

European Society for Trauma and Emergency Surgery (ESTES)

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Message from the Treasurer

Dear colleagues,

The great success of the last congress in Frankfurt confirmed the growth of our Society.

In a period of a global financial crisis, as treasurer, I'm glad to inform our members that the financial situation of our society is stable and under control. The positive result of the 15th European Congress of Trauma & Emergency Surgery contributed to reinforce the finances of the Society.

Nevertheless we should not rest on our laurels! Active members already showed that educational courses endorsed or supported by ESTES have the power to attract many colleagues who all have the management of critical patients with surgical problems as common interest.

Education changes our habits, education improves our patients' outcome, education saves lives, and education is one of the most important targets of ESTES!

Invite all the people working (or studying) with you to join the European Society for Trauma and Emergency Surgery; they will have the possibility to receive education and to find new opportunities for networking and exchange between colleagues!

Hayato Kurihara

Treasurer ESTES





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Report of ESTES Grant Winner Dr. Amy Charlotte Gunning



Scientific work and future research

I started my first steps in trauma surgery research in 2009 as a medical student under the supervision of Prof. Luke Leenen at the University Medical Center Utrecht (UMCU) in the Netherlands, a Level I trauma center since 2000.

I have participated in studies in which we have evaluated the outcome of trauma patients in a matured trauma system and in which we have described the time of death distribution through the years. ^{1, 2} We have demonstrated in these studies that the performance of our trauma center improved through the years and the time of death distribution changed over time as the trauma center matured. The studies were presented at the ESTES Congress in Milan, Italy in 2011 and Basel, Switzerland in 2012, respectively.

Though trauma systems were implemented in trauma care worldwide to improve patients' outcome, there still is no uniform model of trauma care. We wanted to continue the research

with the evaluation of trauma systems and center differences and compare the outcomes. Learning from other systems worldwide will improve the approach to trauma care globally. Furthermore, we wanted to address the trauma scores and models currently used in trauma care. In our opinion the trauma models need to be updated and changed.

In order to gain more statistical knowledge and in particular about the development of models, I additionally started with the Master Epidemiology and graduated in March 2014. During the first year of the study, I applied for and was also selected and honoured with the Mosaic Grant, provided by the Netherlands Organisation for Scientific Research. With these finances I now have a position as a PhD student at the UMCU and am able to execute the proposed research project.

This research project is performed in collaboration with Harborview Medical Center in Seattle, United States, under the supervision of Prof. Ronald Maier and the John Hunter Hospital in Newcastle, Australia under the supervision of Prof. Zsolt Balogh. In this research, I will evaluate the differences in trauma patients outcome in the three Level I trauma centers and investigate whether the designation of the trauma centers and systems contribute to the outcome of the trauma patients.

In our first study, the primary goal was to evaluate whether patient volume does matter in trauma care. I have compared the survival of trauma patients and demonstrated that patients admitted in a high-volume trauma center are more likely to survive than patients admitted in a low-volume trauma center. This study showed a positive volume—outcome relationship for trauma patients treated in a Level I center.

Following this, new questions arose from the first study. We have used the TRISS methodology to analyze the performances of the trauma centers and evaluated whether all three trauma centers met the international standard. We want to investigate whether TRISS is still a valid method to evaluate the trauma center performance. Are the predictors still applicable in current trauma care and in all the trauma systems? TRISS was derived a couple of decades ago in a trauma population that might not be representative of the current trauma population.

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Moreover, the geographical and demographic characteristics differ between countries. We want to investigate whether geographic specific models should be derived to obtain reliable results. Furthermore, another question that arose from the study is whether it is possible to use other outcome measurements such as the health-related quality of life as an indicator for the trauma center performances. I will address all these topics and more in future studies.

Activities during the ESTES Congress

I had the privilege to present the first results of our study named "Volume Does Matter" at the European Congress of Trauma and Emergency Surgery in Frankfurt. This congress had the perfect audience to present the results to and was the ultimate platform to open the discussion with leading experts in this research field throughout the world.

