

TRAUMA UPDATE

HAEMODYNAMICALLY UNSTABLE PATIENT FROM THE SCENE TO THE ICU

MILAN (Italy)

December 10th, 2024

Aula Magna

ASST Grande Ospedale Metropolitano Niguarda

ENDORSED BY



The World Society of Emergency Surgery
Italian Chapter

UNDER THE PATRONAGE OF



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EUROPEAN SOCIETY FOR TRAUMA
AND EMERGENCY SURGERY



WITH THE SCIENTIFIC RECOGNITION OF

SIAARTI Società Italiana Anestesia, Analgesia, Rianimazione e Terapia Intensiva

INTRODUCTION

The management of the haemodynamically unstable trauma patient is based on a timely, rapid, definitive **source control of bleeding** and on **blood loss replacement** with the goal of preventing **ischemia/reperfusion toxemia**, optimizing **tissue oxygenation** and **microcirculation dynamics**, preventing or managing **trauma induced coagulopathy**.

The recognition and management of life-threatening haemorrhage in the severely traumatized patient poses **several challenges to prehospital rescue personnel and hospital providers**. A decision to begin **damage control resuscitation (DCR), a costly, highly complex intervention**, must often be reached with little time and without sufficient clinical information about the intended recipient, to prevent worsening acidosis, coagulopathy and profound homeostatic imbalances. Additionally, hemorrhage itself and transfusion of large amounts of homologous blood during DCR potentially disrupts immune and inflammatory systems, which may induce severe systemic inflammatory disease. Controversy remains over the composition of components that are transfused during DCR. Low-titer type 0 whole blood may prove safer than blood components, although maintaining an inventory of whole blood for possible massive transfusion creates significant challenges for blood banks.

The priority remains to **stop the blood loss as soon as possible**. Damage control surgical maneuvers can be applied from the scene. External hemorrhage is stopped using tourniquets and hemostatic gauzes, pelvic binder is applied and long bone fractures are immobilized, while DCR is ongoing. Some advanced surgical procedures, such as REBOA or resuscitative thoracotomy, can be used in patients in extremis or in cardiac arrest.

Once applied the Damage Control Strategies, the **recovery of patient's homeostasis ICU** must consider the risk of organ failure due to inflammatory activation, of infections and sepsis as a consequence of immune depression and of thromboembolic complications typical of the post-acute phase. The use of DCS in profoundly shocked patient with a near-exhausted physiologic reserve also poses several **ethical dilemmas**.

The purpose of the meeting "Trauma Update - Haemodynamically unstable patient from the scene to the ICU" is to provide, through the participation of **national and international faculty** with recognized experience in the addressed topics, the most up-to-date knowledges and tools for a **multidisciplinary and systematic approach to the severely injured patient**.

SCIENTIFIC COMMITTEE

Osvaldo Chiara (Milan, Italy)

Stefania Cimbanassi (Milan, Italy)

FACULTY

Vanessa Agostini (Genoa, Italy)

Sara Baraldi (Milan, Italy)

Osvaldo Chiara (Milan, Italy)

Arturo Chierigato (Milan, Italy)

Stefania Cimbanassi (Milan, Italy)

Carlo Coniglio (Bologna, Italy)

Roberto Fumagalli (Milan, Italy)

Riccardo Giudici (Milan, Italy)

Sharon M. Henry (Baltimore, MD, USA)

Marc Maegele (Cologne, Germany)

Giovanni Sbrana (Grosseto, Italy)

Thomas M. Scalea (Baltimore, MD, USA)

Francesca Tardini (Milan, Italy)

Marco Tartaglione (Bologna, Italy)

Francesco Viridis (Milan, Italy)

SCIENTIFIC PROGRAM

8.15-8.45

Registration

8.45 Welcome | *O. Chiara, S. Cimbanassi*

9.00-11.00

SESSION 1 - PRE-HOSPITAL

Chairmen: Osvaldo Chiara, Carlo Coniglio

09.00 Case Presentation | Sara Baraldi

09.15 Damage control for haemorrhage in the field | Marco Tartaglione

09.35 Discussion

09.50 Haemocomponents, whole blood, coagulation factors: what's the best in PH | Vanessa Agostini

10.10 Discussion

10.25 Primary and secondary trauma center admission from the field: which criteria? | Giovanni Sbrana

10.45 Discussion

11.00-13.00

SESSION 2 - EMERGENCY ROOM

Chairmen: Stefania Cimbanassi, Marc Maegele

11.00 Case Presentation | Francesco Viridis

11.15 Diagnostic tests in borderline patient: E-FAST + pelvis x ray vs CTscan | Sharon Henry

11.35 Discussion

11.50 Early-goal directed strategies for hemostatic control | Marc Maegele

12.10 Discussion

12.25 EDT vs REBOA in post-traumatic cardiac arrest | Thomas Scalea

12.45 Discussion

13.00-14.00

Lunch Break

14.00-16.00

SESSION 3 - OR and ICU

Chairmen: Roberto Fumagalli, Thomas Scalea

14.00 Case Presentation | Francesca Tardini

14.15 Damage control versus definitive surgery | Sharon Henry

14.35 Discussion

14.50 Optimisation of physiology after Damage Control and prevention of thromboembolic complications | Riccardo Giudici

15.10 Discussion

15.25 Ethical aspects after Damage Control | Arturo Chierogato

15.45 Discussion

16.00 Closing Remarks | *O. Chiara, S. Cimbanassi*

GENERAL INFORMATION

VENUE

Aula Magna (Pavillon nr. 1 - 1st floor)
ASST Grande Ospedale Metropolitano Niguarda
P.zza Ospedale Maggiore, 3 - 20162 Milan (Italy)

REGISTRATION

On-line registration at www.noemacongressi.it.

Registration Fees

- **Full fee: € 150,00 + 22% VAT** (Physician)
- **Reduced fee: € 110,00 + 22% VAT** (Resident, other Healthcare Professional)

The fee includes: admittance to the Scientific Sessions, Congress kit, certificate of attendance, CME credits (if achieved).

The staff of Niguarda Hospital interested in joining the conference can contact the Secretary of DEA-EAS Department, Tiziana Filomia - tiziananatalina.filomia@ospedaleniguarda.it - ph. +39 02 6444 7209).

CME CREDITS

- **Provider:** Noema srl unipersonale (Id. 891) - **Id. event:** 432033 - **Number of credits:** 1,8
- **Categories included in CME accreditation:** Physician (Anesthesia and resuscitation, General surgery, Maxillofacial surgery, Pediatric surgery, Plastic and reconstructive surgery, Thoracic surgery, Vascular surgery, Emergency medicine and surgery, Physical medicine and rehabilitation, Neurosurgery, Neurology, Orthopedics and traumatology, Radiodiagnostics), Nurse, Physiotherapist, Orthopedic technician, Radiology technician
- **Educational objective:** Guidelines - Protocols - Procedures

To obtain CME credits, it is mandatory to attend the entire conference and complete the CME online forms within 72 hours. The link will be sent to those entitled after the conference. It is the attendee's responsibility to verify that they have received the link in order to complete the forms in time.

LANGUAGE

English will be the official language of the conference. There will be no simultaneous translation.

CERTIFICATE OF ATTENDANCE

Certificates of attendance will be sent by email after the conference.

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