



European Society for Trauma and Emergency Surgery (ESTES)

Association sans but lucratif (ASBL)

www.estesonline.org

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Message from the President

ESTES needs now a Foundation to face a public health challenge

Dear colleagues,
Dear friends of ESTES,

The annual meeting of ESTES in Bucharest was a great success. It was impressive to enjoy the enthusiasm of Professor Mircea Beuran, Bogdan Diaconescu and their team, including all their students, during the 18th European Congress of Trauma & Emergency Surgery in Bucharest. According to the slogan „Give and take—share your experience“ they have given us the benefit of their experience and also their hospitality. Furthermore, I would like to thank Jonathan Tilsed for his integrative work as president during the last year. To bring together the two different worlds of acute care and trauma surgeons into one society will be the future success of ESTES.

The last 10 years of ESTES were represented especially by one person who has invested passion and energy into this society, the new honorary member of ESTES Professor Pol Rommens. He has done tremendous work for this society in various functions. However, every decade and epoch end. I am sure that the successor Professor Klaus Wendt will continue successfully the work of Pol Rommens.

For the further development of ESTES the integrated approach in acute and trauma care will be the focus of the coming years. The annual meeting of ESTES should represent the platform for intensive dialogue regarding acute and trauma care between generalists and organ specialists such as neurosurgeons, abdominal or orthopaedic surgeons or others. Today, it is no longer just the goal to reduce the mortality in acute and trauma care, more and more the results are measured by a low posttraumatic or postoperative morbidity and a high functional outcome with a high level of quality of life. During the last decade I experienced this development personally. I started my career as general surgeon, developed in general and orthopaedic trauma surgery and decided to learn more about elective orthopaedic surgery. So I achieved the field of specialized spinal, hip and pelvic surgery. I am very proud to be your president of ESTES for one year, especially as one of the last students of Professor Otmar Trentz. It is my hope that I can help as ESTES president during the next year to develop the integrated approach in acute and trauma care. The coming years of ESTES should also include an intensive collaboration with the industrial partners, which started to develop a similar approach like ESTES with the integration of companies in the different fields of operative specialties.

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The slogan of the next congress in Valencia is “Bringing the light”. I hope that we will have not only a lot of sunshine in Valencia but also a lot of inspiration for the development of the care of patients with surgical emergency situations or with trauma. For the next congress we will introduce new session formats such as case-based discussions, battle sessions or tandem talks. I am looking forward to helping the team of organizing committee Isidro Martinez Casas, Salvi Prat Fabregat and Maria Soledad Monton Condon to have a successful congress next year in Valencia. “No vemos a mastardar en Valencia”.

Marius Keel
President
European Society for Trauma and Emergency Surgery

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Dear colleagues,

After *ECTES 2017* in Bucharest, Romania, we are now looking forward to *ECTES 2018* in Valencia, Spain, which will take place from May, 6–8, 2018.

Important dates to remember	
Monday, August 28, 2017 Start abstract submission	Friday, December 15, 2017 Notification of abstract acceptance
Friday, October 20, 2017 Deadline for abstract submission	Friday, February 16, 2018 Deadline for early bird registration fee, registration cancellation
Monday, November 27, 2017 Start online registration	Friday, April 20, 2018 End of regular fee
Sunday, May 6 – Tuesday, May 8, 2018 19 th European Congress of Trauma & Emergency Surgery	

Abstract submission starts on Monday, August 28, 2017.

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 September 2017.

Sincerely,

The ECTES 2018 Organising Team
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Minutes of the section meeting of the skeletal trauma and sports medicine section on May 7, 2017 in Bucharest

Attending members:

Andrej Cretnik, Pavel Drac, Jan Fuit, Dominik Heim, Mykola Horodyskyy, Frank Ijpma, Andriy Kalashnikov, Radko Komadina, Oliviera Lupescu, Vitalii Malyk, Milorad Mitkowic, Stefaan Nijs, Hans Joerg Oestern, Jeroen Poos, Jan Bernard Sintenie, Vadim Zutsyskyn, Klaus Wendt (minutes)

Klaus Wendt opened the section meeting. The section members who were present approved the agenda

- Opening and welcome
- Approval of the agenda
- Approval of the April and October 2016 meeting minutes
- Election section chair and vice chair
Chair suggestion: Radko Komadina, Slovenia
Vice chair suggestion: Richard Kdolsky, Austria
- Recommendations proximal humerus fracture
- Regional conferences
- Topic proposals ECTES 2018
- Communication
- Miscellaneous

Minutes of the meetings in April and October 2016

The section members approved the minutes.

