

79th Annual Meeting



AAST
Additional
Sessions

Additional Sessions

Dates and times to be determined

Communications Committee: “Trends, Updates, and Controversies in Acute Care Surgery”

Tuesday, September 8, 2020

2:00 – 6:00 p.m. CST

This short-course session will feature six “controversial” and current topics in trauma, presented in a pro-con debate style as well as updates regarding emerging technologies and trends in trauma and acute care surgery:

- Pelvic Packing vs Angio
- Reboa: Best current practices
- The role of CT scan in Penetrating trauma
- TXA has a role, or does it?
- Whole blood is a whole lot better or a whole lot worse?
- Technology and Vascular trauma, friend or foe?
- Emerging technologies and trends in emergency general surgery, where we are headed next?
 - Use of robotics
 - The future of AI
 - What we need to know about palliative care
 - What you need to know and how to implement DPR

Speakers: Clay Cothren Burlew, MD; Eileen Bulger, MD; Bellal Joseph, MD; Megan Brenner, MD; MSc; Ben Zarzur, MD, MPH; Oscar Guillamondegui, MD, MPH; Bryan Cotton, MD; Martin Schreiber, MD; Mitchell Cohen, MD; Jason Sperry, MD, MPH; Joseph DuBose, MD; David V. Feliciano, MD; Matthew Martin, MD; Rachael Callcut, MD; Karen Brasel, MD, MPH; Jason Smith, MD
Moderator: Jamie Coleman, MD

Acute Care Surgery Committee: “The New Surgeon: Life After Residency and Fellowship”

Thursday, September 10, 2020

2:10 – 6:10 p.m. CST

The purpose of this session is to discuss common issues experienced as new junior surgeons joining a surgical practice. The topics will address common issues and dilemmas that are commonly experienced by new staff maneuvering a new hospital system in a new role as both as attending surgeon and junior partner. These will include discussions addressing the following categories: working with residents as a new surgeon, faculty development and planning a career academic medicine, the business of medicine- billing, and learning a new system and general tips on how to be a productive and respected junior partner.

Speakers: Gregory Jurkovich, MD; Samuel Ross, MD, MPH; Sasha Adams, MD; Ashley Meagher, MD, MPH; Stephanie Savage, MD; Anthony Charles, MD; Lillian Kao, MD, MS; Alexandra Briggs, MD; Brandy Padilla-Jones, MD; Steve Lu, MD; Linda Dultz, MD, MPH; Richard Miskimins, MD; Chrissy Guidry, DO; A. Britton Christmas, MD
Moderators: Stephanie Savage, MD; Ashley Meagher, MD; Brandy Padilla-Jones, MD

Education Committee: “Cutting Edge Case Management in Trauma, ICU, and Emergency Surgery: Continuous Certification 2020 Course”

Saturday, September 12, 2020

9:00 a.m. – 1:00 p.m. CST

2020 AAST Continuous Certification Course will feature a diverse group of faculty experts participating in multiple interactive case-based panel sessions. Each of the three primary panel sessions will focus on one area of acute care surgery: trauma, surgical critical care, and emergency general surgery. Following the case discussions in each session, the panelists will identify and discuss their top recently published study in that field. The course will then conclude with a video-based “How I Do It” session focused on surgical procedures or surgical techniques in trauma or emergency general surgery cases.

Lunch Sessions I

Dates and times to be determined

Palliative Care and Geriatrics Committees: “Making Your Geriatric and Palliative Programs a Strength: TQIP Guideline Implementation and the VRC Perspective”

Wednesday, September 9, 2020

3:00 – 4:00 p.m. CST

Like it or not, older patients are the most frequently treated group at most trauma centers in the United States today. Our older trauma patients face higher mortality and morbidity compared with younger patients. To help standardize and elevate care of these patients, the American College of Surgeons Trauma Quality Improvement Program's best practice guidelines in Geriatrics was published in 2013, and in Palliative Care in 2017. Specialized care and attention to these vulnerable populations is recommended, but the implementation of these programs can take many shapes. This session is designed to demonstrate several different implementation strategies of programs targeted towards geriatrics and palliative care. In particular, we will focus on specific performance and quality improvement measurements that can be tracked for trauma verification.

