Dear colleagues and members of ESTES,

It is an honor to serve as your president for the next one-year-period, and I feel humbled and grateful for the support and trust bestowed upon me. I will do my utmost best to promote the mission and success of ESTES, and know that this can only be achieved by working together with all of you.

First the thanks:

To the executive board for the tireless efforts in day-to-day running of ESTES, and especially to the outgoing president Luke Leenen for keeping the diverse board in check with his great diplomatic skills and yet making sure that we make progress with important matters. Also, I want to thank the outgoing board member Korhan Taviloglu for his massive and long-lasting contribution over the years to ESTES.

To the large board and our institutional member societies: Your contribution has become crucial for the success of our society. Now, it is time to take the next step and become a truly unified society that speaks with one voice in Europe and beyond in matters expressed in our mission and our mandate.

To section office holders and activists: For running the courses and formulating the program for our meetings. Much of the educational work of ESTES is on your shoulders.

To Mondial and especially Daniela Lenzinger for efficient administration and timely correspondence and reminders to surgeons who always forget half of the things they need to do.

To Ingo Marzi for running a wonderful congress in Frankfurt and to Raul Coimbra for persisting with the global dream of World Trauma Coalition.

And to all members and supporters of ESTES in and outside Europe, and especially to the past and current leadership of AAST with whom ESTES is having significant cooperation in many fields of mutual interest.

Now the tasks ahead:

Organization of ESTES. I remember the initial shy flirtation of representatives of ETS and EATES in August 2004 in Rotterdam (that one afternoon when everything began...), the dating period of getting to know each other before ending up in marriage and birth of ESTES in 2007. I think it is a marriage of
love more than a marriage of convenience. And we have come a long way! Now it is time to take the next steps. We are a large organization with thousands of members, and we need to get our act together as an organization by:

- Enhancing the interaction between the executive board, the member societies and members by streamlining the bylaws and processes. Secretary General Pol Rommens has been working extensively with this, and a plan and a timetable for updating the bylaws has been mapped out in Frankfurt. But it takes two to tango (or more in this case), and a true interaction is only possible if all participants are active.

- Education section has been upgraded to a permanent education committee, after all education is one of our core activities. Miriam Rüsseler will head this committee and bring together with a group of enthusiasts and experts our pedagogical activities up to 21st century requirements.

- The work of the other sections and ac hoc committees in organizing courses and other educational activities is crucial and should continue and expand. The help of the education committee should be used and seen as a bonus, not a threat. The second important task for the sections is to be the advocate for our patients and promote public awareness of trauma and emergency surgery among the peoples and political decision makers in Europe.

- The European Journal of Trauma and Emergency Surgery continues to become a true voice in its field thanks to Ingo Marzi and the very capable editorial board and our publisher. This is our journal, let’s use it! The concrete aim for the next year is to be listed in PubMed, and work towards this task has already been going on for months with a new application due to be submitted in August this year.

- The planning for the next ECTES meeting in Amsterdam is progressing well and our Dutch colleagues have already done a tremendous amount of work to guarantee its success.

- The financial security of ESTES looks good at the moment but in this age of declining support from industry we really need to be active, yet transparent in our association with commercial interests and make sure it is a win–win relationship to all parties

The next meeting of the World Trauma Coalition will be in India in 2016. Let’s give Dr Misra and Dr Coimbra all our help and support to keep this thing going. And why not dream big? If man could walk on the face of the moon more than 40 years ago, why can’t we dream the (im)possible, like halving the deaths caused by trauma globally by 2025! If we don’t do it, who will?
After recovering from the World Cup in football (soccer to our trans-Atlantic friends) and (hopefully) from a brutally successful fishing season, it is time to get to work. One year is short, but then again this is a relay, a team work striving for common goals and expressing the same identity. So, I will leave you this time with the words of Lauren Bacall who described her husband and my hero Humphrey Bogart with these words that also fit well to our profession: “He possessed the greatest gift the man could have: respect for himself, for his craft, and integrity about life as well as work.” Or as Bogey himself would say: “Now, cut the crap and start working!”

Ari Leppäniemi
President ESTES
Report of the 15th European Congress of Trauma and Emergency Surgery & 2nd World Trauma Congress
May 24–27, 2014
Frankfurt, Germany

Ingo Marzi and Miriam Ruesseler

Together with fine music, drinks and snacks, the participants, new honorary members and congress grant winners of this year’s congress were cordially welcomed at the congress center of the city of Frankfurt, Germany.

A total of 1,600 delegates from more than 80 countries all around the world came together to discuss the care of injured and acutely ill surgical patients. Under the motto “Innovation in Trauma Care”, a diversified scientific program presented a wide range of opportunities for the participants to get information for daily practice, to exchange results in basic research and technical issues, and to discuss trauma systems and registries. The close collaboration with the World Coalition for Trauma Care who included their bi-annual meeting in this European congress offered a global perspective to the scientific program.
A total of 44 instructional lecture sessions offered by the five sections of ESTES and guest symposia by invited global organizations like the World Health Organizations and the AO foundation, 35 free paper sessions and 29 poster sessions provided a platform for professionals from various settings and brought together innovations and evidence in trauma, orthopedic and acute care surgery.

