TRAUMA UPDATE

HAEMODYNAMICALLY UNSTABLE PATIENT FROM THE SCENE TO THE ICU

MILAN (Italy)

December 10th, 2024

Aula Magna
ASST Grande Ospedale Metropolitano Niguarda

Endorsed by

The World Society of Emergency Surgery
Italian Chapter

Preliminary program

INTRODUCTION

The management of the haemodynamically unstable trauma patient is based on a timely, rapid, definitive **source control of bleeding** and on **blood loss replacement** with the goal of preventing **ischemia/ reperfusion toxemia**, optimizing **tissue oxygenation** and **microcirculation dynamics**, preventing or managing **trauma induced coagulopathy**.

The recognition and management of life-threatening haemorrhage in the severely traumatized patient poses **several challenges to prehospital rescue personnel and hospital providers**. A decision to begin **damage control resuscitation (DCR), a costly, highly complex intervention**, must often be reached with little time and without sufficient clinical information about the intended recipient, to prevent worsening acidosis, coagulopathy and profound homeostatic imbalances. Additionally, hemorrhage itself and transfusion of large amounts of homologous blood during DCR potentially disrupts immune and inflammatory systems, which may induce severe systemic inflammatory disease. Controversy remains over the composition of components that are transfused during DCR. Low-titer type 0 whole blood may prove safer than blood components, although maintaining an inventory of whole blood for possible massive transfusion creates significant challenges for blood banks.

The priority remains to **stop the blood loss as soon as possible**. Damage control surgical maneuvers can be applied from the scene. External hemorrhage is stopped using tourniquets and hemostatic gauzes, pelvic binder is applied and long bone fractures are immobilized, while DCR is ongoing. Some advanced surgical procedures, such as REBOA or resuscitative thoracotomy, can be used in patients in extremis or in cardiac arrest.

Once applied the Damage Control Strategies, the **recovery of patient's homeostasis ICU** must consider the risk of organ failure due to inflammatory activation, of infections and sepsis as a consequence of immune depression and of thromboembolic complications typical of the post-acute phase. The use of DCS in profoundly shocked patient with a near-exhausted physiologic reserve also poses several **ethical dilemmas**.

The purpose of the meeting "Trauma Update - Haemodynamically unstable patient from the scene to the ICU" is to provide, through the participation of **national and international faculty** with recognized experience in the addressed topics, the most up-to-date knowledges and tools for a **multidisciplinary and systematic approach to the severely injured patient**.

SCIENTIFIC COMMITTEE

Osvaldo Chiara (Milan, Italy)
Stefania Cimbanassi (Milan, Italy)

FACULTY

Vanessa Agostini (Genoa, Italy)
Sara Baraldi (Milan, Italy)
Osvaldo Chiara (Milan, Italy)
Arturo Chieregato (Milan, Italy)
Stefania Cimbanassi (Milan, Italy)
Carlo Coniglio (Bologna, Italy)
Roberto Fumagalli (Milan, Italy)
Riccardo Giudici (Milan, Italy)
Sharon M. Henry (Baltimore, MD, USA)
Marc Maegele (Cologne, Germany)
Giovanni Sbrana (Grosseto, Italy)
Thomas M. Scalea (Baltimore, MD, USA)
Francesca Tardini (Milan, Italy)
Marco Tartaglione (Bologna, Italy)
Francesco Virdis (Milan, Italy)

SCIENTIFIC PROGRAM

8.15-8.45
Registration

8.45 **Welcome |** *O. Chiara, S. Cimbanassi*

9.00-11.00
SESSION 1 - PRE-HOSPITAL

Chairmen: Osvaldo Chiara, Carlo Coniglio

09.00 **Case Presentation** |Sara Baraldi
09.15 **Damage control for haemorrhage in the field** | Marco Tartaglione
09.35 **Discussion**
09.50 **Haemocomponents, whole blood, coagulation factors: what's the best in PH**| Vanessa Agostini
10.10 **Discussion**
10.25 **Primary and secondary trauma center admission from the field: which criteria?** | Giovanni Sbrana
10.45 **Discussion**

11.00-13.00
SESSION 2 - EMERGENCY ROOM

Chairmen: Stefania Cimbanassi, Marc Maegele

11.00 **Case Presentation** | Francesco Virdis
11.15 **Diagnostic tests in bordeline patient: E-FAST + pelvis x ray vs CTscan** | Sharon Henry
11.35 **Discussion**
11.50 **Early-goal directed strategies for hemostatic control** | Marc Maegele
12.10 **Discussion**
12.25 **EDT vs REBOA in post-traumatic cardiac arrest** | Thomas Scalea
12.45 **Discussion**

13.00-14.00
Lunch Break

14.00-16.00
SESSION 3 - OR and ICU

Chairmen: Roberto Fumagalli, Thomas Scalea

14.00 **Case Presentation** | Francesca Tardini
14.15 **Damage control versus definitive surgery** | Sharon Henry
14.35 **Discussion**
14.50 **Optimisation of physiology after Damage Control and prevention of thromboembolic complications** | Riccardo Giudici
15.10 **Discussion**
15.25 **Ethical aspects after Damage Control** | Arturo Chieregato
15.45 **Discussion**
16.00 **Closing Remarks |** *O. Chiara, S. Cimbanassi*

GENERAL INFORMATION

VENUE

Aula Magna (Pavillon nr. 1 - 1st floor)
ASST Grande Ospedale Metropolitano Niguarda
P.zza Ospedale Maggiore, 3 - 20162 Milan (Italy)

REGISTRATION

On-line registration at **www.noemacongressi.it**.

Registration Fees

- **Full fee: € 150,00 + 22% VAT** (Phisician)
- **Reduced fee: € 110,00 + 22% VAT** (Resident, other Healthcare Professional)

The fee includes: admittance to the Scientific Sessions, Congress kit, certificate of attendance, CME credits (if achieved).

The staff of Niguarda Hospital interested in joining the Congress can contact the Secretary of DEA-EAS Department, Tiziana Filomia - tizianantalina.filomia@ospedaleniguarda.it - ph. +39 02 6444 7209).

Cancellation Policy

Cancellation must be made in writing (email or fax) to the Organizing Secretariat. 70% of the amount paid will be refunded if the cancellation is received no later than **November 9, 2024**. No refunds will be made after this date.

CME CREDITS

- **Provider**: Noema srl unipersonale (Id. 891) - **Id. event**: 432033 - **Number of credits**: 1,8
- **Categories included in CME accreditation**: Physician (Anesthesia and resuscitation, General surgery, Maxillofacial surgery, Pediatric surgery, Plastic and reconstructive surgery, Thoracic surgery, Vascular surgery, Emergency medicine and surgery, Physical medicine and rehabilitation, Neurosurgery, Neurology, Orthopedics and traumatology, Radiodiagnostics), Nurse, Physiotherapist, Orthopedic technician, Radiology technician
- **Educational objective**: Guidelines - Protocols - Procedures

ORGANIZING SECRETARIAT AND CME PROVIDER

NOEMA

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