



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 members and readers,

First of all I would like to express my gratitude for your confidence and the election for president of the European Society for Trauma and Emergency Surgery for the upcoming year. Beforehand I would like to thank our Past-President, Professor Marius Keel, who had an extraordinary year in charge, as well as Isidro Martínez-Casas, who left a mark as an organizing congress president of the 19th European Congress of Trauma and Emergency Surgery in Valencia. This congress showed us in a remarkable way the excellent level and quality of how physicians, no matter of their specialized field, discuss upcoming topics of trauma and emergency surgery.

More positive news:

A highlight was our close collaboration and frequent exchange with our American colleagues of AAST. Also this year, board members of our society will be participating in the yearly congress in San Diego and as well in the concurrently place-taking WTC- Congress (World Trauma Coalition). This participation and the lively activity of our members at these international congresses shows how our society has proven its value in current medicine and as a partner with other international and national societies. Also very important are our strong relationships with other societies like EFORT (European Federation of National Associations of Orthopedics and Traumatology) and DGOU (German Society for Orthopedics and Traumatology), where we are incorporated by combined sessions in their programs. Our goal is to contractually commit further bilateral connection and scientific exchange.

A further remarkable achievement was reached by Professor Ingo Marzi and his editor colleagues : our journal "*The European Journal of Trauma and Emergency Surgery*" is officially ranked with an impact factor of 1.7 in the data base InCites Journal Citation Reports. Thus, it is one of the highest ranked international journals in the category of emergency surgery.

However, there are more questions and decisions at issue, which will substantially decide the future of our society.

Obtaining industrial support for our yearly congress is becoming more and more difficult. Only with great effort, could we reach a neutral economic balance for our annual convention, which strongly depends on the elected cities and convention venues. Annually changing locations, particularly with short announcements, three to four years in advance, are causing tremendously increasing organizational expenses.

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Therefore, as a scientific society we cannot be opposed to define 2–3 alternating congress locations in the future.

We are grateful for the long-standing and successful cooperation with our congress organization Mondial, which will end after ESTES Congress in Prague 2019. A wise choice will fill this vacancy. This is just one of several important upcoming decisions during the next few months.

Last but not least, I would like to invite you to our 20th ESTES Congress, taking place in Prague from 5–7 May, 2019. Our organizing team around Peter Wendsche and Pavel Drac and our scientific board will arrange an outstanding program. However, achieving an interesting program also depends of the invited faculty-especially on the abstracts we receive. Therefore, we hope that a great number of abstracts for all the different topics are submitted.

I wish you a lot of pleasure by reading this journal and I hope to meet many of you at the congress in Prague.

Prof. Christoph Josten
President ESTES

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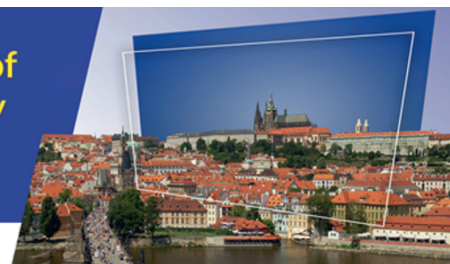
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20th European Congress of Trauma & Emergency Surgery

May 5 – 7, 2019 | Clarion Congress Hotel Prague
Prague, Czech Republic



Dear colleagues,

After *ECTES* 2018 in Valencia, Spain, we are now looking forward to *ECTES* 2019 in Prague, Czech Republic, which will take place from May 5–7, 2019.

Important dates to remember	
Monday, August 27, 2018 Start Abstract Submission	Friday, December 14, 2018 Notification of abstract acceptance
Friday, October 19, 2018 Deadline for abstract submission	Friday, February 15, 2019 Deadline for early bird registration fee, registration cancellation
Monday, November 26, 2018 Start online registration	Friday, April 19, 2019 End of regular fee
Sunday, May 5 – Tuesday, May 7, 2019 20 th European Congress of Trauma & Emergency Surgery	

The **abstract submission** starts on **Monday, August 27, 2018**.

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 preliminary session details) will be available online in September 2018.

