Message from the Treasurer

Dear Colleagues, dear Friends,

Although our Society is constantly growing and the current financial situation is solid, as in a family, we need to foresee difficulties and prepare for bad times. The global financial crisis is afflicting many scientific societies. ESTES members are devoted to acute care, frequently taking care of severely injured and sick patients in the middle of the night and with limited resources and often taking the leadership in the care of the patient; this is Emergency Surgery, this is Trauma Surgery, this is Disaster and Military Surgery, this is ESTES!

As in everyday life it’s time for the Society to improve our relations with other disciplines and specialties that contribute to the success of the definitive cure of our patients. We need to gather with anaesthesiologists, endoscopists, interventional radiologists and emergency physicians and we need support from industries in order to design high-quality scientific projects, develop innovative educational programs and increase our network.

The key of success of the Society is also linked to our annual congress and for this reason some changes of the congress framework and rules need to be changed in order to contribute to a positive budget balancing quality improvement and costs reduction; this will be a challenging task for the Society, but I’m sure that with the enhanced input of the Advisory Council ESTES will win this new challenge.

Let me personally wish to Professor Mirceaa and his team a great success for the Bucharest Congress. “Give and take – share your experience” and… come to Romania with your colleagues!

Hayato Kurihara
Treasurer ESTES
Report of ESTES Congress Grant Winner Heura Llaquet Bayo

I was honoured to receive a Congress Grant to attend the 17th European Congress of Trauma & Emergency Surgery held in Vienna, Austria, from April 24–26, 2016. These Congress Grants are designed to assist young doctors (<35 years old) attending and participating at the congress.

My name is Heura Llaquet Bayo and I finished my General Surgery residency program eight months ago at Hospital Parc Taulí, Sabadell, Barcelona (Spain). At present, I am working as an emergency surgeon in two hospitals in Barcelona, Hospital del Mar and Hospital Vall Hebron. I am also employed as a general surgeon in a rural hospital in the Pyrenees.

Since my fourth year of medical school, I have had a growing interest in Trauma Surgery. Two years ago, I completed two months of observation in the Trauma Surgery and Surgical Critical Care Fellowship Program at the Los Angeles County + University of Southern California Medical Center. This was with Dr. Demetriades, and I also participated as a research fellow. Currently, to improve my trauma knowledge I am doing the Trauma Sciences Masters at Queen Mary University of London and shortly I will be doing a clinical fellowship at Chris Hani Baragwanath Academic Hospital in Johannesburg (South Africa). Until now, my scientific work has focused on outcomes indicators and quality of life after major trauma.

This was the first time I attended the European Congress of Trauma & Emergency Surgery, and it provided me with valuable experience. On the day before the congress, I attended the precongress Ultrasound Course. Two years ago, I attended the first two modules in Madrid, and this congress allowed me to complete the two advanced modules (Advanced Visceral Ultrasound in Emergency and Interventional Ultrasound). These courses, offered by MUSEC, are a great opportunity for emergency and trauma surgeons to improve our ultrasound skills.

On the first day of the congress, I attended the Instructional Lecture Course (ICL) about Bleeding, held by Dr. Tina Gaarder and Dr. Andreas Shamiyeh, which was a very good update about massive transfusion, rates in blood components transfusion and new clotting agents.
Thereafter, I went to the Resident Session about Fellowships where experiences were shared. In addition, Dr. Pol M. Rommens announced the creation of European Society of Trauma and Emergency Surgery (ESTES) grants for supporting fellowships abroad for emergency surgery and visceral trauma surgery. Although this is a good start, it is insufficient. I would encourage Trauma Centres and Emergency Surgery Services around Europe to offer clinical fellowships for young surgeons. At present, and contrary to Canada or United States, very few are offered. However, formal training opportunities would be one of the best and most effective ways to improve and enhance these specialties in Europe.

In the afternoon, I attended another ICL: Surgery techniques in austere environments. The speakers were brilliant and their experiences astonished the whole audience.

