PRESIDENT’S MESSAGE DECEMBER 2013

PRESIDENTS WELCOME TO TRAUMA TALK

I would like to thank the ATS membership for electing me for a 2nd term as President. I would also like to thank Ian Civil for steering the Society through a somewhat uncertain financial future and ensuring the ATS’ current survival after a membership levy and a successful meeting in Perth in 2012. I would also like to welcome the other members of the ATS Executive: Kate Martin (Vice President), Alicia Jackson (Secretary) and Andrea Herring (continuing her excellent work as Treasurer).

The Society remains the only multidisciplinary trauma organisation in Australasia and, as such, is frequently asked by the media and other professional bodies to comment on trauma matters of interest to the community.

Membership of the ATS provides good value for the relatively inexpensive subscription, compared to other similar professional organisations, with a regular subscription to INJURY, a discounted registration fee for the Annual Scientific Meeting and a quarterly copy of “Trauma Talk”.

There are a number of challenges facing the Society today as our financial longevity remains delicately poised with a reasonable current operating surplus but we need to remain viable without relying on the Annual Scientific Meeting so that we can fulfill the aims of our Constitution.

At the Annual General Meeting in November, 2013 we learnt that we currently have 270 members of whom only 159 are financial. My challenge to all of you, as current financial members, is that in the next month or so you sign up at least one other member who may have let their membership lapse or recruit a new member. This will ensure both the survival and future development of the Society.

We anticipate an exciting new few years with planning well advanced for the next Annual Scientific Meeting, Trauma 2014, from 3-5 October at the Sofitel Wentworth Hotel in Sydney. The invited speakers, Professor Karim Brohi (London and Trauma .org) and Professor John Kortbeek (Calgary, Canada and previous Chair of the US ATLS Committee) , will bring a wealth of talent, experience and intellectual stimulation to the meeting. There will also be a number of local trauma experts on the program and one or two surprises in the extracurricular content. So, please mark the dates in your calendar and tell your trauma care colleagues. Registration and abstract submission details will be on the ATS website early in 2014.

We have also secured a booking for Trauma 2015 at the Sheraton Mirage on the Gold Coast from 2-4 October and this will be hopefully be another successful meeting similar to our last meeting at the venue in 1988.

There will also be a combined meeting in 2016 in New Zealand (with Ian Civil’s Injury Meeting) in Auckland and
probably in August that year.

It will then be time for the return of the combined meeting of the ATS and the Trauma Association of Canada in Melbourne in March or April 2017 combined with the National Trauma Research Institute (NRTI). This will be the 5th combined meeting of the 2 organisations and we look forward to the usual stimulating and enjoyable meeting.

The ATS is also affiliated with the 2nd World Trauma Congress (WTC) to be held in Frankfurt, Germany from 24-27 May 2014. I have previously circulated information about this meeting and I would urge you to consider attending as there will be a confluence of most of the international leaders in modern trauma care. A focus of the 1st WTC in Rio de Janeiro in 2012 was trauma care in the developing world where deaths from road traffic crashes are predicted to rise from 1.3 million/yr in 2004 to 2.4 million/yr by 2030 and will increase from the 9th to the 5th leading causes of death globally by 2030. It is a responsibility of those of us who are lucky enough to live in a society with good injury prevention, acute care and rehabilitation to lobby governments and international organisations such as WHO for the provision of similar opportunities for the majority of the world’s population in low and middle income countries. So I urge you to get involved in any way you can and attending the 2nd WTC is a good way to become informed about the problems in these countries.

This may be a good opportunity to remind you all of the objects of the Society as detailed in our constitution:

1. To foster and promote scientific research into all aspects of Trauma Care.
2. To improve the standard and delivery of Trauma Services to the community.
3. To provide opportunities for all those involved in Trauma Care in Australasia to further their scientific knowledge and exchange information in this field.
4. To promote and develop the highest standards of patient care, education and organisation in the field of trauma in order to deliver higher standards of community care.
5. To promote communications and relations with international organisations involved in Trauma Care.

Our organization is only as strong as its members. We have a number of committees within the ATS with vacancies such as the Research and Registry, Program, Nominating and Publications Committees. These committees are open to all members to join and I urge you to get involved. We especially wish to encourage our younger and newer members to join these committees and the ATS Executive (which also has vacancies) so as to ensure the viability of the Society. Please contact the ATS Secretariat if you wish to get involved.

I wish you all a happy and a safe Christmas and New Year and look forward to communicating with you all in one way or another in 2014.

Best wishes

Tony Joseph
President, ATS
Training in non-technical skills has become very popular in medical practice with wide recognition in time critical interventional areas such as surgery, anaesthesia, emergency medicine and intensive care that deficiencies in these competencies leads to error. Developments such as the Safe Surgery Checklist and the NOTSS (Non-Technical Skills for Surgeons) course run by the RACS are a direct consequence of recognition of the importance of these skills.