Sincerely,

The ECTES 2019 Organising Team
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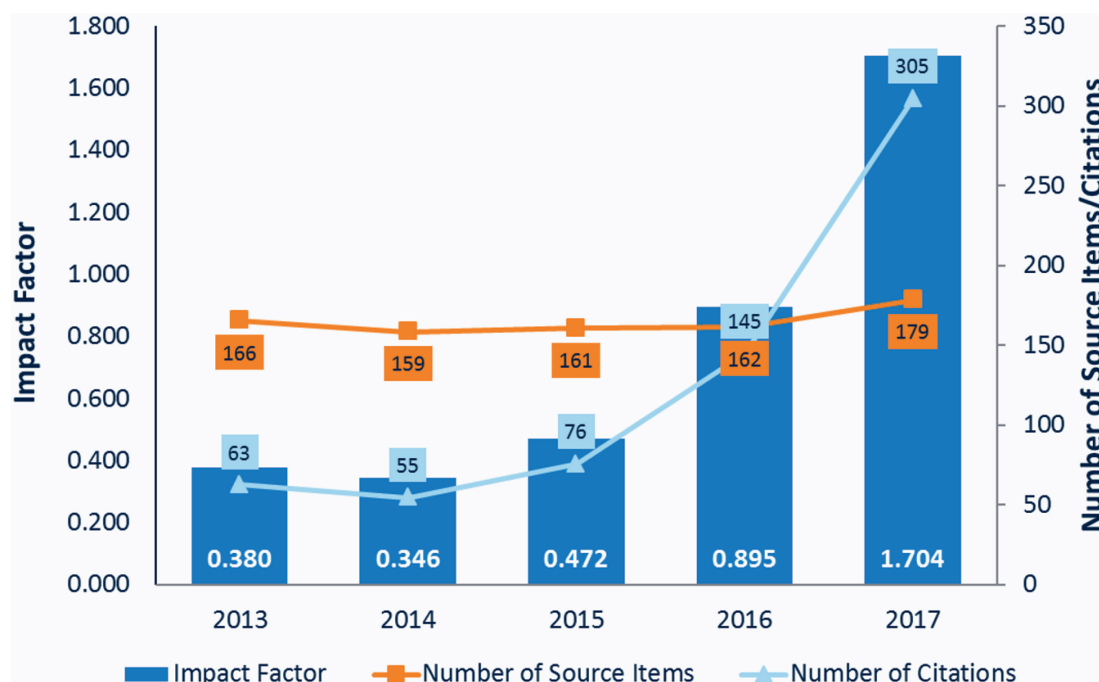
The Impact Factor of the *European Journal of Trauma and Emergency Surgery* has again increased notably: 1.704

For the second time the Impact Factor of the *European Journal of Trauma and Emergency Surgery* (EJOT) has nearly doubled: showing a factor of 0.895 in 2017 and now of 1.704 in 2018. Thereby, the journal positions itself in the international ranking as the 11th of 26 in the category “emergency medicine”. For the first time the journal is now located in the upper half in comparison with the other journals. This, in turn, is of particular importance regarding the academic career of many medical faculties and medical schools.

The editors of the *European Journal of Trauma and Emergency Surgery*, Prof. Marzi (Editor-in-Chief), Prof. Leppäniemi, Prof. Rommens, Prof. Rueger, and Prof. Turegano like to emphasize that innovative original papers in the fields of trauma and emergency surgery are very much welcomed. Moreover, they are open to suggestions regarding possible focus issues, guest editorships and reviewers in all sub-categories. In this respect, please feel free to contact the editorial office: ejt@trauma.uni-frankfurt.de.

The editors of the *European Journal of Trauma and Emergency Surgery* appreciate very much the qualified effort and work of all involved scientists and reviewers, who made the result of an Impact Factor of 1.704 possible.

For further information and links please visit the internet presence of the *European Journal of Trauma and Emergency Surgery* at Springer Nature: <https://www.springer.com/medicine/surgery/journal/68>



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Minutes of the section meeting of the Skeletal Trauma and Sports Medicine Section on May 6, 2018 in Valencia

Present 15 out of 295 members

Agenda:

1. Report 2017–2018
2. ESTES recommendations on proximal humerus fracture treatment
3. Program 2018–2019 (3 new recommendation groups)
4. Section representative in Education Committee ESTES
5. Proposals for ECTES 2019 topics
6. ESTES regional workshops/meetings

1. In Bucharest 2017 chair and vice-chair were elected for the 2-year period. According to the ESTES sections' bylaws each section should also have a Committee with at least 8 (individual ESTES!) members. Our decision is to involve active section members in the section's activities: in writing the Skeletal Trauma Section recommendations under the auspices of ESTES. In 2016 we succeeded to finalize and to publish the hip recommendations and immediately after that another working group was established for proximal humeral fractures. The Section strategy was formation of well-known ESTES recommendations for typical fracture patterns.

2. Recommendations for the proximal humerus fracture treatment are in the final phase of the editorial process. The chapters' editors are Klaus Wendt (introduction, rationale), Hans Oestern (conservative treatment), Jan Verbruggen (nailing), Stefan Nijs (ORIF), Martin Jaeger (prosthesis), Richard Kdolsky (preoperative work-up) and Radko Komadina (patient's demands, bone quality/quantity).

