



# AAST DAILY MEETING NEWS



WEDNESDAY, SEPTEMBER 18, 2019

# WHAT'S HAPPENING TODAY?

Howdy to you and welcome to Dallas! This ain't AAST's first rodeo as it opens the 78<sup>th</sup> Annual Meeting of the American Association for the Surgery of Trauma & the Clinical Congress of Acute Care Surgery. You might have noticed an impressive program with over 65 oral presentations,

## TODAY'S EVENTS

6:30 AM - 5:30 PM  
REGISTRATION

12:30 PM - 1:00 PM  
WELCOME

1:00 PM - 3:40 PM  
SESSION I:  
PLENARY PAPERS 1-8

3:40 PM - 4:10 PM  
SESSION II:  
MASTER SURGEON  
J. WAYNE MEREDITH, MD

4:10 PM - 5:25 PM  
SESSION III: FINANCING  
TRAUMA CARE: INTERNATIONAL  
PERSPECTIVES

5:30 PM - 6:30 PM  
SESSION IV: POSTERS  
SESSION (70 POSTERS) AND  
EXHIBIT HALL OPENING

6:30 PM - 7:30 PM  
WELCOME RECEPTION

25 Quickshots and 140 Posters. Also look out for an array of

industry-leading exhibitors excited to discuss their latest products and services with you. A key session to look out for today, is the Master Surgeon Lecture by Dr. J. Wayne Meredith scheduled for 3:40 PM in the Lone Star Ballroom A/B where he will discuss *Operative Thoracic Trauma: Tips, Tricks and an Occasional Anecdote*. Also, in the Lone Star Ballroom will be a panel session looking at *Financing*

*Trauma Care: International perspectives* (4:10PM) and the *First Poster Session* (5:30PM) in the Exhibit hall opening. Both promise to bring great conversations. Of course, as per tradition, the top podium papers will be presented and discussed at Session I (Lone Star Ballroom @ 1PM) and will be moderated by President Martin Croce, MD. Lots of stimulating topics and discussions...! While attending these, peek at the items available for the Live Auction including a Waterski Weekend, Sailing on the Pacific Ocean and experiencing the Annapolis Experience among other packages...



JOSE PASCUAL LOPEZ  
AAST DAILY EDITOR

## BANQUET AND LIVE AUCTION!

### HAVE YOU PURCHASED YOUR TICKETS FOR THE FRIDAY NIGHT BANQUET?

You must purchase a ticket to attend the banquet  
Seating is limited!  
There is NO table/seat sign up this year. It is open seating.

SEE YOU THERE!!

# CONTINUOUS CERTIFICATION PRE-SESSION

Matthew Martin, MD  
– AAST Education Committee

The Acute Care Surgery Continuous Certification session developed by the AAST Education Committee was held on Wednesday morning. This year's course had a heavy emphasis on presenting clinically useful information and reviewing the most up to date evidence-based guidelines and algorithms related to the topic being presented. Each presentation was centered around a relevant clinical case, and featured commentary from an expert panel in addition to the presenter. The course started off with a trauma session covering severe traumatic brain injury, major vascular trauma, and penetrating abdominal trauma. Dr. Deb Stein (San Francisco, CA) shared her approach to severe TBI, including the recently updated Brain Trauma Foundation guidelines and major trials on neurosurgical interventions including decompressive craniectomy. Dr. Kenji Inaba (Los Angeles, CA) followed with an excellent presentation filled with practical tips and pearls for managing traumatic vascular injuries. This included options for initial hemorrhage control, temporary vascular shunt use and timing, and options for repair/reconstruction versus ligation for both arterial and venous trauma. Dr. Jamie Coleman (Denver, CO) closed the trauma session with a high-yield session on the initial evaluation and management of abdominal stab and gunshot wounds. This included the utility of CT scan and local wound exploration, how to best evaluate for diaphragm injuries, the use of laparoscopy as an adjunct, and the conduct of a high-quality exploratory laparotomy.