While many of these developments overlap into the trauma area by being based in one of the trauma related specialty areas, up until now there has not been a training program focused in the area of trauma.

In the latest Journal of Trauma and Acute Care Surgery the lead article (usually a sign that the Editor thinks it is a sentinel paper) comes from Canada and reports the development of a program that uses simulation to teach Crew Resource Management (CRM) skills. The authors are heavily immersed in ATLS(EMST) with John Kortbeek from Calgary being a past Chair of the ATLS Committee of the American College of Surgeon. While the authors are convinced of the merits of the ATLS program they are acutely aware that the one doctor/one nurse scenario is not reflective of the nature of trauma practice in most regional and metropolitan hospitals. Most hospitals now have trauma teams and recognizing the assets inherent in such a team and communicating and managing them appropriately is key to the delivery of safe, high quality trauma care.

STARTT (Standardized Trauma and Resuscitation Team Training) is an 8 hour course introduced by two one hour lectures (that must be heavy going!) on CRM and the organization of trauma teams. The participants then are put in groups for the work in the simulation laboratory. Each group comprised 4-6 doctors, 1-2 nurses, and one respiratory therapist (North American role related to management of ventilators – in Australasia that role is part of the anaesthesia or intensive care teams responsibilities) and rotated through four 15 minute high fidelity simulations. The simulations related to TBI, penetrating torso trauma, blunt thoracoabdominal trauma, and spinal cord injury. After each simulation there was a 45 minute debriefing segment.

The assessment, as in most such pilots, was by way of an attitude questionnaire. The results suggest that the participants were highly positive about the course and the post-course results suggested they thought it was realistic, safe, and enhanced their ability to deal with complex trauma cases.

So this was a single course, involving 20 participants and 11 instructors, but it does give pause to think whether the not inconsiderable simulation resources in Australia and NZ could be directed towards multidisciplinary trauma simulation and those who manage such facilities might start thinking along these lines.

STARTT: Development of a national multidisciplinary trauma crisis resource management curriculum – Results from the pilot course

Ziesmann MT, Widder S, Park J, Kortbeek J et al. J Trauma 2013:75;753-758

www.traumasociety.com.au
Incidental findings have always been a feature of planned and unplanned medical investigation. With the increasing use of comprehensive radiological examinations (PanScan predominantly) it is not surprising that diagnoses unrelated to trauma are being uncovered with increasing frequency. How should we categorise those and what should we do about them?

This paper from Frankfurt in Germany retrospectively analysed over 2000 patients who presented to a Level 1 Trauma Centre between 2006 and 2010. A striking 91% (2036) of these patients had a multislice CT (whole body or PanScan in 81%) and an even more striking 51% (1142) had an incidental finding and over half of these had more than one incidental finding. The older the patient was, the more incidental findings.

The authors developed a useful categorisation system for incidental findings:

- Level 1: No follow up required
- Level 2: No urgent further evaluation required but some follow up (e.g. annually) required
- Level 3: Potentially serious finding that necessitates further evaluation and close monitoring. This should be undertaken during the index admission or within a short period after discharge
- Level 4: Findings that mandate urgent initiation of further evaluation during the course of the admission

A total of 416 Level 3 findings and 145 Level 4 findings were noted and 349 tumor findings were noted as well.

Significant incidental findings are extremely common!!

The Frankfurt group highlighted the necessity to ensure information about incidental findings was communicated to primary care physicians and where appropriate investigations and referrals made while patients were still in hospital.

Incidental findings in patients with multiple injuries: How to proceed?


www.traumasociety.com.au
How many of you have felt (or not felt) a high-riding prostate that was associated with a urethral injury? I suspect very few. The utility of this “sacred cow” has long been questioned but even when the lateral c-spine XR has virtually disappeared and the pelvic XR retained only for the haemodynamically unstable, the routine rectal exam as part of the overall evaluation of a major trauma patient has persisted.

This report from Missouri highlights the fact that most people don’t even know what they are feeling for in and in reality would never diagnose the high-riding prostate, even if it existed. In this fascinating study 100 patients were enrolled and gave informed consent for digital rectal examinations (DREs) in both the supine and lateral decubitus positions. In addition the index finger length of 50 healthcare providers was measured.

All DREs were undertaken by a Urologist, urology registrar or Fellow and the distance from the anal verge to the prostatic apex measured as well as prostatic volume (something Urologists seem to be able to do but none of the rest of us has even the vaguest idea about).

The prostate was non-palpable (to these experts) in 8 of the patients in the decubitus position but 42 in the supine position (so that confirms the utility of doing this test along with the log roll rather than when the patient is on his or her back). The mean distance from the anal verge to the prostate was 4.86cm in the lateral decubitus position and the authors defined any prostate as being 1 SD further away than this ( >6.2 cm) from the anal verge as non-palpable. On this basis 26 of these normal prostates were highriding or non-palpable. Mean index finger length was 7.6 cm so some individuals would in fact be able to feel many “high-riding” prostates, but others would not.

