

## PRESIDENT'S MESSAGE

### The Matterhorn, Burns, Hemorrhage: The Diversity of Trauma Care Scenarios



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This issue of the journal *TraumaCare* contains several articles that demonstrate the diversity and complexity of current trauma management.

The first paper from Fischer describes the experience of the Air Zermatt medical rescue service, which was established in 1968. The service has both land- and air-operated retrieval and rescue abilities covering the upper Rhone Valley in Switzerland. This region has extreme mountainous and climate conditions, including the Matterhorn at an elevation of 4,478 m. The service runs 1,000 rescue flights per year on average, with about 30% of missions during the winter. The geographic and weather conditions pose unique difficulties. The helicopter crew includes a pilot, a paramedic, and a medical officer with anaesthetic training. The service rescued 2,851 victims between January 1998 and November 2000. The article provides insight into the teamwork and coordination of the dedicated professionals who provide this service.

Those of us in the so-called developed nations in recent years have seen a reduction in the numbers of serious burns.

However, burn injuries are an increasing issue in developing nations. The recent terrorist attacks in Bali reminded us of the serious burn injuries that can follow a bomb incident. Burned patients are an enormous challenge for the health care system, and major burns are frequently associated with organ failure and death. However, survival rates have improved because of improvements in emergency management, critical care, and surgery. The review article by Charchafieh and Minokadeh discusses the acute management of major burns and emphasizes the importance of age, burn size, and the presence of inhalation injury as the main predictors of mortality.

The paper by Hoots and Dutton is based on a continuing medical education presentation given during TraumaCare 2003 in Dallas, Texas. Bleeding frequently complicates the management of trauma patients and is usually multifactorial in origin. Dilutional coagulopathy, hypothermia, acidosis, and massive transfusion combine to increase the risk of ongoing haemorrhage. Fortunately, we are improving in our management of these complications, and the increasing use of damage control surgery strategies and aggressive correction of metabolic abnormalities is seeing improved outcomes. This paper discusses scientific findings relating coagulation and inflammation and outlines some of the treatment modalities for the management of continued bleeding in trauma patients. Further information on this subject can also be found at the CME resource "Massive Transfusion and Control of Hemorrhage in the Trauma Patient," <http://www.itaccs.com/cme/index.htm>, at the International Trauma Care Web site, [www.itaccs.com](http://www.itaccs.com).

A brief report details the recent success of the TraumaCare 2003 meeting in Dallas. The plans for TraumaCare 2004 are now in an advanced stage of preparation. Details for registration and abstract submission will be available at [www.traumacare2004.com](http://www.traumacare2004.com). It is also my pleasure to announce that TraumaCare 2005 will be a joint meeting of International TraumaCare and "URGENCES 2005," to be held in Paris.

### Dr. Buddy Giesecke Retires as Editor-in-Chief of *TraumaCare*:

#### *A Tribute to His Contributions to ITACCS*

Those of us who were fortunate enough to hear Dr. Buddy Giesecke deliver the keynote address at the 16th ATACCS in Dallas, Texas, can attest to his scholarship and his ability to captivate an audience. Dr. Giesecke, founding member of ITACCS and Professor and former Chair of Anesthesiology at University of Texas Southwestern and Parkland Hospital, delivered a heartfelt account of President John F. Kennedy's assassination in Dallas on November 22, 1963, and the role Parkland Hospital played in providing the subsequent medical care given to the President. Dr. Giesecke, who was present in the emergency room that day, presented both his personal recollections and well researched historical details. This presentation by Dr. Giesecke was typical of the effort he has devoted over the last 13 years to promoting ITACCS.

Buddy gave invaluable advice to Dr. Chris Grande during

the planning of the first Annual Trauma Anesthesia and Critical Care Symposium, which was held as a companion meeting to the World Congress of Anesthesia in Washington, DC, in May 1988. His knowledge of the field of trauma anesthesia and his friendships with many anesthesiology traumatologists around the world would prove to be an invaluable resource to the fledgling ITACCS organization. He agreed to serve as the second president of the Society and set up the system for transition of power to subsequent ITACCS presidents.

Following his successful term of president, he joined me as the head of our editorial board, as ITACCS converted its newsletter into this journal, *TraumaCare*. Buddy had a great sense of editorial priorities in identifying a publishable article. I also appreciated his ability to focus on the issues in setting policy for *TraumaCare*. Now that he is concentrating on other projects, we can say with certainty that he will be missed as chief editor of our journal. I am certainly finding it a daunting task to fill his rather large shoes (make that cowboy boots) as editor in chief of *TraumaCare*. All of the ITACCS leadership wish him the best for the future and will always be ready to welcome him if he decides to return.

John K. Stene, MD, PhD  
 Editor, *TraumaCare*