The final text should be disseminated among the section members and published in EJTES at the end of this year.

3. For the strengthening of the influence among European orthopedic trauma surgeons new working groups for ESTES recommendations on fracture treatment are named. Methodology should be the same as for the former work on hip and shoulder recommendations (literature inquiry, panel discussion, consensus achieved through WebEx and personal communication between the editors of the chapters).

Proposals for the new working groups: Richard Kdolsky the "Foot and Ankle Fracture Recommendations", Radko Komadina the "Spinal Fracture in Elderly". The last group will be divided into two, for cervical spine and for the thoracolumbar spine. Section members should contact me if they would like to participate in any of the groups. In June 2018 the working groups should start with the literature inquiry.

4. Jan Verbruggen is the new Skeletal Trauma and Sports Medicine Section representative in the Educational Committee of ESTES. Pep Talving has already been informed about that.

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5. Proposals for the ECTES 2019 topics (with the Section Committee members responsible to propose up to 5 invited lecturers for each proposed topic):

- distal radius, wrist and hand (Milorad Mitković)
- infected bone (Bore Bakota)
- complex trauma and revision surgery (Klees Jan Ponsen)
- sports trauma (Dominik Heim)
- foot and ankle (Richard Kdolsky)
- spinal injuries from the spot to med rehab (Radko Komadina)

All (!!!) Skeletal Trauma and Sports Medicine Section members are invited to send their additional proposals for the 2019 topics. Members should send proposals for the lecturers for the above-mentioned topics to the named section committee members and to me.

6. ESTES should become the phone number of the holistic approach to the emergency surgical and trauma patient in Europe. It is a hybrid organization of orthopedic trauma experts and of general surgeons committed to emergency situations. In some parts of Europe the ESTES members are general surgeons, while in others orthopedic trauma surgeons predominate. We want to make ESTES well known and homogenous surgical organization and to enable education across the different European regions. By organizing regional one-night courses and/or workshops, the Skeletal Trauma Section should follow good praxis of other sections like MUSEC, MRMI, etc. The support of the regional professional organizations and national representatives is crucial (EAC members). The ESTES regional meeting for SE Europe will be held during the EAC meeting in Ljubljana, Slovenia, on November 10, 2018.

Regards,

Radko Komadina

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Minutes of the section meeting of the Visceral Trauma Section on May 7, 2018 in Valencia

Time and place: 15:30–16:30, Monday, 7 May 2018, Room 4, Congress palace, Valencia

1. Welcome and approval of the chair of the meeting

The VTS section meeting has been rather poorly attended in previous years. Tina Gaarder was elected Chair in 2017. She was approved as Chair of the VTS meeting.

Last year we discussed whether merging with any/some of the other sections was an option. However, as much of trauma is orthopaedic, but the most lethal injuries belong to the visceral side, and few surgeons in Europe are proficient in both general and orthopaedic surgery, there is a need for a section focusing on visceral trauma.

No new committee members had been elected since all had served their terms in 2017, and none of the few present were volunteering. According to the bylaws for the sections, the section shall consist of a Chair, Vice-Chair and 8 committee members. It was decided that any new committee member would have to contribute actively, and thus elections were postponed until after relevant activities had been presented.

2. Attendance

A total of 28 attendees signed the list of attendance, but the number present in the room was higher.

3. Approval of the agenda

The agenda had been sent to the members in advance with an email describing activities and aims for the sections in the absence of formal minutes from the 2017 meeting. No additional items for the agenda were added.

4. Membership status

The VTS membership had increased from 331 to 428, with 10 countries counting more than 10 members (see table).

64 COUNTRIES – 33 European	MEMBERS
NETHERLANDS	47
ITALY	44
UK	32
PORTUGAL	30
SPAIN	30
ROMANIA	30
GREECE	23
US	17
IRELAND, SWEDEN	12 each

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5. Activities last year

The visceral trauma section did develop 12 sessions and most were accepted. Isidro Martinez as the congress president did a tremendous job in pushing for slightly different types of session formats than in previous congresses.

Since ECTES 2017, I have forwarded information about a currently ongoing RCT on AE vs observation for grade 4 and 5 stable splenic injuries, a pragmatic trial aiming to answer whether SAE in this group of patients prevents delayed bleeding and is safe. So far, we are 11 institutions working on obtaining ethics approval. Currently, 5 centres have received approval. We need 112 patients in the SAE and the same in the observation group. Obviously, most institutions do not have many awake, haemodynamically normal adult patients with grade 4 or 5 injuries, so enrolment will be slow unless we have many centres with us. We hope to achieve sufficient enrolment within 2–3 years. Some VTS members have responded that they are interested, and protocols have been forwarded for them to assess whether they will be able to obtain ethics approval and whether they will be able to participate.