Speakers: Vanessa Ho, MD, MPH; Sasha Adams, MD; Saman Arbabi, MD, MPH; Chris Cribari, MD
Moderator: Zara Cooper, MD, MSc; Deborah Stein, MD, MPH

Equity, Diversity, and Inclusion Committee: “Achieving and Maintaining a Diverse Workforce: Lofty Goals and Strategic Plans are Not Enough!”

Thursday, September 10, 2020

1:00 – 2:00 p.m. CST

Most institutions recognize the importance of a diverse workforce and highlight their efforts and commitment to address diversity and inclusion. Despite this, our work environment remains challenging for under-represented minorities and it is becoming increasingly clear that strategic plans and lofty goals are insufficient to address the problem. This session will explain approaches and programs that have been successful. Each presenter will discuss what has been most successful in their experience for approximately 5 minutes, followed by further audience participation exploring other successful programs as well as critical examination of tactics and plans that fall short.

Speakers: Cherisse Berry, MD; Sharon Henry, MD; Brian Williams, MD; Laurie Punch, MD; Jeffrey Upperman, MD (TBD)
Moderator: Michaela West, MD, PhD

Education Committee: “Regionalization of Acute Care Surgery”

Tuesday, September 15, 2020

6:40 – 7:40 p.m. CST

The use of low-value care is more than just a small problem in the United States. According to estimates, billions of dollars of healthcare expenditure can be saved by adopting a value based healthcare system. To date, most efforts aimed at reducing low-value care have been limited. What are the barriers to implementing a value based healthcare system and can this optimize outcomes while reducing healthcare costs?

Acute care surgery regionalization has been proposed as a possible solution to the looming crisis in access to care, workforce shortage, and rising costs. Regionalization may have unintended consequences especially for rural centers. What are the salient arguments for and against regionalization.

Surgeons are increasingly pressured to maximize productivity to maintain reimbursement. There is now increased attention to the economic viability of different surgical practice models in the United States. The creation of an acute care surgery model has been shown to improve hospital contribution to margin, patient throughput, and complication rates.

Speakers: Kimberly A. Davis, MD, MBA; Andrew Bernard, MD; Kristan Staudenmayer, MD, MSc
Moderator: Bellal Joseph, MD

Program Committee: “Cellular Therapy for Trauma Patients: The Future is Now”

Thursday, September 15, 2020

8:00 – 9:00 p.m. CST

The majority of deaths after injury occur within hours and are from uncontrolled hemorrhage. However up to 25% of all trauma deaths occur days later and are attributed to multiple inflammatory conditions. Current treatment for these inflammatory conditions are supportive and efficacy trials for new interventions have all failed. Inflammatory conditions such as AKI, ARDS, sepsis, VTE, MOF will continue to cause substantial morbidity, prolonged hospital stay and mortality without new advances in prevention or treatment.

Cellular therapies have the potential to simultaneously address multiple therapeutic targets after injury that are not achievable through current resuscitation and supportive care paradigms. Cellular therapies have the potential to 1) mediate cell protection and prevent further damage, 2) modify the microenvironment (i.e., inflammatory mediators that exacerbate injury), and 3) stimulate self-regenerative and reparative processes relating to inflammation and end organ injury. This session will describe the scientific rationale for (and the ongoing clinical trials) utilizing cellular therapy to prevent and treat the multiple inflammatory complications seen in severely injured trauma patients.

Speakers: John Holcomb, MD; Shibani Pati, MD, PhD; Martin Schreiber, MD; Charles Cox, MD
Moderator: John Holcomb, MD

Program Committee: “Open vs. Endovascular Approaches to Vascular Trauma - Complementary, Not Competitive”

Wednesday, September 16, 2020

3:00 – 4:00 p.m. CST

While endovascular repairs are now commonly used for blunt injuries to the descending thoracic aorta and most injuries to the subclavian artery, their role in other vascular locations is evolving. A decision to use an open vs. endovascular approach (based on currently available technology) will depend on the patient's hemodynamic status, presentation (hemorrhage vs. occlusion vs. wall defect), location of injury, and training and experience of the surgeon. For example, intrapleural exsanguination from injury to the subclavian vessels should be approached through a “high” anterolateral thoracotomy when an endovascular specialist is not available. In contrast, local extravasation from the subclavian artery on a CTA should be approached through preliminary endovascular balloon occlusion and/or insertion of an endovascular stent graft.

