

**Thursday Lunch Sessions: September 10, 2015 12:30-1:45 pm**

**Surgical Emergencies in Soft Tissue Infections and perianal concerns: When is Intervention indicated?**

Moderator: Christopher Dente, MD

Presenters: Sharon Henry, MD and Angela Neville, MD

Infections of skin and soft tissue can be a source of a wide range of morbidity and mortality. Necrotizing fasciitis and purpura fulminans are two destructive infections that involve both skin and soft tissue. However, when uncomplicated, soft tissue and skin infections can be superficial and limited. Recognizing the subset that will progress is of extreme importance to the Acute Care Surgeon. Knowledge of the different levels of SSTI (soft tissue infection) will aid in this endeavor.

Perianal infections can be complicated, as in Crohn's disease, or simple as in a pilonidal abscess. Extension into perirectal spaces may further confound the picture necessitating intimate knowledge of the anatomy and pathophysiology. An Acute Care Surgeon needs to be familiar with this process and understand the appropriate management of the patient.

Sponsored by the Acute Care Surgery Committee

**Unusual Visceral Perforations: Dilemmas for the Acute Care Surgeon**

Moderator: Andre Campbell, MD

Presenters: Jose Diaz, MD and Stephen Barnes, MD

Cases for discussion: perforated colorectal cancer, complicated duodenal perforation (possible involving a diverticulum), and perforated diverticulitis in an immunocompromised patient receiving peritoneal dialysis.

Sponsored by the Acute Care Surgery and Publication and Communications Committees

**Endovascular Approaches to Traumatic Injuries: REBOA, Stents, Angioembolization hybrid OR Suites**

**\*\* Virtual Conference Session also**

Moderator: Todd Rasmussen, MD,

Presenters: Joseph DuBose, MD, Megan Brenner, MD and Scott D'Amours, MD

Definitive hemorrhage control is the first priority for the management of hemorrhagic shock in trauma. This session will review options for endovascular approaches to traumatic injuries as definitive management and as bridge to open surgical management and angioembolization. This session will discuss the role and use of resuscitative endovascular balloon occlusion of the aorta (REBOA), stents, and hybrid OR suites in the definitive hemorrhage control of traumatic injuries, including current guidelines that have been developed for these endovascular modalities of treatment of hemorrhagic shock. A current AAST Multicenter observational study [Aortic Occlusion for Resuscitation in Trauma and Acute Care Surgery (AORTA)] is collecting data regarding REBOA cases in trauma.

Sponsored by Education/CME Committee

**Thoracic Injuries: Innovative Approaches/Management**

Moderator: Mark Seamon, MD

Presenters: Raminder Nirula, MD, MPH and Kenji Inaba, MD

Thoracic injuries are extremely common following blunt trauma. New and innovative approaches to management of rib fractures and flail chest (operative fixation), sternal fractures, hemothorax drainage with 14 French pigtail catheters, and early video-assisted thoracic surgery (VATS) will be discussed. This session will review specific technical options for surgical management of rib and sternal fractures (absorbable vs. non-absorbable plates), appropriate patient/injury indications for rib and sternal fracture fixation, data regarding optimal use of low-profile 14-French pigtail catheters for hemothorax/pneumothorax, and VATS indications.

Sponsored by Education/MOC Committee

**How to Develop/Manage a Research Career and Obtain Funding**

Moderator: David Hoyt, MD

Presenters: Ronald Maier, MD and Rosemary Kozar, MD, PhD

Development of an academic research career and obtaining extramural funding is challenging at present for surgeon-scientists. This session will provide practical information regarding how to develop and management an academic career in surgical research, with a specific focus on how to obtain extramural funding. Senior surgeon-scientists will review specific opportunities for extramural funding of surgeon-scientists and provide advice to achieve success in academic surgical research.

Sponsored by Education/CME Committee

**The Why and How of Adult ECHO-Outcomes, Indications and Starting a Program**

Moderator: Robert Maxwell, MD

Presenters: Jay Menaker, MD, Paul Maggio, MD and Jeremy Cannon, MD

This session will review the literature regarding current outcomes data for adult ECMO and discuss the current indications for placing an adult patient on the modality. Resources necessary for starting a program will be discussed and a case vignette will be provided. Speakers are currently involved in adult ECMO programs.