The conclusion of our study was that trauma patients in high-volume trauma centers are more likely to survive compared to patients admitted in low-volume trauma centers. This was demonstrated in all trauma patients, as a subanalysis in severely injured patients with an Injury Severity Score above 15. These results could change the trauma care approach worldwide.

In the question and answer session after the presentation, we discussed why the differences in mortality are attributed to the patient volume. It was further discussed whether the prehospital times could have influenced the mortality rate.

During the congress, I was in particular interested in the session "Further development in trauma scores – New perspectives". This topic was addressed by various leading experts and was in line with the trauma research field I am currently in. The session started with a clear overview of the Trauma Scoring Systems and the development of these scores overtime, presented by Prof. Howard Champion.

Furthermore, in this session topics were discussed regarding the reliability of the ISS. It was discussed whether we should move to the New ISS (NISS) in which the squares of the three highest Abbreviated Injury Scale (AIS) scores are summed regardless of the body region. This subject caused much discussion. An active discussion was whether developed trauma scores could be applied in different countries with different demographics and other patient characteristics.

The session closed with a presentation from Prof. Hans-Christoph Pape, who showed a new definition of polytrauma patients. In this presentation he demonstrated that polytrauma patients should not be defined as patients with an ISS above 15, which is very common in current trauma research. He concluded that polytrauma patients should be defined as patients with an AIS above 2 in at least in two body regions and at least one or more pathological condition, such as hypotension, acidosis, coagulopathy, etc. It would also be very interesting to apply this new definition in other trauma populations to study the applicability of this rule worldwide.

The combination of the European Congress of Trauma & Emergency Surgery and the World Trauma Congress made it possible to meet with various leading experts in the research field. Because I am conducting an international study, I had the opportunity to meet with the supervisors of the other two hospitals abroad and further discuss the current studies and ideas for future studies. Furthermore, I had the privilege to listen to and speak with leading experts in the trauma research field and discuss the possibility of collaborating in further studies.





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Altogether, I have experienced the ESTES Congress as a very inspiring and educational congress with new input for future studies.

References

- 1. Lansink KW, Gunning AC, Spijkers AT, Leenen LP (2013) Evaluation of trauma care in a mature level I trauma center in the Netherlands: outcomes in a Dutch mature level I trauma center. World J Surg 37:2353–2359
- 2. Lansink KWW, Gunning AC, Leenen LPH (2013) Cause of death and time of death distribution of trauma patients in a level I trauma centre in the Netherlands. European Journal of Trauma and Emergency Surgery (Internet) 39:375–383

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







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Report of ESTES Grant Winner Dr. Gertraud Gradl



Dear members of the funding society,

First of all I would like to take the opportunity to express my gratitude for receiving the ESTES Congress Grant 2014. I truly thank you for the opportunity to attend this interesting congress and to present some of my research.

As a young researcher, I am honored that my work has been acknowledged by your institutions. The award competition represents an important initiative for the promotion of novice researchers and I am convinced that it will continue to stimulate young scholars to seek excellence in the research they conduct.

I completed my residency training at the Department of Trauma and Reconstructive Surgery at the Universitätsklinikum Aachen, Germany, this year. After returning from a one-year research fellowship in Boston, USA, I became very involved in medical education and skills training in Orthopaedic and Trauma Surgery and was therefore especially proud and honored to present

three of my projects in this field at such a large and renowned meeting as the ECTES. My talk on "Multidimensional approach to teaching anatomy – do gender and learning style matter?" prompted lively discussions, and the critical yet very inspiring comments from the chairmen Professors Zago and Obertacke really made me to rethink some of my methods.

At the opening ceremony, this year's congress president Professor Ingo Marzi, the ESTES president Professor Luke Leenen and the World Coalition of Trauma Care President Prof. Raul Coimbra extended a warm welcome to all attendees. At the welcome reception we had the chance to catch up with old friends and to make new ones over delicious snacks and drinks.