The second session covered a diverse mix of surgical critical care topics including severe respiratory failure management, sepsis and the Surviving Sepsis Guidelines, and ICU pain management in the current era of opioid crisis. Dr. Ali Salim (Boston, MA) led off the session with a review of respiratory failure and modern ARDS management. This included a stepwise approach to the patient with severe and refractory hypoxemia, the recent data on neuromuscular blockade in ARDS, advanced ventilator management, and current controversies in indications and efficacy of ECMO in the trauma patient. Dr. Alison Wilson followed with a lively talk on "Surviving the Sepsis Guidelines", including a thorough review of the recently updated Sepsis-3 diagnostic criteria, key elements of early sepsis identification and management, and the current evidence-based guidelines from the Surviving Sepsis campaign. This included a review of the multiple recent randomized trials evaluating and questioning the efficacy of "early goal-directed therapy" in modern sepsis management. Finally, Dr. Tom Carver (Milwaukee, WI) reviewed options and current best practices for pain control and management in the trauma ICU setting. He stressed the importance of multi-modal therapy, the use of opioid-sparing techniques and protocols, recent pain management guidelines, and the use of ketamine as an excellent alternative in difficult or high-risk cases.



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The third session focused on emergency general surgery as the “third pillar” of acute care surgery. Dr. Matthew Martin (San Diego, CA) started the session with a focused review of urgent and emergent gallbladder and gallstone-related pathologies that are frequently encountered by on-call acute care surgeons. This included a review and advice for practical applications of the recently revised Tokyo guidelines, management options for choledocholithiasis, and handling the “disaster gallbladder” encountered during laparoscopic cholecystectomy. The second talk of the session was given by Dr. Andrea Pakula and focused on challenging hernia scenarios that require urgent surgical evaluation and intervention. This included patients presenting with incarcerated ventral/inguinal hernias and those with compromised bowel from a strangulated hernia. She emphasized the importance of knowing the relevant anatomy, pros and cons of open versus laparoscopic approaches, and guidelines for mesh use in high risk or contaminated fields. The last session was delivered by Dr. Carlos Brown (Austin, TX), who discussed the evaluation and management of severe pancreatitis and pancreatitis-related surgical complications. His case-based talk reviewed the stepwise series of escalating treatment and interventions for peri-pancreatic fluid collections and pancreatic necrosis, as well as detailed technical aspects of video-assisted retroperitoneal debridement. He emphasized the importance of knowing and understanding the recently revised Atlanta classification system and terminology, and reviewed several recent randomized trials on surgical and endoscopic interventions.

The final session of the course was a new edition to the program this year, featuring an expert panel discussing challenging acute care surgery cases on a variety of topics. The panel featured Dr. Marc de Moya, Dr. Hasan Alam, Dr. Alison Wilson, Dr. Carlos Brown, Dr. Jamie Coleman, and was moderated by Dr. Elizabeth Benjamin. This highly interactive session featured both prepared cases and conundrums presented by Dr. Benjamin, as well as challenging cases or scenarios presented by audience members. The discussion was wide-ranging and free form, covering topics related to trauma, surgical critical care, and emergency general surgery problems that may be encountered by any practicing general surgeon.



**PLAY PASSPORT TO PRIZES**

**Visit exhibitors and win great prizes!**

**AAST is hosting a raffle drawing in the exhibit hall at 1:45pm on Thursday.**

How to participate:

- Visit 10 exhibitors and have the representative stamp a box on the Passport to Prizes card.
- You must fill out the contact information on the card.

# 45TH FITTS ORATOR INTERVIEW WITH TIMOTHY C. FABIAN, M.D., F.A.C.S.

The Fitts Lecture was established in 1974 by the AAST to honor Dr. William Fitts, Jr., who was an orthopedic surgeon. He trained at the University of Pennsylvania, had a distinguished military career during World War II, and went on to spend his entire career at the University of Pennsylvania, eventually becoming the Chair of Surgery there.