Sponsored by the Critical Care Committee

**Friday, Lunch Session, September 10, 2015 12:15-1:30 pm****Pediatric Trauma and Surgery in the Austere Environment: A Military and Civilian Review**

Moderators: Matthew Martin, MD

Presenters: Matthew Martin, MD, Gary Vercruysse, MD, and Carlos Brown, MD

Panelists: Denis Bensard, MD, Richard Falcone, MD and Barbara Gaines, MD

This session will be an interactive and entertaining look at pediatric trauma and non-trauma surgical care performed by military surgeons at forward treatment facilities in Iraq and Afghanistan. The session will start with a 15 minute overview of pediatric trauma and surgical care during wartime to set the stage for the case presentations. The remaining 45 minutes will involve presentation of 3 “spectacular cases” of pediatric trauma or humanitarian surgical care performed by adult surgeons during military deployment:

Sponsored by the Military Liaison Committee in cooperation with the Pediatric Trauma Committee

### **Severe sepsis and septic shock: What to do now that ARISE, ProCESS, and ProMiSe holds no promise.**

Moderator: Lewis Kaplan, MD

Presenters: Niels Martin, MD, David Dries, MD, and Sarah Murthi, MD

Since 2001 EGDT has been commonly touted as the standard of care for resuscitation of patients with severe sepsis and septic shock regardless of medical or surgical etiology. While in some ways, EGDT espoused a “surgical” approach to rapid fluid resuscitation and appropriate vascular access, other aspects were departures, creating tension and conflict in management. As part of a standard approach to care, and in order to reduce physician or institution driven variations in care, the Surviving Sepsis Campaign articulated bundled approaches to care, part of which was EGDT. Three trials, each multicenter and randomized, have challenged the need for EGDT’s mandates. However, this void leaves wide variation in standard care. How best to guide resuscitation for Acute Care Surgery patients remains a topic of keen interest and spans three domains: flow (not pressure) based monitoring, critical care ultrasound based analysis, a minimalist approach as “standard care” that is driven by labs, physical examination, and pressure based monitoring. A case of septic shock from NSTI will be used as a platform from which to set the stage (5 minutes) for a three-part debate with each debater having 10 minutes to present their case. Each will have 3 minutes for rebuttal followed by an open Q/A session.

Sponsored by the Critical Care Committee

### **Hemostatic Resuscitation: Update 2015 (What Ratio???)**

Moderator: Martin Schreiber, MD

Presenters: John Holcomb, MD, Mitchell Cohen, MD and Michael Sise, MD

Severely injured patients experiencing hemorrhagic shock often require massive transfusion. Earlier transfusion with higher blood product ratios (plasma, platelets, and red blood cells), defined as damage control or hemostatic resuscitation, has been associated with improved outcomes in some retrospective and prospective cohort studies. The first large multicenter Phase 3 randomized clinical trial (PROPPR trial, JAMA 2015 Feb3;313(5):471-82) aimed to determine the effectiveness and safety of transfusing patients with severe trauma and major bleeding using plasma, platelets, and red blood cells in a 1:1:1 ratio vs. a 1:1:2 ratio in 680 severely injured patients who arrived at 12 Level I trauma centers in North America directly from the scene. This session will review data from this important trial and provide additional updates regarding the optimal method for resuscitation of trauma patients with hemorrhagic shock – ratio-driven vs. goal-directed therapy based on laboratory testing.

Sponsored by the Education/CME Committee

### **Epic Fails in Trauma – Case Presentations**

Moderator: Peter Rhee, MD

Presenters: Martin Croce, MD and Donald Jenkins, MD

All trauma centers critically review their cases with poor outcomes, and what could have been done differently. This session will open and honestly discuss cases in blunt and penetrating trauma with adverse outcomes, with critical discussion of potential different management options in each case. Senior expert surgeons will discuss opportunities for performance improvement programs in trauma based on each of these cases.

Sponsored by the Education/CME Committee

**The Good, the Bad and the Ugly: The Essential Attributes of a Great Manuscript Review**

Moderator: Steven Shackford

Presenters: Angela Sauaia, PhD., Ernest E. Moore, MD

This session will present the basic and advanced reviewing skills for those who aspire to review for the *Journal of Trauma and Acute Care Surgery*. Attendees will be given previews of reviews submitted to the Journal, which run the gamut of quality seen by editors. Speakers will describe the purpose and rationale for manuscript review, and present attributes of a great manuscript by using examples (real or otherwise) of great, good, and bad reviews. Lunch session participants will emerge with a toolkit for composing constructive, civil, and valuable reviews.

Sponsored by *The Journal of Trauma and Acute Care Surgery*

**Peripheral Vascular Repairs Gone Awry****\*\* Virtual Conference Session also**

Presenters: David Feliciano, MD and Raul Coimbra, MD, PhD

To discuss basic principles in the management of peripheral vascular trauma for the general trauma surgeon.

Present several cases where the repair was unsuccessful and lessons learned.

*Titles, speakers and descriptions are subject to change.*

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