The main focus of the congress was “Innovation in Trauma care” with more than 34 sessions covering all aspects of Polytrauma and Neurotrauma care from the primary care on scene to rehabilitation in civilian, disaster and military settings. Another focus was on musculoskeletal trauma covering 24 sessions. Furthermore, specific abdominals injuries, vascular injuries, pediatric trauma and injuries of the elderly were covered in several sessions.

ESTES emphasizes the provision of a broad range of educational activities, not only during the scientific program by enhancing knowledge in all levels and fields, but also by providing a broad range of pre-congress courses. Nearly all courses were fully booked or even over-booked as so many delegates intended to use these courses to increase specific competencies and skills. Besides the first international ATLS course in Germany after the inauguration of ATLS in Germany, was held at the Fire & Rescue Training Centre in Frankfurt. In this newly opened modern simulation center, also the participants of all four independent half-day modules of the Modular UltraSound ESTES Course (MUSEC) were able to gain competencies in E-FAST, Diagnostic Ultrasound in the Emergency
Department, Advanced Visceral Ultrasound in the Acute Abdomen and Interventional Ultrasound. In addition, the Polytrauma course used the center to focus on “Life saving operations: Which organ comes first? • Management of combined injuries (Head/Chest/Abdomen) • Treatment strategies for multiple extremity injuries • Prevention strategies for organ failure: Modulation of SIRS”.

The “Definitive Surgical Trauma Care” Course organized by the German Society for Trauma Surgery (DGU) was held in Homburg/Saar, whereas the European Trauma Course took place in Mainz.

Many participants stated that one of their personal highlights of this year’s congress was the Official Networking Event held at the Gesellschaftshaus Palmengarten. In this beautiful location, the delegates enjoyed not only a savory traditional meal with local wines and built networks for the future patient care, but also were astonished by the stirring and intoxicating band “Dr. Soul”. Their music swept the delegates off their feet and many conquered the dance floor to shake a leg (or two) until long after midnight.

The congress came to an end at the closing ceremony on Tuesday afternoon, with the awards for the best posters and orals. Furthermore, it was time for the traditional handover of the Society baton from Luke Leenen to Ari Leppäniemi, incoming ESTES President of 2014-15, and the handover of the Congress medal from the Congress President Ingo Marzi to Roelf Breederveld, ESTES Congress President 2015, as well as a look at next year’s congress, which will take place from May 10th to 12th, in Amsterdam, Netherlands.
European Society for Trauma and Emergency Surgery (ESTES)

Association sans but lucratif (ASBL)

www.estesonline.org

Picture 12: Handover of the Society Baton from Luke Leenen (ESTES President) to Ari Leppäniemi, Incoming President of 2014–15

Picture 13: Ari Leppäniemi, Incoming President of 2014-15

Picture 14: Handover of the Congress medal from Ingo Marzi (Congress President 2014) to Klaus Wendt, representative for Roelf Breederveld (Congress President of 2015)
Report of ESTES Grant Winner Dr. Leopoldo David Salvatierra Arrieta

Attending ECTES 2014 & 2nd WTC was a great experience. Not only were excellent topics covered, but this was also a great place to share medical and surgical knowledge with experts from around the world. It is very interesting when all the different techniques, assessments and approaches in the trauma and emergency settings from around all the continents converge in one place and allow us to share and learn new ways to solve our daily medical problems.

The organization was beyond reproach and punctuality was remarkable throughout the congress. These two factors were key to the success of this event. I fully enjoyed the three-day event with so many interesting seminars, lectures and discussions on various trauma and emergency topics. The close collaboration between other emergency and trauma societies from different countries certainly enriched the discussion. It is amazing to see how trauma surgery evolves every year and how important it is even for countries without high rates of trauma. This reminds us of our duty to continue working to deliver a better solution for them.

On the first day of the Conference, May 25, 2014, I enjoyed the lecture course about the open abdomen; key points were assessed, and the concern about the increased number of damage control surgeries being performed with more open abdomen patients was discussed. In our daily hospital practice, the open abdomen has a main importance, undoubtedly some patients require this approach but many questions arise, for example: How to best manage this abdomen? How long should it remain open? What are the best options for closure? Important insights and new techniques that will certainly be of great help in the treatment of our patients were covered during this course. Later that day we enjoyed excellent lectures about the management of abdominal complications and how to deal with some of the major pitfalls. What I found deeply truthful is that many times the surgeon’s ego can delay a timely surgical intervention. I keep with me the message from St. Augustine’s Sermon 164,14 “To err was human, but to remain in error because of pride is diabolic”.

