, high altitude, dust, heavy precipitation, etc.). Many of those people rescued after an earthquake or after an explosion, as examples, have life-threatening injuries, despite a wide move in recent years to improve humanitarian intervention standards.

The workshop is jointly organized by **GRF Davos** and the **AO Foundation**. Following a successful launch of the 1st Disaster Surgery Workshop Davos in December 2011, the **2nd Disaster Surgery Workshop Davos** will be held from **6–7 December 2013, in Davos, Switzerland** and will take place **back-to-back with the traditional AO Foundation Davos Courses**.

Under the focal theme on *Disaster Surgery Under Critical Environmental Conditions*, the workshop aims to enhance surgical treatment during disaster relief. A special focus will be set on clinical competency, but also on the need for evidence-based controlling of intervention activities, on data collection and long-term perspectives and evaluation of intervention activities. A main outcome of the workshop shall be new guidelines for disaster surgery.

The workshop will be led by top experts in the fields of disaster surgery and disaster management and thus additionally provide ideal opportunities for networking and for knowledge and experience exchange.

Further information and a **Preliminary Workshop Programme** are available online:

<http://riskacademy.grforum.org/>

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Announcements

Upcoming related congresses & courses



Third Congress of Serbian Trauma Association (STA)

October 9–12, 2013

Vrnjacka Banja, Serbia

MRMI (Medical Response to Major Incidents) Course

November 14–16, 2013

Coimbra, Portugal



MUSEC Course (Modular Ultrasound ESTES Course)

November 14, 2013

Coimbra, Portugal



Postgraduate Course in Surgical Treatment of Femur Fractures

December 5–7, 2013

Nis, Serbia

More congresses and courses to be found on the **ESTES events calendar** at
www.estesonline.org