Anyone who is interested in learning more about Dr. Fitts, who was truly a fascinating person, should read the excellent review article in the *Journal of Trauma* written by Dr. Patrick Kim in 2007.

This year's Fitts Lecture will be given by Dr. Timothy C. Fabian, M.D., F.A.C.S., past president of both EAST and AAST. Dr. Fabian will be the 45<sup>th</sup> Fitts Orator and his talk will be on Friday, September 20<sup>th</sup>, at 11 a.m. Dr. Fabian, thank you for joining us.

**DR. FABIAN:** Thank you.

**DR. REILLY:** We're just going to ask you a few questions about your history that I found very interesting in reviewing your extensive CV. You were the first trauma fellow, at Grady Hospital. Can you just give us any little

insight into that experience, being the first fellow at one of the iconic county hospitals doing trauma?

**“... my mentor was Harlan Stone who really opened my eyes up to academics. He was one of the first surgeons in this country, to be doing prospective randomized trials. ”**

**DR. FABIAN:** Yes. It was a very interesting time. Trauma systems were really just beginning to develop when I did the fellowship back in 1978. At the time that I entered I really didn't understand clinical research or anything about it. I was going to figure out what I wanted to do with the rest of my life. And when I was there my mentor was Harlan Stone who really opened my eyes up to academics. He was one of the first surgeons in this country, to be doing prospective randomized trials. And I was sort of star struck, if you will, by what he was able to accomplish. Grady Hospital had a huge trauma volume

which certainly contributed to being able to do clinical research and prospective randomized trials. So that, in a nutshell, is how I got started. And I was very fortunate to fall into that experience.

**DR. REILLY:** After finishing your fellowship you stayed on at Grady for a short time and then went to U.T. Memphis where you have been for many years, eventually transitioning to the role of chairman of the department of surgery. You also started the Presley Trauma Center in 1983. Can you relate to us any stories about how it got named the Presley Trauma Center?



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**DR. FABIAN:** Yes, well, first of all I left Emory because my boss at the time, Dr. Stone, saw that I was having to moonlight at some local ER to pay the bills so he suggested I start looking for other possibilities for my future. And he said the University of Tennessee in Memphis is talking about building a trauma center and they are looking for faculty. Why don't you go look there? My impression at the time was, well, I'm really not interested in going to Memphis. I didn't know anything about Memphis, frankly. I was a Yankee, to start with, so the south was a new game for me.

At any rate, I went over and interviewed and I was impressed. There was a big hole in the ground where they were going to build a new hospital and the trauma center was supposed to be a part of that and that was 1980. The more I thought about it, I thought this is a good possibility for a future career. I'll spend four or five years here and then maybe move on, depending on what happens. It didn't help or it didn't hurt that they increased my salary from \$35,000 in Atlanta to \$50,000 immediately in Memphis. And I thought I'd died and gone to heaven with the money.

I spent three years organizing the region for a trauma center because, again, there were not that many trauma centers in the country at the time, especially focusing on regional activity. We then opened the Presley Trauma Center in 1983.

The short story of how it got the name "Elvis Presley Trauma Center" was the county mayor at the time had been a friend of Elvis. He thought of the idea of getting the international fan clubs to help support it financially. So they pledged some amount of money. But, unfortunately, ultimately it didn't turn out to work very well financially because the international fan clubs are a very loosely organized group of, you know, maybe 100 or so different clubs. So although some money came in it certainly wasn't what was anticipate at the time. But the name stuck and it's gone okay since then.

**DR. REILLY:** I think it's gone more than okay. It's become one of the distinctive trauma centers in the country. Dr. Fabian, you have had a very distinguished academic career, along the way you have held many leadership positions. But for the sake of our discussion you were the president of both EAST and AAST. How do you think having someone like you in the leadership position over time of both of those two organizations has helped EAST and AAST work together to tackle the challenges of injury care?