One of the most remarkable aspects of this year's congress was again the sheer number of top notch sessions and speakers which made it quite difficult to choose one over the other. My personal highlights among the podium presentations included the keynote lectures "Nailing or plating of the proximal humerus today," and "Research in education related to trauma care" as well as the Küntscher Society Symposium "Nailing of metaphyseal fractures – What have we learned?" and the Round Table on geriatric trauma.

On Sunday morning I joined the Poster Session on Orthopedic Reconstruction and had a highly inspiring expert discussion on pearls and pitfalls of iliosacral screw positioning. The interdisciplinary and international character of the congress provided an amazing platform for discussion and networking.

The official congress evening at the Gesellschaftshaus Palmengarten was the perfect top off to a great congress and we enjoyed a wonderful dinner at an amazing location.





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I would like to thank the ECTES 2014 organizing committee for this successful congress and for letting me present my resear.

I am really looking forward to continue the discussions at next year's meeting in Amsterdam.

Sincerely yours,

Gertraud Gradl

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







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Would You Also Like to be a Congress Grant Winner?

Are you going to attend the 16th European Congress of Trauma and Emergency Surgery taking place in Amsterdam, The Netherlands (May 10–12, 2015)?

Would you like to win a travel grant of EUR 1,000?

Do you fulfill the criteria?

If your answer to all questions above is "yes", seize this chance and apply now!

The prerequisites are

- Age below 35 (date of congress is decisive)
- Specialist or Specialist-in-Training in Trauma and Emergency Surgery
- Submission and presentation of an accepted abstract
- · Documented scientific activities
- Submission of the required documents (letter of intent, CV, list of publications, letter of recommendation)
- Short written report about the congress after the event
- Individual member of ESTES or intention to become an individual member of ESTES

The application form can be downloaded on the ESTES website (Education).

To apply for a grant, please return the completed application form and all required documents to the ESTES Administrative Office:

office@estesonline.org, fax: +43 1 58804 185

Application Deadline: Thursday, January 15, 2015







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Report of the Disaster & Military Surgery Section Meeting

Dear Members of the D & MS section, hereby the minutes of the section meeting are presented.

Time: Sunday, May 25, 12:30 – 13:30

Location: Klausur room

1) Opening and welcome

- Welcome to the meeting
- Mike Bemelman was approved as chair of the meeting
- · Bob Dobson was approved as secretary of the meeting

2) Approval of the agenda and additional points

No additional points were mentioned

3) Approval of the minutes regarding the last meeting in Lyon, France

Minutes of the last meeting were approved

4) Election new secretary: Philipp Fisher

- Bemelman gave an explanation concerning the decision of Bob Dobson to step down, for personal reasons, after being secretary for one year. He is thanked for his valuable contribution.
- Philipp Fisher was proposed as the new secretary of the Disaster & Military section and unanimously approved.

5) Election new vice chairman; Boris Hreckovski

- Bemelman explained that Fernando Turegano, according to the bylaws, has to step down as Vice Chair. He
 is thanked for his valuable contribution.
- Boris Hreckovski was proposed as new Vice Chair of the Disaster & Military section and unanimously approved.

6) Report from EU project FP 7 UKB /DITAC (Phillip Fischer - Germany)

- DITAC up-date from Philipp Fischer. Mid-term review, DITAC project stopped, and then put under review by the EU until further notice.
- 7) Additional point was brought in by Robert Faccincani concerning the HEARTS project. The application achieved the 16th place. This was not enough for a grant; the project is closed. Focus is now on a new project at the end of this year. Threats Project (Terrorist Attacks on Hospitals: Risk and Emergency Assessment, Tools, & Systems) was explained by Roberto Faccincani as a new EU Project to start later this year.

