Acute care surgeons – a necessity

Jonathan Tilsed
President
European Society for Trauma & Emergency Surgery
Emergency surgery is not simply elective surgery performed out of hours

Elective surgery involves correction of anatomy and pathology

Emergency surgery involves correction of anatomy, pathology and physiology
Unplanned surgical activity resulting from:

- Inflammation
- Infection
- Injury
- Ischaemia
- Haemorrhage
- Obstruction
- Perforation
- Rescue Surgery

Acute systemic inflammatory response

- Organ dysfunction
- Multiple organ failure
- Death

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10 qualities of a surgeon

- warm personality
- intelligence
- ethical approach
- humility
- realism
- judgement
- self-analysis
- curiosity
- courage
- manual dexterity
Every important hospital should have on its resident staff of surgeons at least one who is well trained and able to deal with any emergency that may arise

William S. Halsted
(1852-1922)
<table>
<thead>
<tr>
<th>Highly specialised (19%)</th>
</tr>
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<tbody>
<tr>
<td>Orthopaedic</td>
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<tr>
<td>-------------</td>
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<tr>
<td>Skeletal injuries</td>
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<tr>
<td>Abdominal visceral injuries</td>
</tr>
<tr>
<td>Vascular injuries</td>
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<tr>
<td>Thoracic injuries</td>
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<tr>
<td>Intracranial injuries</td>
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<tr>
<td>Burns</td>
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<tr>
<td>Urinary tract injuries</td>
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<tr>
<td>Acute abdomen</td>
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<tr>
<td>ITU (critical care)</td>
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</tbody>
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Emergency general surgery: challenges and opportunities

Table 2.3: Percentage of trainees reaching the number of procedures recommended by the Joint Committee on Surgical Training (JCST) prior to obtaining a Certificate of Completion of Training

<table>
<thead>
<tr>
<th>Procedure (JCST guideline)</th>
<th>% trainees reaching JCST guideline by special interest</th>
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<tbody>
<tr>
<td></td>
<td>Breast</td>
</tr>
<tr>
<td>Emergency laparotomy (100)</td>
<td>34</td>
</tr>
<tr>
<td>Hartmann's procedure (5)</td>
<td>74</td>
</tr>
<tr>
<td>Appendicectomy (80)</td>
<td>82</td>
</tr>
<tr>
<td>Cholecystectomy (50)</td>
<td>65</td>
</tr>
<tr>
<td>Inguinal hernia repair (60)</td>
<td>66</td>
</tr>
<tr>
<td>Segmental colectomy (20)</td>
<td>82</td>
</tr>
</tbody>
</table>

* 75% met the modified indicative number of 75 emergency laparotomies.
** Upper gastrointestinal / hepato-pancreato-biliary.
Reproduced with permission from Thomas and others (2015).
Acute Care Surgery: US model

Emergency Surgery

Trauma

Critical Care

2003

2008
Acute Care Surgery: US future?

- Emergency Surgery
- Rescue Surgery
- Trauma Surgery
- Critical Care

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Svenskt Akutkirurgiskt Nätverk
2 years
Swedish Trauma and Emergency Surgery Society
2013-15: 20% of advertised surgical consultant posts in the UK were for Emergency General Surgeons

- a sub-specialty that has no definition and is not recognized by any of the Surgical Colleges
In Europe

- different focus of care
- different levels of training
- different systems development and maturation

A flexible training model, based on local organization and patients' needs is required.
not starting again ..... building on what we have
• agree standards
  – national opt-outs
• test
• develop a training programme
• deliver training programme
• accredit training units

Joint Symposium: Lisbon 30th September 2016
What should the Emergency Surgeon know?

EMERGENCY SURGERY CURRICULUM - KNOWLEDGE

The Emergency Surgery curriculum comprehensively describes the Knowledge and Skills required for the qualification as Fellow of the European Board of Surgery in Emergency Surgery (F.E.B.S./EmSurg).

The curriculum is not intended to be a complete educational plan, but provides a framework around which preparation for the qualification as F.E.B.S./EmSurg can be structured.

The curriculum should not be viewed as static but will be continuously revised and updated to bring it into line with developments in knowledge and best practice. New topics will be introduced and others deleted. Candidates will be expected to update their knowledge and skills accordingly and to be aware of significant recent developments in surgical practice and scientific literature.

Within the curriculum some skills are listed which are not universally performed by general surgeons (see Emergency Surgery - Skills: Category D). Although candidates do not have to be able to demonstrate proficiency in all of these procedures, they will be expected to have significant knowledge and understanding of them.

To achieve the qualification as F.E.B.S./EmSurg a candidate’s experience will be scrutinised in the Eligibility process. Knowledge is assessed by examination and evidence of Skills has to be provided in a log-book and may be additionally assessed by examination.

