**AAST Pediatric Pre-Conference Proposal**

The pediatric trauma committee recognizes the growing role of the acute care surgeon and the likelihood that acute care surgeons in certain regions of the country may be called to assist in the surgical management of children. This surgical management will include that secondary to injuries, but will also include non-trauma related care. This half day session lead by leading pediatric surgeons will provide an overview of the potential need as well as highlight several areas where the acute care surgeon may become involved in the surgical care of children.

***Acute Care Pediatric Surgery: Who, what, where and when?***

1. Brief Intro **RICH FALCONE 7:30-740**
2. Why do acute care surgeons need to care for children? **MARY FALLAT 7:40-8:30**
3. Update on the work Tres has been leading – **TRES SCHERER 8:30-8:50**
4. **Discussion – 8:50-9:00**
5. Top Pediatric Surgical Diagnoses an Acute Care Surgeon Should be Prepared to Manage
	1. Acute non-perforated and perforated appendicitis – **JOHN GRONER 9:00-9:25**
		1. Diagnosis – use of ultrasound vs. CT
		2. Operative vs. non-operative management
		3. Operative pearls – hook cautery, endoloops, single port, when to convert to open
		4. Post-op management of perforated appendicitis – how long and what antibiotics, abscess management, etc
	2. Acute groin pathology – **CHRIS NEWTON 9:25-9:50**
		1. Differential diagnosis and work up
		2. Reduction techniques for incarcerated inguinal hernias
		3. Operative approaches
		4. When to operate vs. refer if able to reduce
	3. Acute abdomen/bowel obstruction – **BOB LETTON 9:50-10:15**
		1. Diagnosis/work up
		2. Abdominal compartment syndrome – management/diagnosis
		3. Infant and childhood bowel obstruction – include volvulus, adhesive, delayed Hirschsprung’s diagnosis
		4. How much bowel to remove
	4. Gastroschisis/Omphalocele –JAMES BETTS **10:15-10:40**
		1. Initial management
		2. Diagnostic evaluation
		3. Preparing for transfer
	5. Discussion/Closing – **10:40-11**