6. Plans for the upcoming year—how do we produce output from the VTS?

Guidelines

Producing high-quality guidelines is a resource-intensive task. Additionally, there are many existing relevant guidelines. It was agreed to search existing guidelines and evaluate these for relevance and whether they are updated enough. All committee members would commit themselves to take part in this work. Every guideline should be assessed by at least 2 committee members (the committee members are also free to involve others outside the committee, if they inform the committee). Relevant guidelines will be listed on the website. Potential gaps/missing guidelines will be a topic for next year's VTS section meeting. Tina will make a list of existing guidelines to be shared with the committee. All committee members are to state which topics they are willing to assess and they are also free to identify other more relevant guidelines outside the list.

Papers

The VTS should produce papers on relevant education in visceral trauma, on trauma patient needs, development of healthcare systems in Europe affecting our ability to treat trauma patients, trauma systems etc. Committee members will be asked to provide feedback on relevant topics they are willing to work on with the VTS.

Research

The SAE RCT is well described. All members should have in mind that the section could be a hub for these kinds of studies, promoting ESTES in high-quality trials. Ideas about a thromboprophylaxis RCT was mentioned. If involving many hospitals, an RCT must be pragmatic in order to ensure compliance.

Survey

Ideas for surveys are welcome, but no survey should be more than 10 questions. We have access to SurveyMonkey through ESTES. A survey must be relevant with a clear aim. Surveys intended for the whole ESTES membership can be tested on the different section members as a pilot.

Education

Relevant courses in visceral trauma should be identified and listed on the website (MUSEC, DSTC, ASSET, ATLS, etc.). We also need to discuss how visceral trauma competence is being secured in Europe, maybe also how we could contribute outside Europe and in cooperation with other societies.

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7. Elections VTS committee

Aiming for geographic representation, and based on the proposed activities, the members present were asked who volunteered as committee members. A total of nine members volunteered (see list below), and it was deemed that this group of members represented geographic variation, and the committee members were accepted. Three of the nine volunteered as Vice-Chair: Ruben Peralta, Falco Hietbrink and Shahin Mohseni. Ruben Peralta was elected Vice-Chair by written voting.

Committee members:

- Tina Gaarder (Chair)
- Ruben Peralta (Vice-Chair)
- Luke Leenen
- Falco Hietbrink
- Paal Aksel Naess
- Alan Biloslavo
- Diego Mariani
- Shahin Mohseni
- Henrique Alexandrino

8. Suggestions for program ECTES 2019

Tina Gaarder will forward suggestions for input on topics and speakers to the committee shortly after the congress due to tight deadlines.

9. Website and use of social media

The VTS website is empty and needs updating. In addition to the members of the committee and minutes from the section meetings, the committee members will be asked to provide input to the website (see item 8)

10. Next business meeting and communication between ECTES conferences

Prague during ECTES 2019. In the meantime, the ESTES Advisory Board (EAC) has decided to organize Webex meetings with the Section Chairs every 3 months. The VTS Chair will require feedback from the committee on progress before every Webex EAC meeting.

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Minutes of the section meeting of the Disaster & Military Surgery Section on May 7, 2018 in Valencia

Report from the Chair

1. Summary of the past year:

- Mike Bemelman finished 4 years of leadership last year. These years were not easy since the vice-chairs had changed. We would like to thank Mike for his contributions to the section.
- Complete change in the chair created problems with rules and regulations, obligations and expected activities.
- Section membership: there is a list with over 180 members; however, it is not clear if those in the list are willing to be active in section activities.
- Following our nomination in Bucharest, we discussed and decided upon the section's priorities for the upcoming years. We decided that reinforcing humanitarian surgery and military surgery should be our main goal. Because of this decision, we managed to involve two of the most important humanitarian medicine actors worldwide in ECTES 2018: ICRC and MSF.
- The MRMI&D International Association will become an ESTES Institutional Member.
- The chair has responded to the request of ESTES Executive Board to facilitate bilateral talks between the MRMI&D Association and EKTC (the Disaster and Military Surgery Section of the German Trauma Society)—Itamar Ashkenazi participated in one course and reported to both the ESTES board and the MRMI&D board about this course.
- The Section took part to the PHIRMA proposal (call for proposals from the EU Commission) but eventually the proposal was rejected. The evaluation of another French proposal, facilitated by Eric Voiglio, is still pending. Participation in projects funded by international or national donors is a good way to implement activities of interest for the Section.

