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**Challenges in Optimizing Care for the Injured in Europe – thoughts about the future of ESTES**

A few weeks ago, I was fortunate to attend yet another successful ECTES congress, this time in Lisbon. Every year, a lot of effort goes into preparing an exciting, updated, broad and balanced program, with great speakers and content that is aimed at attracting all personnel groups involved in trauma care and emergency surgery, as well as disaster preparedness. I have been part of ESTES almost from the beginning and have followed the development into a society I know is necessary for the quality of emergency care in Europe in the future. Following Frank Hildebrand as President, I can only thank him and the rest of the ESTES team, current and past and supported by EJTES, for leading ESTES to where it is now. Some of the most important recent changes have been the creation of Young ESTES (Y-ESTES) and the Nurse Section, both sections necessary to help the society see the direction we need to move in order to recruit, implement and maintain quality of care.

***What is the real role of ESTES?***

Taking care of emergency surgical and critically injured patients affects a significant proportion of the health care workforce in country, and due to the time factor these patients challenge us often without the time to prepare. Even though we think around 1000 attendees is a good number for a scientific meeting, it puzzles me that not many more feel the urge to join us and get updated in this field of controversies but so important knowledge for anyone who will be caring for our loved ones at some stage. Are our colleagues prioritizing specialist/elective topic congresses because it is more within the comfort zone?

On that background, several questions came to my mind. How can we as society help address the different challenges in emergency surgery and trauma? How do we secure recruitment and competence in the future with increasing subspecialisation and work hour restrictions? And not only technical skills, as especially in emergency situations respectful teamwork and communication are vital for success. How do we improve gender equity, not only accepting that there are many female residents but actually giving them equal opportunities. How can we from Europe contribute to improve access to emergency care on a global scale? The 2023 WHA ECO resolution is mandating governments to prioritize these aspects.

***I would like to describe some of the challenges and potential ESTES tasks for the coming years (or decades)******Differences between European Healthcare Systems***

Injury remains a significant public health challenge in Europe, where accidents, violence, and self-harm rank among the leading causes of death and disability. Despite the advances in medical science and the availability of highly skilled healthcare professionals, optimizing the care of the injured in Europe is fraught with systemic, logistical, and economic challenges that hinder the delivery of timely and effective treatment.

The differences between healthcare systems in Europe makes it difficult to standardize the care protocols and treatment guidelines for injuries. This disparity can result in varied patient outcomes depending on where an injury occurs. The differences in funding, resources, and healthcare policies mean that best practices are not uniformly applied, causing inequity in the quality of care provided.

ESTES is unifying core health care professionals from the different health care systems, creating a network that can influence and inspire each other, resulting in improved systems and better patient care. Surveys and statement papers are being published as a result. But we need to translate this understanding into political impact to improve our systems on a wider scale.

#### *Variability in Prehospital Care*

The quality and efficiency of emergency medical services (EMS) vary widely across Europe. In some regions, there are well-established, highly responsive EMS systems with advanced life-support capabilities. In others, resource constraints and logistical challenges mean that response times are longer, and the level of care provided before reaching the hospital might even be lower. This variability can significantly affect survival rates and the extent of long-term disability. The ECTES meetings have over the last years been broadening the area of interest to include the whole chain of survival. Disaster preparedness is a core field for ESTES.

#### *Geographic Disparities*

The urban-rural divide further complicates the provision of optimal injury care. Urban areas typically have better access to advanced trauma centers, specialized equipment, and skilled personnel. In contrast, rural and remote areas often struggle with a scarcity of healthcare resources, longer transport times to hospitals, and fewer specialized care providers. These disparities contribute to significant differences in patient outcomes, with those in rural areas often facing poorer prognoses. ESTES is currently developing a White Book, describing the generic elements of a trauma system and how to organize trauma care depending on resources, geography and competence. ESTES has also a large and increasing portfolio of courses aiming at providing the necessary training for involved personnel.