This session will focus on complementary open and endovascular approaches to injuries to cervical, thoracic, abdominal, and peripheral vascular trauma, with recommendations based on common sense and currently available data. Guiding principles will include open approaches for active hemorrhage in readily accessible locations, endovascular approaches for local extravasation, wall defects, or occlusion in high cervical and cavitory locations, and combined approaches (including the insertion of a REBOA device) for suspected complex cavitory injuries.

Speaker: David V. Feliciano, MD; Joseph J. DuBose, MD
Moderator: David V. Feliciano, MD

Communications Committee: “Burnout is a Threat to the Vitality of our Profession: Insights and Advice from a Multi-Generational Panel of Experts”

Thursday, September 17, 2020

5:35 – 6:35 p.m. CST

Over 50% of surgeons experience symptoms of burnout during their career. Burnout is associated with errors in patient care, physician rates of depression and suicide, and an increased likelihood to leave medicine and surgery altogether; all of which are threats to the vitality of our profession for the future. It is imperative that we address the issues of burnout and surgeon wellbeing by understanding root causes and seeking practical ways we can collectively support one another throughout the spectrum of our careers.

This panel will provide insights on preventing, identifying, and mitigating burnout from several unique generational perspectives. We will discuss the issues and provide practical take-home advice to assist surgeons at all career stages to be champions for wellbeing.

Speakers: Eileen Bulger, MD; Jeff Claridge, MD, MSc; Oscar Guillamondegui, MD, MPH; Jamie Coleman, MD; Anuoluwaop Elegbede, MD
Moderator: Jennifer Hartwell, MD

Associate Member Committee: “How to be Productive and Build Your Academic Career”

Friday, September 18, 2020

12:00 – 1:00 p.m. CST

This session will be primarily directed toward associate members and early faculty. The session will feature 3 speakers at 3 different career stages. We will begin with the moderators introducing themselves, the purpose of the talk, and the speakers. We will then have each speaker present on a) how they transitioned from a prior stage of their career to their current stage, b) challenges they faced during the transition, and c) strategies they have used to maximize their academic productivity during and immediately after the transition. This will be followed by a question and answer session.

Speakers: Linda Dultz, MD, MPH; Timothy Pritts, MD; Clay Cothren Burlew, MD

Moderator: Nicole Goulet, MD; Joseph Forrester, MD, MSc

Lunch Sessions II

Dates and times to be determined

Critical Care Committee: “Surgical Critical Care: Challenge the Experts”

Friday, September 11, 2020

12:00 – 1:00 p.m. CST

This will be an interactive panel session where the moderator will pose challenges to the panel (clinical scenarios with management challenges, “what would you do next” questions, and discussions of select publications that are influencing contemporary practice) that will highlight controversial or evolving aspects of surgical critical care. We will use an audience response system so attendees can choose a course of action from a multiple choice format. We also will use a “runner” with a microphone to take comments from the audience when appropriate. This session will be a follow up to 2019’s highly successful critical care session, including collegial debate, audience interaction, and discussion of how new evidence has/has not been incorporated into clinical practice.