8) Invitation for topics for focus on Disaster 2015 EJTES

- Proposed topics included the following: Industrial burns, Road crash studies, Disaster classification.
- Mike Molmer mails topics: incidents and emergency services in large gatherings such as Glastonbury or Roskilde Festival. Arctic disaster, how we train and handle these
- The Section is invited and encouraged to provide topics

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9) Missions for D&M section.

Bemelman emphasized that the missions for the Disaster & Military section must have a general and broad focus, no private or personal enterprises.

- Disaster Course with every ECTES
- Continue involving military
- · Increasing involvement prehospital
- · Seek collaboration WADEM

10) Program Frankfurt 2014

- The program of Frankfurt was presented and discussed. The section in general was satisfied with the provided sessions. However, the section regrets the low involvement of the section members with the design of the sessions by the congress working group. It was emphasized that for the coming congress in Amsterdam collaboration with the section is strongly recommended.
- Furthermore, it was emphasized that all business section meetings were planned at the same time which made it impossible to attend several meetings. It was emphasized that this is an undesirable structure which needs attention with the next congress in Amsterdam

11) Suggestions for program topics of ECTES Amsterdam 2015

- · Topics: Macsim triage one day course
- Tccc combat care course
- Lessons from Afghanistan and Iraq
- Lessons learned; Why don't we learn
- Medical care resilience when under attack Threats
- Maritime disasters
- Continuum of care in civilian and military settings.

12) Other business:

Olivera Lupescu asked if ESTES can provide support for the team members of the DITAC in their defense against the results of the midterm evaluation of the EU. Bemelman emphasized that the DITAC is strictly a private enterprise of D&M's members; the ESTES has knowledge of the project but has no further official involvement with this project. Therefore official support cannot be given.

13) Next business meeting

Amsterdam 2015 ECTES Conference.

On behalf of

Chairman: Mike Bemelman
Vice Chairman: Boris Hreckovski
Secretary: Philipp Fischer



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Report of the Annual Meeting of the Emergency Surgery Section

Held at the Frankfurt Congress Centre, Frankfurt am Main, Germany on Sunday, 25 May 2014.

The Chairman opened the meeting at 12:45 p.m. and welcomed the section members to the meeting. Mahir Özmen was confirmed as Secretary for the meeting.

The minutes of the previous Section Meeting in Lyon on 6 May 2013 had been previously circulated and were accepted as a true and accurate record of the meeting.

Video Platform Update

At the last section meeting Jonathan Tilsed had outlined a proposal to develop a video facility on the ESTES website. This depended on having the facility to upload videos to the congress abstract website so that they could be reviewed to ensure quality, before being put onto the website. By using the abstract website, this could be achieved at no extra cost to ESTES. A review panel was set up, but unfortunately the congress organizers decided not to have videos at Frankfurt and so this did not happen. However, a new group has been set up under the leadership of Eric Voiglio to revamp the ESTES website and it is hoped that this will include a facility for videos.

Emergency Surgery Course

The chairman updated the meeting on behalf of Ari Leppaniemi, Abe Fingerhut, and members of the steering group on developments with the Emergency Surgery Course. The manual is with the editor and publication is due in late 2014/early 2015. The group is working towards convergence with similar courses (in Austria and Ireland) and a joint ESTES/AAST course. Courses are already planned for Abu Dabi, Kuwait, Riyadh, and Istanbul.

A keen discussion ensued and a number of comments and criticisms were voiced. Hayato Kurihara was able to answer some of the meeting's questions. It was agreed that the Chairman would invite the interested parties at the meeting to email their concerns to him so that he could pass them on to the steering group.

MUSEC Update

Mauro Zago updated the meeting on the activities of the MUSEC group. Since launching the course at Lyon in 2013 the faculty had run 7 courses (a total of 18 modules) for 140 participants from 24 different countries. A further 7 courses are planned in the next 12 months. The group has also established a MUSEC website (www.thesoundofthebody.eu).