So what does all this mean? Well, if you are digitally challenged and have a finger shorter than 6cm ( 5% of this group of healthcare providers did) then over half the prostates will be non-palpable. And if you try and examine the patient supine the prostate will be even further away. The study says, in an ideal world, ensure the examiner has a finger longer than 6.2cm, examine the patient in the lateral decubitus position, and if you can’t feel the prostate it is truly high riding and a urethral injury should be considered.

The value of digital rectal examination in assessing for pelvic-fracture associated urethral injury: What defines a high-riding or nonpalpable prostate?

Johnson MH, Chang A and Brandes S. J Trauma 2013:75;913-915
Your ATS needs YOU!!

The Australasian Trauma Society, the only multidisciplinary trauma society in Australia and NZ, needs new members. Just like the trauma team, if not everyone is involved, then its effectiveness is limited. Consider the benefits! This is the most cost-effective society you are likely find.

**WHY JOIN THE ATS?**

The ATS is the only multidisciplinary trauma society in Australasia. It brings together those who are treating, researching and teaching in trauma as well as those wanting to learn more with the aim to provide the highest standard of trauma care in Australasia. The diversity of members and their vast experiences is a great forum for building improvements in injury management across Australia and New Zealand.

The society is now 16 years old and has grown from a small group to a membership of around 250 today.

The society has an annual scientific meeting which rotates around Australasia. There are collaborative meetings with other organizations in order to foster the exchange of concepts in trauma management. At these meetings there is a combination of plenary sessions with invited speakers, free papers, research papers, skills workshops and interactive debates. The meetings are a chance for you to Ask the Specialists (ATS) and keep up with the latest in trauma advances, care and controversies.

The Journal Injury is our official journal and we have our logo on the front of each issues. Members of the society receive three print copies per year as well as on-line access to all the journal content.

**BENEFITS OF MEMBERSHIP**

Ordinary Member - $198.00 (AUD) (inc GST) 2013-2014
- Quarterly Trauma Talk newsletter
- Three hard copy issues of Injury journal and online access to a further nine issues (value $300 per year). Note this is also the official journal of: the British Trauma Society, the Saudi Orthopaedic Association in Trauma and affiliated with the Hellenic Association of Orthopaedic Surgery and Traumatology
- Eligibility to apply for Travelling Scholarship
- Eligibility to serve on National Executive
- Discounted rate for ATS Annual Conference

Associate Member - $132 (AUD) (inc GST) 2013-2014
- Quarterly Trauma Talk newsletter
- Discounted rate for ATS Annual Conference

All new members will be charged a one-off administration fee of $22.00

***Please note that Membership prices have increased for the 2013-2014 financial year.***

**HOW TO JOIN**

Application forms can be completed and members renewals can be made online at www.traumasociety.com.au

www.traumasociety.com.au
UPCOMING EVENTS

2ND WORLD TRAUMA CONGRESS & 15TH EUROPEAN CONGRESS OF TRAUMA & EMERGENCY SURGERY

The 15th European Congress of Trauma & Emergency Surgery & 2nd World Trauma Congress will take place from May 24 until 27 2014 in Frankfurt/Germany.

- Start abstract submission: Monday, September 2, 2013
- Deadline for submission of abstracts: Wednesday, November 6, 2013
- Start online registration: Monday, December 2, 2013
- Notification of abstract acceptance: Friday, January 10, 2014
- Deadline for early bird registration fee: Tuesday, May 27, 2014

For more details see— http://www.ectes2014.org/

QUEENSLAND TRAUMA SYMPOSIUM - 20 - 21 FEBRUARY 2014

With the ambition to advance the care of the injured, the members of the organising committee invite you to join us at the fourth Queensland Trauma Symposium.

For more information, please click here.

To register please fill this form and return to:

RBWH Trauma Service
Level 2, Dr James Mayne Building
Royal Brisbane and Women’s Hospital
Metro North Hospital and Health Service
Butterfield Street, Herston Qld 4029
Fax: 07 3646 0604
e-mail: RBWH_Trauma_Service@health.qld.gov.au

Enquiries can be made to Lisa Whittaker and Kristy Jackman, RBWH Trauma Service Royal Brisbane and Women’s Hospital.
RACS Annual Scientific Congress and ANZCA Annual Scientific Meeting

We are delighted to invite you to Singapore for the combined Royal Australasian College of Surgeons (RACS) Annual Scientific Congress (ASC) and the Australian and New Zealand College of Anaesthetists (ANZCA) and Faculty of Pain Medicine (FPM) Annual Scientific Meeting (ASM) from May 5 to 9, 2014.

Please visit the website for more information.