Liftoff: First Session of 75th AAST

By – Michael F. Rotondo MD FACS

While balmy breezes wafted over the Hilton Waikaloa today, President Grace Rozycki called the 75th Meeting of American Association for the Surgery of Trauma to order with a review of ceremonial gavels and honored guests. The first session got off the launch pad with seven original pieces of research related to controversial vexing clinical problems and two addressed thorny social and economic issues. The first scientific session of the AAST never disappoints, and for members in the jam-packed Grand Ballroom, today was no exception.

With moderators Coimbra and Spain at the helm, an investigator from China presented a provocative lead piece touting the use of hypothermia to slow brain metabolism in severe TBI for reduced mortality. The AAST Multi-Institutional Studies Committee (MITC) followed with a presentation of SHAPES – a study investigating the long held controversial topic of stapled vs. hand-sewn technique for intestinal anastomosis. “Vive la diff’rence!” – there is no difference! Whether stapled or sewn the question is not buttoned up particularly in patients with an open abdomen.

Anika Kay’s study on weight based dosing of enoxaparin was extremely well presented and generated lively discussion from the floor. Result: with aggressive surveillance and prophylaxis, VTE rates go down. From there, Sunnybrook’s James Byrne and the TQIP team contended that LMWH reduces pulmonary embolism incidence. If nothing else, the study showcases both the potential and limitations of TQIP in comparative effectiveness research as discussant Shackford pointed out.

The ACS COT, under the leadership of Chair Ronny Stewart, fueled by the zeal of Deb Kuhls presented stimulating results of a survey of surgeons on firearm injuries brought into perspective by Gene Moore. And finally, talented young investigator John Scott and co-authors from the Brigham “show me the money!” They allege that the Affordable Care Act may provide an additional $1.6 billion in reimbursement and a doubling of hospitals with a positive margin.

The first session of the 75th AAST Meeting; all systems are go! The meeting promises to carry out its mission successfully.
Thank you to the following who contributed
time and articles for the newsletter:

Michael Rotondo, MD, Chair, Publications and Communications Committee
Eric Kuncir, MD, Daily Newsletter Work Group Chair

Jeannette Capella, MD Jamie Coleman, MD Paula Ferrada, MD
Amy Goldberg, MD Adil Haider, MD Alicia Mohr, MD
Jason Smith, MD Robert Winfield, MD

AAST Presidential Address

By - Bill Bromberg, MD

Dr. Rozycki’s presidential lecture A Legacy of Caring was delivered to a full house at this 75th Annual Meeting of the American Association for the Surgery of Trauma. As is traditional the President-Elect of AAST introduced Dr. Rozycki in a heartfelt and personal way. In his introduction Dr. Raul Coimbra familiarized us with Dr. Rozycki’s origins in a tight-knit family from a small northeastern Pennsylvania town and described her trans-continental career culminating as the celebrated academic trauma and acute care surgeon, educator, mentor, and leader that we all know today.

Following her introduction, Dr. Rozycki delivered an interesting and insightful address in which she set forth the premise that the experienced surgical educators of today, due to their work ethic, upbrining, and education possess “Deep Smarts” – the experiential wisdom unable to be learned merely from reading – that can and must be transmitted to future generations of surgeons and trainees.

Towards this end, Dr. Rozycki designed and led an interview team that probed the experience of senior surgical leaders, distilling their over 1800 years of combined surgical and academic practice through extensive interviews down to some important foundational themes. Firstly that the culture of a surgical organization comes from the core values that should be agreed upon by everyone in the group. Secondly, that these values, in order to become cultural touchstones of a program need to be lived by the leaders of the program on a daily basis and that recruitment and education should be based thereupon. And finally that the experienced educators and practitioners of today have the duty and the ability to pass on the “why” of surgical and academic practice even if learning “how” has become ever easier due to the advance of technology. We have all benefited from Dr. Rozycki’s leadership in the AAST, and her presidential address was roundly appreciated with a standing applause from all in attendance.

AAST Research and Education Fund Scholarships

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AAST offers at least two scholarships in Acute Care Surgery (Trauma, Critical Care, and Emergency General Surgery).

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AAST SESSION IIIA: Papers 10-19

By – Alicia M. Mohr, MD, FACS, FCCM

What a challenge to sum up the Wednesday afternoon session, moderated by Drs. Cornwell and Reilly, which had a mix of excellent clinical and basic science presentations! The session was kicked off by Dr. Grant Bochicchio who presented the results of a multi-center prospective trial evaluating the first continuous glucose monitor that was proven to be accurate when compared to the gold standard. Dr. Fair then demonstrated that fibrinolysis activation and elevated d-dimer may contribute to the progression of intracranial hemorrhage early after TBI. A provocative discussion then followed led by Drs. Mitch Cohen and Hunter Moore recommending a more stringent look at patients with higher ISS that may skew their findings. The Naval Medical Research Unit in San Antonio continued their research in non-human primates and medical student, Leasha Schaub, gave an outstanding presentation on early platelet dysfunction in poly-trauma and hemorrhagic shock models.

In a subset of thoracic trauma presentations, Dr. Bryan Morse presented interesting data regarding “Redefining the Cardiac Box” in patients with thoracic GSW and encouraged us to think outside the box! Variable aortic control when compared to complete aortic occlusion had improved physiologic function with minimal adverse effects of distal ischemia in a swine model of lethal hemorrhage. The University of Maryland presented their 11-year experience with TEVAR as well as pTEVAR with improved short and long-term outcomes in 88 patients with blunt aortic injury.

The importance of mitochondrial DNA following massive transfusion and sepsis was then revealed. The quantity of mitochondrial DNA DAMPS measured in the serum of 15 patients following massive transfusion was associated with the development of ARDS (9.9±1.4 vs. 3.3±0.9, p<0.01) and mitochondrial DNA in patients with suspected sepsis was five times higher than healthy controls. Dr. Sims demonstrated that vasopressin supplementation preserved renal mitochondrial function and reduced oxidative damage. A wonderful afternoon of science was presented that led up master surgeon lecture by Dr. Frederick A. Moore.

AAST SESSION IIIB: Papers 20-29

By – Jeannette Capella, MD

Dr. Ciesla of University of South Florida presented data on the impact of new trauma centers on existing trauma centers in Florida. There has been a proliferation of Level II trauma centers in the state, largely driven by HCA. Proponents say there was/is a need for more trauma centers to serve the growing population. Detractors say that the push is driven by greed. Setting aside the rhetoric, this study showed that, from a system standpoint, the triage accuracy has decreased, the overcrowage rate has increased and the cost has increased. While more work needs to be done to ascertain the effect on outcomes and patient care, this data supports the idea that unregulated proliferation of trauma centers needs to be addressed at the state and federal level.

The University of Pittsburgh group has developed the Air Medical Prehospital Triage (AMPT) score to help ascertain which patients would benefit from air transport vs ground transport. Today’s presentation validated this scoring system using PTOS data. The next step will be incorporating the score into regional EMS protocols and gathering prospective data to determine the effectiveness of this scoring system.

University of Arizona looked at whether HCAHPS scores correlate with quality indicators such as serious complication rate, readmission after discharge and failure to rescue. In other words, do patient perceptions of their care, which revolves around hospital cleanliness, communication, staff responsiveness and other customer service issues, correlate with clinical outcomes. The answer was no. The authors go on to argue that reimbursement should depend on clinical quality not customer service quality, but that’s a question for policy makers, not scientists.