Discussion: Sten Lenquist commented that according to Stefan Shultz-Drost's presentation in one of the sessions, EKTC's TDSC course looks very similar to MRMI. Though competition is not necessarily a bad thing, we must remember MRMI was born inside the D&MS Section, is international and it was validated as being effective in its goals (increasing competencies by training the whole chain of MCI management simultaneously, primary and secondary triage according with the number of victims and the downstream resources...).

Gerhard Achatz from EKTC commented that Stefan Shulz-Drost is not an instructor in the TDSC course and his presentation can only represent his views of the course. According to Gerhard the TDSC course is aimed at surgeons and maybe anesthetists and he does not see real competition with MRMI.

The Section Chair suggested it is mandatory to get to know each of the courses better by having representatives from MRMI&D and EKTC attend each other's courses to be held in the near future, following which a solution can be found as to how to integrate these, or any other similar courses in the future, in ESTES.

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2. ECTES 2018 in Valencia

- Precongress 1-day MCI course was held this year for the second time: Carl Montan, the Course Director, reported that the course went well; the review of feed-back from the participants is ongoing. Though some improvements are foreseen, overall the format seems to be effective and should be used in future precongress courses.
- The section organized 6 sessions with very qualified speakers. Two invited associations (ATCN and IATSIC) decided to dedicate their guest symposiums to the topic of disaster medicine.
- Two slots were allotted for Section's business meetings: MRMI&D and EKTC bilateral talks; 1st meeting on EU surgeons facing MCI.
- Considering that this section is one of five sections in ESTES, relatively very few abstracts were sent for consideration. The chair is aware that section members may have sent abstracts on topics related to other sections. Still, the Chair calls for more involvement of the members in sending abstracts to future ECTES congresses and manuscripts to EJOT.

3. Coming year

- In order to understand how many ESTES members see themselves active in the Section, the Chair is considering launching a survey with very limited number of questions. The SurveyMonkey tool made available by the EAC will be useful for this purpose.
- The WebEx platform made available by the EAC for Section's meeting will be very useful to stay in touch and plan/implement projects. The idea is to have the Section's WebEx meeting before the EAC ones, scheduled to be 3/year + the live meeting during ECTES.
- The Chair asks for initiatives to be implemented in 2018–2019.

Discussion:

- Eric Voiglio: production of ESTES Recommendations on TRIAGE during MCI; he volunteers to be the referral point for this initiative, maybe also organizing a consensus conference in Monaco
- Roberto Faccincani volunteers to investigate the available literature to determine the SOTA (State of The Art) and recognize the top expert
- Eric Voiglio asks for initiatives of exchange of experiences with other EU national and international scientific societies on the topic of Disaster Medicine: Roberto Faccincani volunteers to take this task, looking to the possibilities and taking contacts
- Bob Dobson asks for more involvement of nurses/paramedics: the Chair asks Bob to take the task to do this; the Chair will of course facilitate as much as possible
- Sten Lennquist: a good subject could be the level of preparedness of the EU hospitals to respond to MCI and the quality insurance of the preparedness
- Luis Riddez: different surgical techniques in austere environment (closure of a difficult abdomen; difficult C-section; what to do when you need blood and you do not have a blood bank, etc.)
- Stefan Shulz-Drost: telemedicine
- Mike Molmer: prolonged field care

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The Chair concludes that a Section Committee will be formed according with projects and willingness of project proponents to work on them.

- ECTES 2019: the Chair will ask for the same number of sessions (6), maybe 1 more for nurses. A part form battle session, pro/con, we can try to include mentor-mentee sessions to propose interactive sessions. The plan is to involve the Sessions' moderators in the definition of the topics, panelists and modality to conduct the session. Suggested topics are:

- o Triage
- o Surgical techniques in austere environment
- o Treatment of difficult wounds
- o Prolonged field care
- o EU hospital preparedness for MCI and preparedness quality insurance
- o Telemedicine
- o Non-doctors in MCI

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Minutes of the section meeting of the Polytrauma Section on May 7, 2018 in Valencia

1. Education

Course: Polytrauma Management “beyond ATLS”

The course has been going on since 2003 in various locations and has been held 27 times. It is complimentary to existing courses (ETC, ATLS), as it covers the entire chain of treatment. The organizers feel that a *steering board* should be installed to provide input. Members of the Polytrauma section will respond to who is interested to join. Spontaneously, *Ruben Peralta, Olivera Lupescu, Falco Hietbrink and Rebecca Hasler* responded. The further communication should be addressed to Roman Pfeifer (Romanpfeifer@aol.com).