Election section chair and vice chair

Chair: Radko Komadina, Slovenia

Vice chair: Richard Kdolsky, Austria

Recommendation proximal humerus fracture

The literature search has been completed. After a fruitful discussion the members decided that further selection of the literature is not useful. All working group members have the available literature and we will follow the same procedure as with the hip fracture recommendations. Klaus Wendt will send a proposal with the different parts of the recommendations to the working group members and each part will be prepared by one member. In autumn we will organize a consensus meeting following the rules of a Delphi procedure. All section members are welcome to join the working group.

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Regional conferences

Radko Komadina stated that ESTES must become more useful and attractive for smaller countries. This topic has already been discussed at the Advisory Board Meeting. His proposal is to organize regional conferences. We had a controversial discussion about this topic. Members are worried about the costs because our financial situation at the moment is difficult. Others are afraid that these conferences are competitive with the ESTES congress. After discussing all pros and cons, our new section chair will make a proposal for such a conference. After these conferences we have to investigate whether this activity leads to an increase of individual members from this region.

Proposals ECTES in Valencia 2017

Every year during our ECTES meeting we make proposals for next year's topics. This time a discussion was started about how we can make our congress more attractive. We will not just starting making new proposals but start a discussion about how to go on. Do we have to change the format of the sessions? The majority of the attending members want a change. They want to introduce new formats such as "state of the art sessions" for young colleagues similar to the OTA boot camp sessions. Another possibilities are scientific sessions about innovation (what's new in trauma surgery) and (worth) case discussions. Maybe this is the way to become more attractive for young colleagues and sponsors. The section chair will bring this proposal to the scientific meeting about ECTES 2018.

Because of the restricted time of this meeting and to involve all section members the section chair will send a mail to all members asking for proposals for ECTES 2018. Within 1–2 weeks the members have to send back their proposals, and from these proposals, the section chair and vice chair will make a selection. This selection will be communicated with the members.

Communication

To improve the contact between our members we have to explore the possibilities of our web-based communication platform. The section will organize an autumn meeting at the DKOU 2017 in Berlin again.

Klaus Wendt

Section chair skeletal trauma and sports medicine 2013–2017

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Minutes of the section meeting of the emergency surgery section on May 8, 2017 in Bucharest

There were a total of 32 participants.

1: Andreas Shamiyeh opened the meeting on time.

2: The actual number of members in the Emergency Surgery Section is increasing, 498 in 2017 (411 in 2016; + 17%).

3: Report of last year's activities: organization of the sessions for 2017. In all, 18 sessions are totally or partially ES sessions. This is a good number. 7 Keynotes.

4: Ongoing projects: Peritonitis – Consensus and Geriatrics are demonstrated and explained.

5: Committee Members: Shamiyeh has finished his second year as chairman. The Co-chair Isidro Martinez stepped down from his position due to the enormous workload in the organization of ECTES 2018 in Spain. In order to keep the continuity—Shamiyeh offered to serve another period as Chairman.

After defining the procedure of voting by acclamation, Shamiyeh was been re-elected with 29 votes pro and 1 vote neutral. No vote against.

6: For Co-chair, we had two candidates: Mahir Ozmen (TR) and Jorge Pereira (PT).

Again an open vote by acclamation: Result: Mahir 2, Jorge 26.

Jorge Pereira is going to be the Co-chair for the next two years.

7: Four New Members for the Committee were to be elected. Eight applicants introduced themselves. The voting was organized in written form. Each participant of the meeting was asked to write four names on a sheet of paper. After collection, the results were evaluated and counted in the ESTES lounge (due to end of time). Gary Bass (IR), Shahin Mohseni (SWE), Marianne Vinbaer (DEN), Beat Schnüringer (SUI) are the new committee members.

