

Definitive Surgical Trauma Care

Liverpool Hospital and the
Royal Australasian College of Surgeons

2004

LETTER OF INVITATION

I am writing to offer to you a unique opportunity in Trauma Surgery and Education. The Trauma Department at Liverpool Hospital is conducting its 7th Definitive Surgical Trauma Care Course (DSTC) exclusively for surgeons to be held on the 28th & 29th of July 2004. This will be the eighth DSTC Course conducted in Australia (Liverpool Hospital and the Royal Melbourne Hospital, in association with the International Association for the Surgery of Trauma and Surgical Intensive Care - IATSIC). IATSIC is part of the International Society of Surgery and since 1991 has become the international forum for trauma surgery. Other courses have been conducted in the USA and Europe. The DSTC courses in Australia are supported by Royal Australasian College of Surgeons Continuing Medical Education (RACS CME) committee.

The course is designed to assist surgeons in their involvement in acute surgery and decisions relating to serious trauma. It assumes all of the ATLS/EMST principles and builds on it. If EMST deals with the "first hour", this course will deal with the "second hour". It is a response to the lack of written material and teaching on strategic issues of surgical resuscitation, early definitive care and surgical priorities. One aim of this DSTC project is to refine and promote an international standardised course package.

The Liverpool course is sponsored by the Liverpool Hospital Department of Trauma, SWAN Trauma Conference, Tyco Australia, B.Braun and Aventis. It will be conducted at Liverpool Hospital and University Veterinary College at Camden. A draft course program is attached. Participation is limited to 28 registrants only.

If you are interested in attending the Military Module of the DSTC it will take place on the 27th of July at the Holsworthy Military Barracks and is organised by Dr. John Crozier. Charmaine Miranda will be handling enquiries and bookings for this as well; it costs \$275 (including GST).

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- **Course Venue:** Liverpool Hospital, Sydney & Camden Veterinary Clinic
- **Course Dates:** (Military Module DSTC - Tuesday 27th July, 2004)
DSTC - Wednesday 28th & Thursday 29th July, 2004
(SWAN XI Trauma Meeting – 30th & 31st July, 2004).

- **Course Faculty:**

To be advised.

- **DSTC Course Fee:** To be advised
- **Accommodation:** Suggested local hotel/motels close to Liverpool Hospital.

El Toro Motel *	off Hume Highway	61 2 9602 7077/1800 810 027
Fontainebleau Inn *	Hume Highway	61 2 9602 7455
Hunt's Motel *	Hume Highway	61 2 9601 5088
Sunnybrook Hotel #	Hume Highway	61 2 9726 1222

* Grade 3 motel

Grade 3 ½ hotel

Keynote speakers from SWAN XII Trauma Conference will be joining the faculty of DSTC. It is a rare opportunity for a small group of surgeons to work intensively over 2 days with a teaching faculty with this depth of experience and international perspective.

I do hope you can join us.

Kind regards,

Michael Sugrue, MD, FRCS(I), FRACS
Director, Department of Trauma
A/Professor of Surgery, UNSW

DEFINITIVE SURGICAL TRAUMA CARE (DSTC) COURSE

DESCRIPTION

BACKGROUND

Injury (trauma) remains a major health care problem throughout the world. In addition to improving prevention and resuscitation, improved application of surgical skills is expected to save further lives and contribute to minimising disability. It is widely recognised that training of surgeons in the management of trauma is substantially deficient because of:

- (a) limited exposure within individual training programs to the types of patients required to develop the appropriate level of skills and
- (b) traditional trauma surgery training which has been organ specific.

Consequently surgeons can finish training with sub-optimal skills in this field where there is often little time to contemplate an appropriate course of action.



Through the early 90's it became apparent, to a number of surgeons familiar with trauma management around the world, that there was a specific need for surgical training in the technical aspects of operative care of the trauma patient. Placing particular emphasis on those who were close to, or had recently completed their training. This course had its origins in a meeting between Howard Champion (USA), David Mulder (Canada), Donald Trunkey (USA), Stephen Deane (Australia) and Abe Fingerhut (France) in October 1993.