2. Definition of Polytrauma Survey

It was discussed that an online survey be sent around by ESTES as follows:

From: ESTES OFFICE <office@estesonline.org>

*ESTES - Survey for interobserver variability of multiply injured patients
by the Polytrauma Section*

Dear ESTES National Delegate,

some of the members of the Polytrauma Section have worked on the new definition of polytrauma some years ago. Nevertheless, there is limited information on whether the current assumptions are valid and if there is a relevant interobserver variation. Moreover, it is unclear as to whether any variation varies depending on the degree of clinical expertise, and if so, how much.

*We therefore have developed a survey to address this issue and kindly ask you to fill it out within the next week:
<https://de.surveymonkey.com/r/LLWY3W9>*

All the best and thanks in advance,

Sincerely

HC Pape (on behalf of the Polytrauma Section)

It was discussed that this survey should be filled out and be addressed at the **2019 meeting**.

3. AdHOC Score as a follow-up of the “BERLIN Definition” Initiative

The use of the Berlin definition showed that an assessment score is required to allow safe and easy assessment of patients, ideally independent of ISS. As pointed out by R. Lefering in 2014, ISS is not regularly available in the ER. Therefore, a new scoring system was developed (Knoepfel A, Pfeifer R, Lefering R, Pape HC, Traumaregister DGU) to assess patients early after injury; it is independent of the ISS and covered by the following parameters:

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AdHOC (Age, Head injury, Oxygenation, Coagulation) score.

AdHOC score

Age age > 65 years (21.8%)

Head GCS <12 (33.5%);

irregular pupils (40.8 %); irregular light reaction (35.6%)

Oxygen lactate >4 (33.4%); base deficit <6 (34.6 %), Horovitz ratio
($\text{paO}_2/\text{FiO}_2$) ≤ 200 ; (28.5%) shock (sysBP ≤ 90 mmHg)
(33.7 %); blood transfusion (27.9%), Hb < 7g/l (48.8%).

Coagulation INR >1.4 (26.6 %)

It is presented that a validation group is missing and currently, it can only be obtained from the 2016 DGU database.

Mauro Zago therefore suggests that the score be made available to ESTES members and data should be collected to allow for a validation group. *Aitor Andaluze* suggests to use REDCAP for that and offered to be the committee representative.

4. Install group that looks at guidelines for early surgical management

The S3 guidelines were just published in the European Journal and provides a solid basis. All attendees agree that ESTES should have internal guidelines—as published by the skeletal trauma section—for polytrauma. *Christoph Josten* reports that the Berlin definition has worked the same way, by preparative meetings, followed by a decisive group discussion. *Loek Leenen* was also part of the group deciding about the Berlin definition and agrees on the way.

It is decided that

- a. a WEBEX will be done in about 6 weeks
- b. a meeting will take place in Zurich in fall, favourably during or after the polytrauma course in Zurich (September 20/21, 2018).
- c. The group should present a the results during the 2019 meeting

5. Nominees for the committee

Red cap: *Aitor Andaluze*

Polytrauma course: *Roman Pfeifer*

TBI: *Falco Hietbrink*, *Rebecca Hasler*

Early Surgical management: *Olivera Lupescu*, *Diego Mariani*

Secondary surgical management: *Loek Leenen*, *HC Pape*

REBOA: *Christoph Josten*, *Ruben Peralta*

Scoring: *Rebecca Hasler*, *Chr. Josten*

Pelvis: *Matteo Marconi*, *Diego Mariani*, *Loek Leenen*, *Chr. Josten*, *Olivera Lupescu*

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6. Topics for the 2019 meeting

Christoph Josten—in his role as incoming president—points out that the group should provide input for the 2019 meeting.

After a brief discussion, the following topics for *ECTES 2019 Prague* are proposed:

- a. Traumatic brain injury in polytrauma and in conjunction with ARDS
- b. Criteria for early surgery
- c. Criteria for secondary surgery
- d. Strategies for pelvic ring fixations: (1) prehospital, (2) in the ER, (3) during reconstruction
- e. REBOA: indications and use
- f. Scoring in the ER
- g. Scoring in the ICU

On behalf of the polytrauma section, Hans-Christoph Pape and Aitor Andaluze

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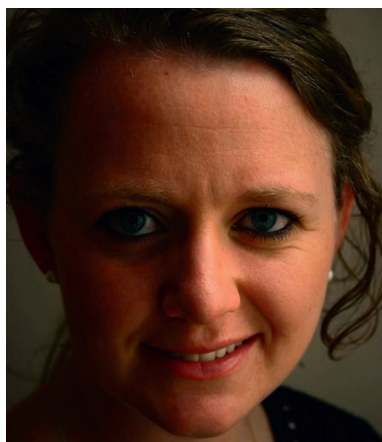