Isidro Martinez presented the results of a survey of 654 surgeons undertaken by the group. Half of the 142 respondents performed ultrasound themselves. In all, 93.6% thought it was a useful skill to have, 47% had taught themselves while 10% had been involved with MUSEC.

AMI Guidelines

The chairman thanked the members of the Acute Messenteric Ischaemia guidelines working group for their continued contribution and updated the meeting on their progress. The group had identified and scored 359 references and divided the project into sections (Introduction, Presentation, Diagnosis, Treatment & Prognosis) with members of the steering group taking responsibility for each of these. The steering group had held 5 Skype conferences and a working session was planned for 26 May 2014.

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Election of New Committee Members

Eric Voglio, Diego Mariano, Alexandru Nicolau, and Martin Sundelof had each completed their terms of office. Diego Mariano was eligible for re-election. Diego Mariano, Rıfat Latifi, Kaya Saribeyoglu, and Andrea Casamassima were elected by the meeting to serve on the Emergency Surgery Section Committee for 2014–2017.

Proposals for Amsterdam

The chairman reported the topics that had already been suggested for ECTES 2015 by members of the section and others were suggested by the meeting. The chairman outlined how the program suggested for Frankfurt had been changed and some of the problems that this had caused. After some discussion the meeting felt that ESTES would benefit from a more formal structure to the Congress program committee.

Other Business

Carlos Mesquita suggested that the section should work on a European Curriculum for Emergency Surgery and agreed to take the lead on this project.

Date of Next Meeting

The next meeting of the Emergency Surgery Section will take place during the 16th European Congress of Trauma and Emergency Surgery at the Amsterdam RAI in the Netherlands from 10–12 May 2015.

There being no other business the meeting was adjourned at 13:57 p.m.







Dear colleagues,

After the successful ECTES 2014 & 2nd WTC in Frankfurt, Germany, we are now looking forward to the 16th European Congress of Trauma and Emergency Surgery which will take place in Amsterdam, the Netherlands, from May 10–12, 2015.

Important dates to remember:

Monday, September 1, 2014 Start abstract submission	Friday, December 19, 2014 Notification of abstract acceptance
Wednesday, October 24, 2014 Deadline for submission of abstracts	Friday, February 27, 2015 Deadline for early bird registration fee, registration cancellation
Monday, December 1, 2014 Start online registration	Friday, April 17, 2015 End of regular fee

Saturday, May 10 – Tuesday, May 12, 2015 16th European Congress of Trauma and Emergency Surgery

The deadline for abstract submission is Wednesday, October 24, 2014.

All necessary information regarding topics and submission details can be found on the website (www.ectes2015.org).

A Preliminary Scientific Programme (including keynote speakers and first session details) will be available online by late summer.

Sessions will cover the following topics:

- · Trauma systems
- The acute care surgeon
- Endovascular intervention of surgery: Who stops the bleeding
- Acute management of pancreatic injury and disease
- · Shock control and management
- · Evidence-based trauma and acute care
- Necrotising soft tissue infections
- New technologies in trauma and acute care
- Polytrauma
- Truncal trauma
- · Burn injuries

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

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Announcements

Upcoming related congresses & courses

DKOU 2014

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

MUSEC - Modular UltraSound ESTES Course

Madrid, Spain November 10, 2014

Registration: musec@thesoundofthebody.eu

10th Winfocus World Congress

Kuala Lumpur, Malaysia November 15–19, 2014 www.winfocus.org

MUSEC - Modular UltraSound ESTES Course

Rome, Italy

November 19, 2014

Registration: musec@thesoundofthebody.eu

7th Meeting of Trauma & Emergency Surgery

Coimbra, Portugal

November 19–December 6, 2014

http://altec-lates.pt/en

33rd Congress of the SITEMSH 2014

Flachau, Austria

November 26–30, 2014

http://www.sitemsh.org

MUSEC - Modular UltraSound ESTES Course

Lugano, Switzerland January 10, 2015

Registration: musec@thesoundofthebody.eu

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

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