#### *Economic Constraints*

Many European countries face increasing budgetary constraints that limit healthcare spending, including investments in trauma care infrastructure and personnel. This can lead to cutbacks in essential services, such as EMS, emergency departments, and rehabilitation programs. Moreover, the cost of high-tech medical equipment and the training required to operate it can be prohibitive for many health systems, particularly in lower-income regions. ESTES has a role in evaluating what infrastructure and training is necessary to provide optimal care. BUT the task of convincing authorities of these needs has to be on a clinical level, and we believe ESTES has developed a network of core clinicians who will be in position to perform these tasks in the future.

#### *Need for updated and maintained trauma systems*

ESTES is in the privileged situation of being able to provide both system requirements through the White Book and core members who have implemented systems in their countries, educational programs through its courses and dedicated instructors, and updated protocols and research through the ECTES meeting and research initiatives. One ongoing project is the development by the ESTES Advisory Council of recommendations based on accepted trauma clinical guidelines. The tools are there, BUT we need to step up and become the political voice in Europe promoting optimal and maintained trauma and emergency surgical care.

### *Nothing beats prevention*

Implementing and enforcing safety regulations, such as road safety laws, workplace safety standards, and public health campaigns, can significantly reduce the incidence of injuries. Education and awareness programs aimed at reducing violence and self-harm are also vital components of a comprehensive injury prevention strategy. ESTES is endorsing initiatives like Stop the Bleed campaign BUT should also explore other ways of linking prevention initiatives between different countries. The Yellow May Movement – a worldwide road safety injury prevention program, had its own dedicated session during ECTES 2024 in Lisbon.

### *Collaborative Efforts*

Enhancing collaboration and communication between European countries is imperative. Optimizing the care of the injured in Europe demands concerted efforts to standardize care protocols, invest in healthcare infrastructure, bridge urban-rural disparities, and foster international collaboration. **Only through a cohesive and well-funded approach can Europe hope to provide equitable and effective care for all its citizens, regardless of where they are injured. ESTES is the right forum and needs to become the society EU turns to for advice and input.**

## Announcements

### Upcoming related congresses & courses

**DSTC – Definitive Surgical Trauma Care Course**  
September 16–17, 2024  
Graz, Austria

**DSTC – Definitive Surgical Trauma Care Course**  
September 23–24, 2024  
Graz, Austria

**60. ÖGU & 5. ÖGOU T Jahrestagung 2024 – “Akutfälle  
in der Traumatologie und Orthopädie”**  
October 3–5, 2024  
Salzburg, Austria

**MUSEC - Modular UltraSound ESTES Course**  
October 18–19, 2024  
Sevilla, Spain

**First SSES Congress of Trauma and Emergency  
Surgery**  
November 22–24, 2024  
Belgrade, Serbia

**ECTES: 24<sup>th</sup> European Congress of Trauma and  
Emergency Surgery**  
April 13–15, 2025  
Aachen, Germany

**DSTC – Definitive Surgical Trauma Care Course**  
September 16–17, 2024  
Graz, Austria

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All information about congresses and courses can be found in the **ESTES events calendar** at  
[www.estesonline.org](http://www.estesonline.org)

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## Report of ESTES Congress Grant Winner Manuela Mastronardi



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### 1. 23<sup>rd</sup> European Congress of Trauma and Emergency Surgery (ECTES) 2024

The 23<sup>rd</sup> ESTES (European Society for Trauma and Emergency Surgery) congress was held in Lisbon (Portugal) from April 28<sup>th</sup>–30<sup>th</sup> 2024. I had the privilege to receive a Congress Grant sponsored by ESTES. Lisbon is the capital of Portugal, a city brimming with rich history, stunning art, and breathtaking landscapes (Fig. 1).

With its mild climate and excellent food, Lisbon is the ideal city to bring together professionals from different areas, interested in emergency and trauma surgery, for the European Congress.



*Fig. 1 Miradouro da Graça, Lisbon*

### 2. OVERVIEW OF SESSIONS AND ACTIVITIES

The ESTES Annual Congress has always been a highly enriching event for education, exchange of ideas, and innovative practices. It provides the opportunity to engage with colleagues from all over the world and to share various practices, especially in managing complex cases. The lively discussions that often animate the sessions indicate great participation and strong interest in the topics covered, making it a valuable moment for both professional and personal growth.