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Report of ESTES Congress Grant Winner Eva van Delft



It was my pleasure to be selected for the ECTES Congress Grant 2018. I was elected to give two poster presentations:

- High incidence of re-dislocation of paediatric distal both-bone forearm fractures warrants primary stabilization with Kirschner wires
- THE DANGERS OF PETS AND HORSES; Animal related injuries at the emergency department

Accompanied by my research group, we arrived in Valencia on Friday Night. As the congress started on Sunday, we had one day to prepare our presentations. However, there was also time left to visit the beautiful city Valencia.

In the morning, we started our city tour and visited the Ciudad de las Artes y las Ciencias. A wonderful park with many trees and flowers, and next to it the venue designed by architect Santiago Calatrava. As my father works as urban developer, architecture has always been of importance during my childhood and afterwards. Also, the park was beautifully lighted during the night, which also emphasizes the link with the congress theme “bringing the light”. We walked around l’Umbracle and visited the botanical garden. We also visited the buildings of the Palau de les Arts Reina Sofia, l’Oceanogràfic, l’Hemisfèric, Agora, and Museo de las Ciències Píncepe Felipe.

Afterwards, we went to the beach and ate the traditional paella dish, yellow rice with fish, rabbit and snails. It was delicious. At night we went to the city center for a nice walk around the old town.

Sunday we had to get up early because the congress was about to start. The congress took place in the Palacia de Congresos de Valencia. Of which the building was designed by the famous architect Norman Foster. The first session was about the critically injured patient. We attended a very interesting lecture of Professor Demetriades from Los Angeles about the REBOA technique versus operative procedures, and a lecture comparing the approach of blunt and penetrating injuries. This might be very useful in my further career, as during our calls we are used to take care of the severely injured patients at the emergency department of our trauma hospital.

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Later in the morning we attended a session on recent disasters. This was also interesting and useful to obtain information about different disasters in Europe. As I live in The Netherlands, we have fortunately not been exposed to a big disaster in recent years. However, in the view of the current terroristic treat it is useful to be aware of the dangers and to learn from the lessons of past disasters.

The poster walk session of both of my posters was on Sunday, at exactly the same moment. The chairs of the two poster sessions were helpful, first I held my poster presentation on paediatric distal both-bone forearm fractures, and afterwards I could discuss my other presentation about the Dangers of Pets and Horses.

During the presentation on paediatric forearm fractures the audience was clearly interested in paediatric trauma. Therefore it was informative to discuss my results with the audience. As our study shows a higher incidence of re-dislocation compared to the current literature our conclusion was of interest. However, we already concluded that the design of our study was retrospective and that further prospective research will draw more insight into this interesting subject. Although, my PhD project will not take long enough to cover another prospective study, it would be interesting to initiate such a study in the future.

The presentation on the dangers of pets and horses was for one thing humoristic; yet, we also pointed out a potentially severe treat. It was during one of my first internships that we learned that many patients visit the emergency department due to dog bite injuries or a fall off a horse. But also, because they stumble over the cat, are overthrown by a huge dog or get injured because they were in contact with the pet in any way. The poster attracted many interested visitors and therefore the discussion following my presentation was very interesting.

In the afternoon we attended some presentations of the free paper session on thoracic and spine injuries. Finally we attended the battle session on 'torso above diaphragm', were the pros, but especially the kontras of prehospital clamshell thoracotomy were emphasised by Doctor Gaarder from Oslo. Also a case of a severely injured geriatric patient was discussed.

At the Opening Ceremony on Sunday, we obtained insight into the achievements of ESTES during the last year, and the ESTES president, Mr. Keel, handed me the Congress Grant. There was also a beautiful Flamenco performance.

After the ceremony the welcome reception took place, and at night we attended the Dutch Night at the Marine Harbour of Valencia.

Monday morning I attended the free paper session 'strategies in bleeding'. There were more interesting presentations on REBOA, but also an interesting presentation by one of my colleagues on the 'Stop the bleed—save a life' course. In the Netherlands, I attended this course and it was interesting to obtain more background information and see what the study group has reached in the meantime.

In addition, we attended the sessions on elbow fractures, the lunch symposium of Synthes, and the poster walks.

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Tuesday morning we visited a session on Damage Control Principles and another session on bleeding and resuscitation. Both sessions were very informative but also very practical and I might use the information given in these session during my work at the emergency department.