The transferable competency of Emergency Surgery requires the ability to demonstrate a sound understanding of the basic science, surgical anatomy, applied physiology and pathology relevant to emergency surgery and knowledge of:
What should the Emergency Surgeon be able to do?
Post Completion of Specialist Training
Logbook
ATLS
DSTC
Publications
Presentation
Conferences

11. Candidates should have completed the Definitive Surgical Trauma Care (DSTC®) course or an approved alternative. At present the approved alternatives are (i) the Definitive Surgical Trauma Skills (DSTS®) course or (ii) both the Advanced Trauma Operative Management (ATOM®) and the Advanced Surgical skills for Exposure in Trauma (ASSET®) courses. Certificates of satisfactory completion must be provided. As an alternative, candidates who provide satisfactory evidence within their logbook of the procedures listed in Category E will be exempt from this requirement.

12. All candidates must have contributed to a published scientific paper for which they are listed as a co-author.

Joint Symposium: Lisbon 30th September 2016
Launched October 2015
Online application
Applications closed 18th March 2016
Examination: 22nd April 2016

http://www.uemssurg.org/divisions/emergency-surgery/ebsq

Joint Symposium: Lisbon 30th September 2016
Assessment:

Skills
- Logbook
- Certified by trainers
- Assessed by Eligibility Committee
- Pre-requisite for EBSQ examination

Knowledge
- EBSQ Examination
- MCQ: 3 hours
- OSCE: 6 x 10 minute stations
- FEBS(EmSurg)

Joint Symposium: Lisbon 30th September 2016
Next EBSQ examination: Bucharest 5\textsuperscript{th} May 2017

Honorary Diploma – until 30\textsuperscript{th} April 2017

Joint Symposium: Lisbon 30\textsuperscript{th} September 2016
Teen girl who killed sister sent to prison

By Paul Stokes
4:01 PM BST 07 Sep 2007

A girl of 14 who killed her elder sister during a row over a boyfriend has been ordered to be detained for three and a half years.

Girl, 14, tells how she killed her sister

She was cleared by a jury of murdering her 16-year-old sibling, but had earlier admitted manslaughter on the grounds of provocation.

The girl, who cannot be named because of her age, stabbed her sister with a carving knife after they started fighting in the living room of their home. An argument had broken out between them over clothes and the job prospects of the older girl’s long-term boyfriend.

The younger girl was grabbed, had her hair pulled and was kicked in the head after saying he “wouldn’t amount to much” working at a local supermarket.

After their mother broke the fight up, the girl went into the kitchen and grabbed a 20cm knife before returning to the room shouting “You’re going to get it”.

She plunged the blade into her sister’s back, to the side of her left shoulder blade, puncturing her lung and causing severe internal bleeding.

The younger girl later screamed “Sorry, I love you!” after her sister died, and four hours later admitted her guilt and remorse.

She showed no emotion as the jury of nine men and three women found her not guilty of murder after five and a half hours deliberating at Bradford Crown Court.

Her mother and 21-year-old eldest sister wept and held hands as they watched from the public gallery at the end of a four day hearing.

Passing sentence, Mr Justice McKinnon told the girl: “You did a terrible thing taking up that carving knife and using it to deadly effect.”

Outside court her mother said she felt the younger daughter had already been served with a life sentence.

Of her daughter who died, she said: “We will all miss my daughter’s enormous big smile and the laughter that we shared.

“We got her GCSE results this summer and she had got really good grades, all As and Bs, and we are very proud of her.”

She added: “Although my heart is broken at the loss of my beautiful daughter, I feel my youngest daughter should be at home with her family around her to help her grieve the deep loss she feels for her sister, and also be left in peace to help by and rebuild her life.

“We feel she will live with this for the rest of her life and I think that is punishment enough, as that is like a life sentence itself.”

Both girls had fiery tempers and fought regularly – punching, kicking, scratching and pulling hair, the court heard.

The younger said they would argue about “anything” and she had “just wanted to scare” her sister on the fateful night in March, but was “proper angry and upset”.

She said: “I’m sorry and I loved her and I want her back.”

Her barrister Philippa McAlasney said the girl’s remorse was apparent and she thought of her sister every day.

She still hopes to go on to train as a gunner in the Royal Artillery.

Unless she is released early under supervision she will serve half of the sentence and be released on licence for the remainder.

Det Supt Andy Brennan, of West Yorkshire Police’s Homicide and Major Enquiry Team, said: “This is a cautionary tale for all teenagers who carry or think of using knives.

“This has been a very difficult and tragic case and we have dealt with it with the utmost sensitivity.

“The last few months must have been horrendous for family and friends who have found themselves in an impossible position. Our thoughts remain with them.”
Ambroise Paré
1510-1590

barber surgeon to
4 French Kings
& military

ligatures
Conclusion (1)

• reduced competence in acute care surgery
  – increasing specialisation
  – reduced training

• problem increasingly recognised

• solutions
  – professional bodies
  – practicing surgeons
  – hospitals
Conclusion (2)

OWNERSHIP is the key
Thank you