This postgraduate surgical course for 28 participants assumes competence with assessment and resuscitative measures which have become standardised in Australia through the EMST (ATLS) course of the RACS. It draws on the specialist surgical training of all course participants and reviews, strengthens and organises the performance of established and new procedures specially required in trauma surgery. Courses have been conducted in Europe, USA and Australia. It is expected that the final standardised course will have special relevance for surgeons in countries like Australia, where major trauma rates are relatively low and to rapidly mobilised medical units in areas of conflict. It is also likely to be valuable in developing countries where education and physical resources are limited.

DSTC has been developed over the last few years by IATSIC, an operative group of the ISS. The course is still under development. It is currently being developed in modular form. Modules planned at present include; ICU aspects of the Trauma Patient, FAST techniques, a Military module and a Third World module. It is at a well advanced stage of development with 6 courses now completed.

In Australia, it is possible that the course will eventually be targeted towards Advanced General Surgery Trainees in their final year of surgical training. It may ultimately have value at an earlier stage, but needs to be piloted with a group at about that level of surgical expertise. It may also be relevant to rural general surgeons and have some value for general surgeon reservists in the Australian Defence Force. It is expected to be welcomed by general surgeons in major urban hospitals where the frequency of major trauma is relatively low.



COURSE DEVELOPMENT AND TESTING

There have been many attempts to test the concept.

1. Dr Fingerhut's laparoscopic trauma surgical training course, which he had run for two previous years at the European Surgical Education Centre in Paris, was modified to incorporate these concepts. This two-day course consisted of didactic sessions in the morning and animal laboratory sessions in the afternoon. Evaluation responses were excellent.
2. The Uniform Services University of Health Sciences, Bethesda, USA put on a course in August 1994. Dr Don Jenkins has now put over 100 military surgeons through the course in the US. He is working on bringing the course to Chile at present.
3. There was a Swedish Trauma Surgery Course which Drs Trunkey, Fingerhut and Champion attended in Sweden in November 1994. This was run by Dr Sten Lennquist. The course was four days of didactic teaching and one day of practical work.
4. In Sydney in May 1996 a very successful pilot course was organised at Prince Henry Hospital. The International Faculty at that course included Don Trunkey, Abe Fingerhut and Howard Champion. The local faculty was Stephen Deane, Peter Danne, Michael Sugrue and Phil Crowe. The course was a tremendous success. There were some issues identified by the faculty and registrants and these have been addressed. In particular, the didactic points in relation to organ support and patho-physiology have now been placed in the manual.
5. The courses held at the Liverpool and Royal Melbourne Hospitals in 1999 were extremely successful. The faculty for both courses were very experienced in DSTC, the local faculty last year was supplemented by an international faculty of Ken Boffard, Peggy Knudson, Don Jenkins and Don Trunkey.
6. Over the years since 1999, the course has matured nicely with continual areas of improvement. It is now one of the most popular hands-on surgical courses.

COURSE STRUCTURE

A mixture of manual and lecture based learning, case discussion and surgical skills demonstration and practice.

- Manual addressing "Physiology and Organ Support", decision making in trauma surgery and surgical techniques.
- Two theory sessions addressing technical surgical strategies
- Two sessions addressing strategic thinking in Trauma Surgery
- Two practical session addressing technical surgical strategies
- One session on troubleshooting

COURSE MATERIALS

The course will run for two days with the following course materials:

- A manual to supplement the course content.
- Standardised Slides.
- Practical and technical skill stations.
- Patient scenarios in acute trauma surgery.
- Practical work laboratory, both using animals.
- Participant members vary from 28 to 30 in DSTC courses with a high faculty to participant ratio, allowing at least one faculty member to four participants in hands-on practical skill sessions.

SURGICAL PROCEDURES

This session will provide hands-on exposure to operative techniques in a small group with a high faculty/participant ratio.

ULTRASOUND PROCEDURES (DEMONSTRATION)

This will be based on FAST principles

1. Precordium - assessment of possible pericardial effusion.
2. Upper abdomen - assessment of possible free fluid (blood) and views of liver, spleen and kidneys.
3. Pelvis - assessment of possible free fluid.