On the second day, I watched lectures regarding abdominal emergencies and the septic abdomen. During lunch I had the opportunity to familiarize myself with the REBOA technique. In the afternoon I presented a poster which was a brief summary of my Doctoral Dissertation, entitled „Quality of life analysis after major trauma“. I was pleased to be awarded the prize of the 3rd best poster of the congress. To finish the day, the official congress evening was a cheerful event in the unforgettable and beautiful Rathaus.

From the third and last day of the congress, I would highlight the nightmare session held by Dr. Leppäniemi and Dr. Trentz: When bad things happen to good surgeons, which was very interactive, pleasant and useful; and probably the session that I liked most of all the congress.

In summary, the 17th European Congress of Trauma & Emergency Surgery was a valuable and profitable experience. I would like to thank once again for the opportunity and support received from the sponsors’ grant.
ESTES Fellowship Report by Sara Aytac

ESTES Fellowship from February 15 to May 23, 2016, Cape Town
Groote Schuur Hospital, Department of Trauma Surgery
Head of Department: Professor Andrew J Nicol

After the application procedure for the fellowship I received the letter of acceptance in August 2014. I had to cancel my plan to start my training in autumn 2015 due to a very complicated, time and money consuming, very annoying procedure of registration at the Health Profession Council of South Africa, which unfortunately cannot be avoided. Many times I was at the point of just giving up this project. Luckily, I did not.

I was rewarded with an immense exposure to penetrating trauma, mainly resulting from knife attack and gun shot, or alternatively screw driver and panga (local type of machete). Blunt trauma results from motor vehicle accidents (MVA) as well as from community assaults, introducing an aspect of brutality that was new to me. One can not understand the emergence of patients with certain injuries without looking at the structure of the society. Poverty, corruption and gang-related crime are tragically a solid provider of a huge number of patients suffering from these types of injuries. Rape, drug and alcohol abuse join this cocktail of crime, where above all Tik has to be mentioned. Worldwide known as crystal meth, it is unbelievably cheap, one trip is available for about 2.50 ZAR, the ridiculous amount of less than 15 cents. In comparison, a can of Coke costs 5 ZAR. In the present day it is the most popular drug in Cape Town, 20% of school-going youth are actively using crystal meth.

Every day’s and especially every night’s work introduced a lot of very practically relevant algorithms to me, for example bleeding control with Foley catheter insertion in penetrating neck and chest wounds in stable patients; conservative treatments
of gun shot wounds to kidney and liver; conservative and surgical management of duodenal and pancreatic injuries as well as the role of semi-elective (48–72 h after trauma) subxyphoidal approach to the pericardium in stable patients with penetrating injuries to the region of the heart.

In summary, if you expect a nice looking line in your CV and a well organized and effective process of registration and organization (HPSCA, accommodation) and European hospital structures, this is not the place and fellowship for you. But if you are ready to do a lot of calls at night and weekends, spend your nights for a couple of months on a crinkly plastic mattress and get used to flee bites or the smell of repellent, you will be rewarded by a once-in-a-lifetime experience that will make you take a critical look at your work and your luxury problems back home.

Special thanks to Prof Nicol, Prof Navsaria, Dr Edu, Dr Coccia, Dr Kruger, Dr Al Sayari, Dr Dhar and Dr Ghandi.

Dr. med. Sara Aytac
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Picture 1: Broken blade in close proximity to the hip joint of this 23-year-old patient. Nine months ago he sustained multiple stabs, initially no x ray of his hip was performed, the leading and life-threatening injury was a thoracic stab. Surviving that, he represented 9 months later with painful flexion limit in the hip joint. Preoperative CT scan showed A. and V. femoralis only couple of millimeters away. Removal was performed via ventral approach, no complications occurred.
European Society for Trauma and Emergency Surgery (ESTES)
Association sans but lucratif (ASBL)
www.estesonline.org

Picture 2: Handmade embroidery on hospital’s sheet: Most of the equipment is old, but still reliable in daily work.