**DR. FABIAN:** I think it's worked out well for all involved, the organizations and me, in particular. When I was elected president of EAST the real truth is there was a fair amount of friction between the two organizations. EAST had been an upstart organization and there was some feeling that they would challenge AAST's authority. I think when I was able to get involved with both organizations, first as EAST president and then on the Board of Managers of AAST about the same time, I was able to help get the groups to understand what the other one was about and helped identify areas where the organizations could work together. Over time those relationships have only gotten stronger and stronger so that now I think the organizations complement each other very nicely.



**“The short story of how it got the name “Elvis Presley Trauma Center” was the county mayor at the time had been a friend of Elvis. He thought of the idea of getting the international fan clubs to help support it financially. ”**

**- TIMOTHY C. FABIAN, M.D., F.A.C.S.**

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**DR. REILLY:** No, I would agree. I think there is a lot of synergy now between the organizations and it allows all of us to perhaps accomplish even more. I think people like you were real trailblazers in getting those organizations to work together.

Now, since being president of AAST, the organization has continued to “hitch their wagon” to you. Most recently you became the inaugural editor of one of our journals, Trauma Surgery and Acute Care Open. Can you give us a little history of that experience for you?

**DR. FABIAN:** Well, first of all, I would have to say it’s been a lot of fun getting involved with this. When AAST decided to go with open access I think it was viewed by the leadership and the managers at the time that open access was going to be an important part of the future of scientific and medical publications. Saying that, I knew almost nothing about the process of open access so I went through a quick learning course and worked with the publisher to get up to speed.

It’s a real challenge to go from traditional subscription print journals, to open access because, of course, the subscription fees are what usually keeps the print journals in business; whereas, open access is dependent upon the authors and/or their institutions through the article processing charges. Early-on I thought, “I don’t know how this is going to work in the U.S.” But, fortunately, it has worked out quite well. And each year has been more successful than the last. And 2019 looks especially good.

**DR. REILLY:** Yes. It’s been wonderful to see how it sort of blossomed in such a short time. Now, Dr. Fabian, you have given a number of significant orations in the past, including the Scudder Oration. Where does the Fitts Oration fall into those honors for you?

**DR. FABIAN:** Well, I would say the Fitts and the Scudder are, to me, the top of the profession that I’ve been involved with. I think it’s a tremendous honor to be honored by the AAST and the College with those named orations. The long list of people in the past who have given them – it is obviously a humbling experience for me to join in the ranks.

**DR. REILLY:** The title of your lecture this year is A Seussian Tale of a Trauma Time Traveler. Can you give us a little insight into what we have to look forward to from your lecture?

**DR. FABIAN:** I’ll start out by saying this will definitely be different. I’m going to sort of look at trauma over the time that I’ve been involved, since I graduated from medical school, and look at advances and successes and failures and the like. I think it will prove to be an interesting story with a background approach of some characters that are not typically thought of as being part of our trauma literature.

**DR. REILLY:** Well, I’m certainly looking forward to hearing it. I’m sure it’s going to be a very entertaining and informative talk. Now, I’d be remiss, Dr. Fabian, without asking you about our president of the AAST, Martin Croce. You have worked with him for nearly 30 years in Memphis. Besides being put up for sainthood for having to do that, are there any brief anecdotes you could tell us about your time with our president?





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**DR. FABIAN:** Well, it's been a true trial for me. And if there is any truth to purgatory I will bypass purgatory. But we have had a lot of fun working together from the time he was a medical student working with research topics and doing some lab experiments. And he has really made quite a name for himself through some innovative ideas, great organization. He has been very successful both locally running the trauma center over the last several years and being a huge contributor to the education of surgery for medical students and residents and fellows within our department.

**DR. REILLY:** Yes, he has had a stellar career and I am looking forward to his presidential address, as well. Dr. Fabian, I want to thank you again for your time today. Do you have any final thoughts you want to share with the AAST membership as we conclude this interview?

**DR. FABIAN:** I just want to say that I'm looking forward to Dallas and looking forward to seeing everybody. And it should be a great meeting and everybody will hopefully have a lot of fun as well.

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