This year, several kinds of sessions were organized, such as lectures, poster and paper sessions, workshops, and combined sessions with the Young-ESTES, resulting in highly interesting mixed sessions with young and experienced surgeons. This organization enabled us to deepen our understanding of crucial topics in the field, present our research, and participate in various sessions that are essential for our personal and professional growth.

### Lessons Learned

I closely followed the sections related to emergency surgery and visceral trauma. The topics ranged from timeless subjects like surgical site infections and tips and tricks from experienced surgeons to more innovative topics like extubating patients with an open abdomen. It was interesting to see the comparison between professionals working in different countries and how they approach the same problem, drawing from their experience and literature. The session on open abdomen highlighted the pros and cons of extubating patients with an open abdomen, citing interesting scientific articles on the management of these patients(1).

### Sharing our Research

I had the opportunity to share two cases of small bowel obstruction managed in the Department where I work: “Small bowel obstruction due to a post-traumatic left diaphragmatic hernia of late presentation: A case report” and “An uncommon cause of adhesive small bowel obstruction”. In both cases, the minimally invasive approach was considered safe and feasible.

### Personal and Professional Development

I enjoyed having the opportunity to participate in the sessions organized by Young ESTES. First of all, the ‘Do It Yourself’ session allowed even those who were not among the official speakers to choose the topic of the session and contribute by sending a clinical case. This is an excellent way to include young surgeons and have the chance to engage with colleagues of different experiences and backgrounds in the management of clinical cases. Additionally, the ‘Meet the Mentor’ session allowed us to interact with field experts, exchange opinions, and get some advice, even after the Congress.

## 3. MY PROFESSIONAL BACKGROUND AND SCIENTIFIC WORKS

I hold a master’s degree in medicine from the Alma Mater Studiorum – University of Bologna (Italy) in 2018, then I started my residency in General Surgery at the University of Trieste (Italy). Since medical school, I have always been interested in minimally invasive surgery(2–7). During my residency, I have focused more on Emergency and Trauma Surgery, achieving also a Fellowship in Emergency and Trauma Surgery at Örebro University Hospital (Sweden). I have joined several multicentric studies on acute diverticulitis, cholecystitis, and pancreatitis(8–12). Furthermore, I am very passionate about ultrasound (Fig. 2), having attended several courses, including the Modular UltraSound ESTES Course (MUSEC).

I enjoy engaging with different realities, which is why I have visited several hospitals and universities in the US and Europe. I am convinced that interacting with other environments is always educational and beneficial for growth from various perspectives. I am particularly fond of the field of emergency and trauma surgery because it requires teamwork, collaboration, and multidisciplinary, which are fundamental aspects for me.

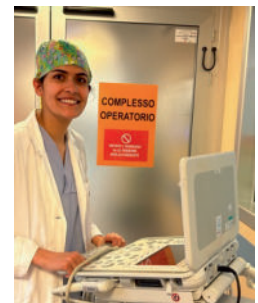


Fig. 2 My best friend and I

#### 4. MY PERSONAL EXPERIENCE

My experience at the ESTES Congress was very rich and has been a moment for learning, collaboration, and professional development. The inclusion of various session formats and the involvement of both seasoned professionals and younger surgeons created a dynamic environment conducive to fruitful discussions and knowledge exchange. The initiatives aimed at supporting the professional growth of young surgeons, such as the 'Do It Yourself' and 'Meet the Mentor' sessions (Fig. 3) provided a platform for young professionals to actively participate and interact with experienced mentors, enhancing the learning experience and helping shape career trajectories in a meaningful way.



Fig. 3 'Meet the Mentor' session

#### 5. CONCLUSION

The ESTES Congress is a valuable forum for the surgical community, facilitating the exchange of ideas, fostering opportunities for young surgeons, and contributing to the advancement of the field of emergency and trauma surgery.

My take-home message is that even though it is true that people struggle to change their behaviors because 'We've always done it this way' (Fig. 5), we must try, and the secret is to have a good team, work together, and be open to engaging with the other realities. I thank ESTES for this award that allowed me to attend the Congress and have this enriching opportunity.



Fig. 5 My take-home message

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