On May 26, I had the opportunity to present our hospital’s experience in percutaneous dilatational tracheostomy (PDT) in trauma patients. In this prospective observational trial we compare PDT vs. the open technique. During the trial we documented significant differences in the time until the procedure was performed and also in the actual procedure time, in both cases the time was less for PDT. We found no difference in complications between the groups. Our future goal with this technique is to train our surgical staff in the bronchoscope technique to decrease waiting time and incorporate the use of ultrasound guidance in selected patients to include patients with a short neck or a high BMI.

Innovations in the management of the severely injured patients reintroduced the utility of laparoscopy in the management abdominal trauma. Laparoscopy is one of the surgeon’s tools re-emerging in trauma with promising results. What some of the speakers shared with the audience in these lectures intrigued me and I want to learn more of their experiences in this regard.
On the last day I presented our work about operative and non-operative management in gunshot wounds. There has been an increasing trend towards non-operative management as many of these avoidable interventions result in serious complications. In the high-volume trauma centers where some patients were unexpectedly found to improve while waiting for an operation, the selective approach emerged as a valid alternative to routine laparotomy. Physical examination and computed tomography scans are most sensitive in assessing need of laparotomy, but early recognition of the damage and timely intervention is of utmost importance in saving the patient's life in this group of patients.

In conclusion, I would like to express my heart-felt thanks to the people who made this congress possible, those who support young researchers and those who shared their experiences.

Now the only thing that is left as Goethe said “Knowing is not enough; we must apply. Willing is not enough; we must do.”

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

The 16th European Congress of Trauma & Emergency Surgery will take place in Amsterdam, the Netherlands, from May 10 – 12, 2015.

Important dates to remember:

<table>
<thead>
<tr>
<th>Monday, September 1, 2014</th>
<th>Friday, December 19, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start abstract submission</td>
<td>Notification of abstract acceptance</td>
</tr>
<tr>
<td>Wednesday, October 24, 2014</td>
<td>Friday, February 27, 2015</td>
</tr>
<tr>
<td>Deadline for submission of abstracts</td>
<td>Deadline for early bird registration fee,</td>
</tr>
<tr>
<td></td>
<td>registration cancellation</td>
</tr>
<tr>
<td>Monday, December 1, 2014</td>
<td>Friday, April 17, 2015</td>
</tr>
<tr>
<td>Start online registration</td>
<td>End of regular fee</td>
</tr>
<tr>
<td>Saturday, May 10 – Tuesday, May 12, 2015</td>
<td>16th European Congress of Trauma and Emergency Surgery</td>
</tr>
</tbody>
</table>

Abstract submission starts on Monday, September 1, 2014.

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

http://www.ectes2015.org

Sincerely,

The ECTES 2015 Organizing Team
Mondial Congress & Events
Mondial GmbH & Co. KG
Operngasse 20b, 1040 Vienna, Austria
t +43 1 58804-114, f –185
ectes2015@mondial-congress.com
www.estesonline.org
Report on the “Prevention & Treatment of Posttraumatic Complications; Nonunion, Malunion, and Infection” meeting

The “Prevention & Treatment of Posttraumatic Complications; Nonunion, Malunion, and Infection” meeting was held with great success from 22–24 May 2014, in Istanbul, Turkey. The well experienced international and national faculty shared their experience on limb deformities, nonunions, limb length discrepancies and other related topics with both national and international participants. In addition to detailed lectures, very hot interactive case discussions and hands-on workshops about hexapod frames, drawing lab for end point first method in lengthening and deformity correction planning, and bone lab for lengthening over retrograde nail (LORN) technique were very attractive. The participants had also found the opportunity to discuss every detail on internal bone lengthening devices with the experienced faculty. The course chairs Professor Kucukkaya and Professor Kinik said that they were planning another course next year.
Announcements

Upcoming related congresses & courses

Annual joint congress SGTV (Swiss Society for Traumatology and Insurance Medicine) and SGACT (Swiss Society for General Surgery and Traumatology)
Biel/ Bienne, Switzerland
September 4–5, 2014
http://www.sgact.ch/

EBJIS 2014 – 33rd annual meeting of the European Bone and Joint Infection Society
Utrecht, The Netherlands
September 11–13, 2014
Registration link for ESTES members: https://www.etouches.com/ebjis2014

MUSEC (Modular UltraSound ESTES Course)
Madeira, Portugal
September 14, 2014
Registration: musec@thesoundofthebody.eu

50. ÖGU Jahrestagung (50th Annual Congress of the Austrian Trauma Society)
Salzburg, Austria
October 2–4, 2014
http://ogu14.unfallchirurgen.at/

MUSEC – Modular UltraSound ESTES Course
Rome, Italy
October 11–12, 2014
Registration: musec@thesoundofthebody.eu

DKOU 2014
Berlin, Germany
October 28–31, 2014
http://www.dkou.org/dkou2014

MUSEC – Modular UltraSound ESTES Course
Rome, Italy
November 19, 2014
Registration: musec@thesoundofthebody.eu