8: End of meeting

Andreas Shamiyeh

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Report of ESTES Congress Grant Winner Catriona Cochrane



Attending the European Congress for Trauma and Emergency Surgery was my first experience of an international conference. With so many great minds and personalities attending I was excited about the learning possibilities and fascinated to hear about challenges and developments in the field of trauma and emergency surgical care. It was also my first opportunity to present a poster presentation showcasing our department's academic work which I felt privileged to be able to do. The main message of the congress was to 'Give and take, share your experience' and so attending the congress I went in with an open mind and heart and was overcome by the breadth of knowledge and experience that was being showcased at the congress. The passion of the presenters and fellow congress attendees fueled my interest and intrigued me further into the current advances and challenges faced in trauma and emergency surgery.

I am currently undertaking a research fellowship in major trauma with my main projects focusing on the use of thromboelastography in major trauma and the management of liver trauma at our institution. I hope to go on to develop my career in trauma care both academically and clinically through the surgical and emergency care training programs in the UK. I attended the congress in the hope to broaden my knowledge of managing the polytrauma patient and the how this developing field of surgery is progressing both academically and on the shop floor. As a result of this I attended several sessions across the three days on the management, investigation, and care of the polytrauma patient, having a special interest in the talks focusing on hemorrhage control and major hemorrhage transfusion practices across the globe as this is related to my main research project that I am undertaking this year. It was interesting to hear about similar challenges other countries are facing, similar to the UK, at times obtaining blood products, transfusing complex coagulation factors.

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It was also interesting to hear about the different indications for massive transfusion of blood product and specialist clotting factors and the monitoring practices of goal directed blood transfusion, for example, standard clotting assays or thromboelastography. I was encouraged by discussions facilitated by speakers, especially the debates about giving blood early, the limitations of using standard coagulation tests in major trauma, and how might trauma induced coagulopathy be managed. I enjoyed the concept that was described in the 'Prioritizing in Polytrauma' talk that taking care of a trauma patient is a parallel process and not a straight line sequence. This emphasised to me that there are multiple aspects of trauma patient care, which is often complex, and has to happen in conjunction with multiple teams in order to optimise the outcome for the patient. Unfortunately I believe I have come across barriers that have prevented me enabling a system of parallel trauma patient care due to different specialties presenting challenging attitudes to co-ordinate and direct due to goal focused care and forgetting to visualise the bigger patient picture. I have, however, come away from this talk with a broader depth of understanding about this area of trauma care which I hope will facilitate the optimisation of a parallel patient care system and has given me ways in which to manage challenging specialty behavior. These discussions and presentations have also given me further knowledge and background to facilitate development of my current research project, and I hope will allow me to convey a well-rounded informative academic piece of writing.

What made the most impact on me and my medical practice on a day to day basis was the session on 'What does the critically ill patient require?'. This session highlighted the importance of a continued multidisciplinary approach to the trauma patient and how being the surgeon who is involved in the patients intensive care treatment will ultimately give you more insight into their condition and allow you to judge if further surgery is required. The concept of 'Trauma Care' encompassing all aspects of a patients care from admission, critical care, theatre, ward care, VTE prophylaxis, to discharge and rehabilitation input instead of just the initial input and the short operating time was discussed with great intrigue. Having oversight and input into the patient's entire hospital stay may be new to some people but made a great impression on me and in my opinion should be emphasized in all aspects of surgical and medical training. The concept of leaving ITU care to the intensivists was suggested to be ineffective and would cause the surgeon to miss important deterioration indicators. This talk emphasized to me the importance of broadening ones medical knowledge beyond your parent specialty. To become a better doctor or surgeon one must not get tunnel vision or become complacent, we must always seek new knowledge and strive for the best care and specialty input for our patients. I have taken this attitude back home with me and have begun to input it into my daily practice ensuring that I am more involved in my patients in the intensive care and high dependency units and have taken on a more rounded, fuller picture attitude to the care I provide for patients. I hope that this new attitude will continue to progress and will allow me to provide a more holistic and patient-centered care.