Picture 3: Old Main Building (mainly administration) at sunrise. The sight embellishes reality. The patients’ ward is located in the modern building next to it.
Picture 4: Knife attack resulting in blade deeply penetrating the lung, stopping right before the pericardium. Luckily in this case only the insertion of a chest drain was needed.

Picture 5: Blood transport at the Groote Schuur: Blood is precious: in a country with a very high percentage of HIV-infected people, it becomes almost invaluable.
Picture 6: Bullet sitting paravertebrally in the cervical spine of a young patient. Wondrously the patient had no neurological deficit and no major vessel was injured.

Picture 7: Attack by huge kitchen knife resulted in a perforated eyeball and loss of sight in that eye; however the patient did not suffer any intracranial brain injury.
Announcements

Upcoming related congresses & courses

DKOU 2016
Berlin, Germany
October 25–28, 2016
http://dkou.org/2016

EBSQ Examination in Trauma Surgery
Berlin, Germany
October 28, 2016
http://uemssurg.org/divisions/trauma-surgery/ebsq-examination

Trauma Days
Moscow, Russia
November 3–4, 2016

MUSEC – Modular UltraSound ESTES Course
Madrid, Spain
November 7, 2016
http://www.thesoundofthebody.eu/

MUSEC – Modular UltraSound ESTES Course
Geneva, Switzerland
December 3, 2016
http://www.thesoundofthebody.eu/

5th Croatian Trauma Congress 2017
Zagreb, Croatia
March 23–25, 2017

More congresses and courses to be found in the ESTES events calendar at www.estesonline.org
9th INTERNATIONAL MEETING OF TRAUMA AND EMERGENCY SURGERY – ALTEC-LATES
7th IBERIAN WEEK OF EMERGENCY – SESARAM
Madeira, from 18th November to 3rd December, 2016

Dear Colleagues,

ALTEC-LATES (Associação Lusitana de Trauma e Emergência Cirúrgica or Lusitanian Association for Trauma and Emergency Surgery), with its headquarters in Coimbra, in the center region of Portugal – the heart of the ancient Lusitania –, from which it is the capital, is one of the independent groups in the field of trauma surgery education in Portugal, all represented in the Committee for Emergency Surgery Education of Ordem dos Médicos (CESE-OM), and an institutional member of the European Society for Trauma And Emergency Surgery (ESTES). Although still young, founded in 2005, and small in terms of members – 20 full members from different hospitals in the cities of Coimbra, Viseu, Aveiro, Faro, Funchal and Braga, 15 general and emergency surgeons, one emergency physician and four anesthesiologists, by rule ATLS instructors –, ALTEC has come to play an important role in the field of education in trauma and emergency surgery, not only in Portugal but also in other countries, particularly Brazil.

Since 1999, ALTEC-LATES members where responsible for TEAM courses for students, ATLS courses for doctors, MRMI courses for doctors and other stakeholders in disaster response, ETC for hospital trauma team members, DSTC, MUSEC and EASC courses for surgeons, DATC for anesthesiologists and DPNTC courses for operating room nurses, always with a strong international faculty.

Issues which relate to the lack of assurance of continuity of the surgical simulation laboratory of the Coimbra University Hospital, put at risk this year’s International Meeting, in its usual format. We have therefore to express our deep gratitude to our colleagues from Funchal, which, through the Health Service of the Autonomous Region of Madeira (SESARAM), volunteered to join it to its Iberian Week of Emergency. So the 9th International Meeting of Trauma and Emergency Surgery (EITCE) will take place this year in Funchal, along with the 7th Iberian Week of Emergency, 18 November to 3 December and, as usual, in close collaboration with the Portuguese Society of Surgery and the CESE-OM. The program, as in previous editions, will include most of the above courses and workshops.
It will never be emphasized enough that the success of the meeting will largely depend on the cooperation that everyone can give to its disclosure. To everyone, right now, our thanks.

Carlos Mesquita
General & Emergency Surgeon at Coimbra University Hospital

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