Speakers: Pauline Park, MD; Andre Campbell, MD; Addison May, MD, MBA; Christine Cocanour, MD

Moderator: Christopher Michetti, MD

Military Liaison Committee: “Challenges and Opportunities for Conducting Research Studies in the Deployed Setting”

Sunday, September 13, 2020

3:00 – 4:00 p.m. CST

There are opportunities and challenges in conducting research in the deployed setting. Often new techniques or tactics are tried and studied in a retrospective manner. This session explores the following questions:

1. Is the JTTR prospective data collection with retrospective review the most effective strategy in evaluating and improving care downrange? – COL Jennifer Gurney (8min)
2. REBOA - How do we deploy new technologies and study their effectiveness downrange? COL Joseph Dubose (8 min)
3. Are randomized studies feasible and ethical in the deployed setting? COL Jan Jansen (8 min)
4. Role of Military in National Trauma Research Plan: Two perspectives
Jerry Jurkovich & Todd Rasmussen (20 Min)
Open Discussion (30 Min)

Speakers: Jennifer Gurney, MD; Todd Rasmussen, MD; Joseph DuBose, MD; Gregory Jurkovich, MD

Moderator: Jan Jansen, MD, MBBS

Program Committee: “How Do I Get Out of This? Managing Complex Emergency General Surgery Issues”

Monday, September 14, 2020

12:00 – 1:00 p.m. CST

Emergency general surgery encompasses a wide array of surgical diseases, ranging from the simple to the complex. This panel will cover complex surgical issues that many surgeons taking call can face. These complex issues include performing emergency operations in patients: with end stage liver disease; on oral anticoagulants, with heart failure on ventricular assist devices; who are elderly and/or immunosuppressed

Speakers: Hasan Alam, MD; Carlos Brown, MD; Bellall Joseph, MD; Matthew Martin, MD; Alison Wilson, MD; Ali Salim, MD

Moderator: Kenji Inaba, MD; Jack Sava, MD

International Relations Committee: “Global Surgery: Establishing Long-term, Sustainable, Bidirectional Programs”

Monday, September 14, 2020

1:00 – 2:00 p.m. CST

Low- and middle-income countries (LMICs) bear the greatest burden of surgical disease. However accessing high-quality surgical care in LMICs remains a major challenge. Well-validated programs and health care guidelines to ensure safe surgical care exist worldwide. The implementation of such guidelines and protocols remains elusive in LMIC. The engagement of international organizations have been mostly limited to short-term solutions. Quality surgical care in a timely and affordable manner is the goal to improve access, capacity and infrastructure. The purpose of the session is to explore effective strategies and model programs and opportunities for bidirectional engagement highlighting both positive and negative predictive outcomes. Examples from the African, Latin America, and the middle EAST regions will be highlighted

Speakers: Christoph Dodgion, MD; Edgar Rodas, MD; Marc DeMoya, MD; Pradeep Navasaria, MD; Ruben Peralta, MD (TBD)
Moderators: Michel Aboutanos, MD; Rochelle Dicker, MD (TBD)

Palliative Care Committee: “It Keeps Me Up at Night: Ethical and Legal Challenges in Acute Care Surgery”

Thursday, September 17, 2020

4:20 – 5:20 p.m. CST

Ethics is one of the 8 domains of palliative care. As acute care surgeons are increasingly involved in end of life care and palliative care for older and seriously ill patients, complex ethical and legal problem arise more frequently. Here we convene a panel of experts in ethics and acute care surgery to lead case-based interactive discussions about real ethical and legal challenges in trauma, emergency surgery and ICU care. The session will include Clinical cases and questions, audience response, a review of the ethical issue's principles involved, and guidance on how to manage such scenarios.

Cases will focus on the following ethical challenges:

1. Should surgeons who have no existing relationship with a patient and their family recommend a change in clinical course at the end of life?
(Clinical Case will be an older cancer patient with acute cholecystitis who on palliative chemotherapy that is not working, and prognosis of weeks)
2. What is the individual surgeons' responsibility to respond to gun violence?
(Clinical case will be of a young GSW victim who dies after heroic attempts so save her life.)
3. Disclosure of error by a surgeon at another institution.
(Case includes patient who is transferred to the ICU after suffering major complications after surgery for trauma at another hospital. They are sent to you for continued care after 4 weeks at the OSH. The family is furious and wants you to opine as to whether the other surgeon committed malpractice. They threaten to sue you and your hospital is you are not forthcoming.)

Speakers: Allan Peetz, MD, MPH; Zara Cooper, MD, MSc
Moderator: Anne Mosenthal, MD