Being interested in Military Medicine I very much enjoyed the talks in the Military Surgery session and the Military and Disaster session. It was interesting and inspirational to hear about how the medical teams involved in such austere environment manage a patient and extract those who are critically unwell in such adverse situations. These talks gave me inspiration and made me consider further aspects to managing and setting up mass disaster protocols and what considerations should be thought of. The talks have allowed me to learn from challenges or negative outcomes that were found from other teams or countries managing mass disaster or terrorist scenarios in order to hopefully prevent similar challenges being faced in our organisation. Being interested in military medicine but being unsure as to how best I would fit into a military medical team or career has meant that I have felt uneasy about applying to the military. Listening to the various talks about forward surgical teams has made me consider this career prospect further though and has given me further knowledge and inspiration to pursue my current career path with a view to integrate into the military in the future.

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Attending various sessions on the small oral presentation was interesting as I was able to take note of other teams' and countries' experiences and outcomes and have been able to take note of these in order to compare to our own department's research and outcomes. These sessions have also inspired me to investigate other areas of patient care in our organisation in order to optimise our current system, e.g. improving the challenges faced by getting a patient through a CT scanner. I am keen to investigate our organisations outcomes and compare the data sets to investigate if our department also faces similar challenges as presented in these oral presentations, and if so, what areas of development might there be to improve patient care. Reading and comparing other countries poster presentations gave me inspiration for future presentation topics, subtopics and layout presentations. Having had the opportunity to view other teams work was a privilege, especially reading about techniques that have been developed, or management options for rare and complex injuries. Despite me being junior in my training at present, I will remember this knowledge and potentially use it in the future if faced with a similar patient presentation.

Another concept that was pitched at the congress was that we are moving away from an era of medicine where 'one size fits all' and we are becoming more precise and patient tailored in our management approach to the trauma patient. This concept fascinated me to see and understand how various technologies and resuscitation approaches have developed over the years. I have learned a lot in my current job role as a research fellow in major trauma, about tailoring massive hemorrhage transfusion to trauma patients by using thromboelastography and am encouraged to hear that this approach to massive transfusion and other management approaches such as patient-tailored management of high grade liver injuries are developing. I am interested to hear that despite such drastic organ injury a patient may still be managed conservatively and have a lower mortality and complication rate as a result. This inspires me to consider every patient with their own physiological mechanisms and respond to their improvements or deterioration as they present, instead of being convinced that large liver injuries require surgical management, or small liver injuries do not despite hemodynamic instability. This concept has also highlighted to me that despite imaging modalities progressing as far as they have, nothing will ever compare to an experienced trained hand and intuition that a patient requires more aggressive management than being reassured by a falsely reassuring scan.

ECTES has overall inspired me through its presentations and the people I have talked to who attended the congress to further develop myself as a researcher in the field of trauma and emergency surgery. I hope this will start with my input into the use of thromboelastography in trauma and beyond. Being inspired to strive for the best patient care has changed my perception on the current care I deliver and has encouraged me to deliver a more holistic, patient-specific, and patient goal-directed care which I envisage will ultimately deliver improved outcomes for these patients. I hope to take home to my department various goals and targets to compare against and strive to improve upon. In summary, ECTES has given me boundless inspiration to gain a broader experience in trauma care, I have taken home so much personal, professional and departmental areas of development and has given me the opportunity to begin my journey of sharing our department's experiences, but has also given me endless questions to ask my own department in how we compare and can develop from others' experiences.

Catriona Cochrane

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Announcements

Upcoming related congresses & courses

MUSEC – Modular UltraSound ESTES Course

Milton Keynes, United Kingdom

September 17, 2017

Workshop on Visceral Trauma – Definitive Surgery for Trauma Care

Graz, Austria

September 25–26, 2017

53. Jahrestagung der ÖGU

Salzburg, Austria

October 5–7, 2017

MUSEC – Modular UltraSound ESTES Course

Ourense, Spain

October 7, 2017

VI International Congress of the Polish Emergency Medicine Society

Lublin, Poland

October 18–21, 2017

DKOU 2017

Berlin, Germany

October 24–27, 2017

<http://2017.dkou.org/>

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

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