Tuesday afternoon there was still time for a last short visit to the city centre. We visited the Central Market and bought groceries and souvenirs. We were invited to taste Pata Negra and a variety of Spanish cheeses. Also we drank orange juice made from oranges originating from the area around Valencia. We visited the cathedral of Valencia and we saw the Holy Grail in the chapel. Then unfortunately our time in Valencia was over and we had to go to the airport for our flight back home.

This congress visit was very educational. I had the opportunity to improve my presentation skills during my two poster presentations, the discussions afterwards were very interesting and gave me insight in particular parts of my research project that I will include in the final discussion part of the manuscripts.

Also there were more than enough possibilities to improve your knowledge on trauma and emergency care. As I visited many sessions on Prehospital and Emergency Care, I trained my skills which will help me during my calls in the emergency department. Last year at ECTES, there was a special session on distal radial fractures. As this is the subject of my PhD project, this would have been interesting to me. However, because this was not the case this year I had the opportunity to visit other, very interesting, sessions and gain more knowledge on a variety of general subjects. I really enjoyed the panel and battle sessions, where two or more experts were comparing their thoughts and experiences. It is very inspiring to learn from some of the top experts on these subjects.

As already said, it was a great pleasure to be selected for the ECTES Congress Grant and to give two presentations at the congress. I would like to thank the president, Mr. Keel, and secretary general, Mr. Wendt as well as the Österreichische Gesellschaft für Unfallchirurgie for this opportunity.

Eva van Delft
The Netherlands

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Announcements

Upcoming related congresses & courses

MRMI Course

Bangkok, Thailand
August 26–29, 2018

37th Annual Meeting of the European Bone and Joint Infection Society

Helsinki, Finland
September 6–8, 2018

Workshop on Visceral Trauma (Definitive Surgical Trauma Care)

Graz, Austria
September 17–18, 2018

Advanced Cadaveric Trauma Surgery

Newcastle upon Tyne, United Kingdom
September 24–25, 2018

54. ÖGU Jahrestagung

Salzburg, Austria
October 4–6, 2018

DKOU 2018

Berlin, Germany
October 23–26, 2018

Trauma 2018

Moscow, Russia
November 2–3, 2018

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

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Meetings

2018

September 6–7, 2018

Biel, Switzerland

22. Bieler Fortbildungstage

www.sgtv.org/kongress

September 6–8, 2018

Helsinki, Finland

37th Annual Meeting of the European Bone and Joint Infection Society

<http://ebjis2018.org>

September 17–18, 2018

Graz, Austria

Workshop on Visceral Trauma (DSTCTM)

<http://surgicalresearch.at>

September 24–25, 2018

Newcastle, UK

Advanced Cadaveric Trauma Surgery

www.nstcsurg.org

September 26–29, 2018

San Diego, CA, USA

77th Annual Meeting of the American Association for the Surgery of Trauma (AAST)

www.aast.org

October 4–6, 2018

Salzburg, Austria

54. Jahrestagung der ÖGU

<http://www.unfallchirurgen.at>

October 23–26, 2018

Berlin, Germany

DKOU 2018

<http://2018.dkou.org/>

October 26, 2018

Berlin, Germany

EBSQ Trauma Surgery Examination

<https://www.uemssurg.org/divisions/trauma-surgery/ebsq-examination>

November 2–3, 2018

Moscow, Russia

Trauma 2018

www.estesonline.org/event-calendar

November 7–8, 2018

Manchester, UK

British Trauma Society Meeting

www.bts-org.co.uk

2019

August 11–15, 2019

Krakow, Poland

48th World Congress of Surgery 2019

www.iss-sic.com

September 18–21, 2019

Dallas, TX, USA

78th Annual Meeting of the American Association for the Surgery of Trauma (AAST)

www.aast.org

2020

September 16–19, 2020

Waikoloa, HI, USA

79th Annual Meeting of the American Association for the Surgery of Trauma (AAST)

www.aast.org

2021

August 29–September 2, 2021

Kuala Lumpur, Malaysia

49th World Congress of Surgery 2021

www.iss-sic.com

September 29–October 2, 2021

Atlanta, GA, USA

80th Annual Meeting of the American Association for the Surgery of Trauma (AAST)

www.aast.org

2022

September 21–24, 2022

Chicago, IL, USA

81st Annual Meeting of the American Association for the Surgery of Trauma (AAST)

www.aast.org

This service is available to organizations wishing to announce international or European scientific meetings. Information in the announcements is limited to the dates, meeting name, location and source of further information. The text should be sent to the publisher of the European Journal of Trauma and Emergency Surgery at beate.hienz@springer.com