

to heart disease (mainly ischemic heart disease), while liver disease accounted only for 4.8%.

Conclusions: These results highlight the vulnerability of men with alcohol problems living alone, and the difficulty of providing adequate medical treatment and social support after a disaster.

Keywords: alcoholism; deaths; disaster; liver diseases; post-disaster deaths; psychosocial; solitary deaths

Panel Discussion (5)

Who Is a Trauma Surgeon?

Wednesday, 12 May, 13:00–15:00 hours

Chair: *Ahmed Sabry Ammar, Kazubiko Maekawa*

PN5-1

Who Is a Trauma Surgeon? What Does He Do?

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The Trauma Team of was organized and first implemented in the Veterans General Hospital-Taipei, Taiwan in 1989, which is responsible for patient-care services, research, and education focused on all phases of the injury event. Its philosophy is based on that the concepts that trauma is a surgical disease, that injured patients need specialized care, and that an integrated system is essential for the care of patients with multiple traumatic injuries. There are four full-time trauma surgeons who are dedicated to the service of all of the traumatized patients in the Surgical Emergency Room. In order to achieve the best patient outcomes, trauma surgeons should be involved in the prehospital Emergency Medical Services (EMS), Trauma Resuscitation Room, Operating Room, Surgical Intensive Care and Trauma Unit (SICU), Trauma Ward, Rehabilitation Department, and Trauma Outpatient Clinic.

Our Surgical Emergency Room serves more than 17,000 Triage Level I or II trauma patients annually. Upon notification of a patient with major traumatic injuries, the Emergency Department staff alerts the Trauma Team consisting of trauma surgeons and surgical residents who prepare for the arrival of the trauma patient. The Trauma Resuscitation Room contains all the necessary equipment to manage multiple trauma patients. Emergency procedures are performed as needed including endotracheal tube intubation, tube thoracostomy, pericardiocentesis, ultrasonographic evaluation, and peritoneal lavage.

Usually the trauma surgeons initiate the contact with the Operating Room when an urgent surgical procedure is needed. Sometimes, several surgeons may operate simultaneously because of multiple injuries. The trauma surgeons should determine the priority of operations. After initial emergency room resuscitation and operations, the trauma surgeon still should follow the patient to the SICU, and conduct daily bedside round.

After the general conditions of the trauma patients are stabilized, they are transferred to Trauma Ward to continue the comprehensive plan of care and prepare for

discharge. Commonly, the Department of Rehabilitation would be consulted to provide physical and occupational therapy services if needed. After discharge, the trauma patients regularly are followed-up at Trauma Outpatient Clinic, which is specialized for multiple trauma patients.

In conclusion, according to our experience and research, a trauma surgeon should accomplish the following conditions successfully:

- 1) Avoid preventable prehospital early trauma death;
- 2) Normalize hemodynamic status during resuscitation;
- 3) Determine the operative priority and adjust interdepartmental collaboration;
- 4) Decrease severe complications during the intensive care; and
- 5) Rehabilitate and facilitate the patient back to the community.

Keywords: emergency department; emergency procedures; injuries, trauma-induced, multiple; priorities; resuscitation; surgeons; trauma management; trauma service; trauma surgeon; trauma team

PN5-2

Who Is a Trauma Surgeon in The Philippines?

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In 1989, as the new chair of the Department of Surgery at the Philippine General Hospital, I established the Division of Trauma. This was the very first organized trauma team in our country. I appointed a senior general surgeon to head the Division and recruited two young surgeons who had just finished their general surgery training in this Department. Surgical residents were rotated through this Division: 3 months in their first year, 3 months in the fourth year, and 3 months in their fifth year. Their assignment was to take care of torso trauma and to be the head of a multi-disciplinary team responsible for managing victims of poly-trauma. This was their only job in the charity wards of the University Hospital. However, we allowed them to do private practice general surgery in the pay wards of the hospital and other hospitals as an incentive, and in order to provide them with income to support their families. Our hospital pays our attending surgeons very little (about US\$250 a month) and no salary for young recruits.

We do not look forward to making trauma surgery a specialty, nor do we envision a specialty board for trauma. This Department has a one-year, post-residency fellowship program to help those young surgeons planning to set up trauma divisions in other Metro Manila hospitals and those who will be practicing in the provinces.

Keywords: support, financial; surgeons; surgery; team, torso, trauma to; trauma; trauma