

ATLS™ INTERNATIONAL

ATLS International is a monthly electronic newsletter that circulates the latest quality information on news and events across the ATLS global spectrum. Please contact Jasmine Alkhatib with questions or suggestions at jalkhatib@facs.org.

REGION XIV: LATIN AMERICA

ATLS Latin Americans Lend a Hand to Haiti

Aruba

The November 2009 issue of *ATLS International* featured an article on the ATLS demonstration course held in Aruba last October. As it turned out, the ATLS training of the Aruba medical team was just in time for what was to occur in Haiti.

From February 8–15, the Aruban government, Red Cross Aruba, and the Dr. Horacio E. Oduber Hospital sent a medical team known as “Team Aruban” to earthquake-ridden Haiti. In various hospitals, Team Aruba helped hundreds of ER patients and conducted more than 70 OR procedures throughout the week. According to Edith Gommers, MD, who led the ATLS demonstration course in Aruba last year, the Adventist Tequini Hospital in Port-au-Prince consisted of 330 tents, each of which housed 10 patients with severe injuries. Dr. Gommers said, “imagine more than 3,000 clinical patients in tents... knowing that, while working in the ER department, 700 patients are still waiting to be helped. It was more rule than exception to see children missing one or more limbs.”

Team Aruba consisted of an orthopedic surgeon, a plastic surgeon, an anesthesiologist, four OR assistants, two volunteers of Red Cross Aruba (with EMT backgrounds), three nurses, and a managing nurse in the ER department, Mr. Ruben Croes, who also participated in the organization of the ATLS demonstration course in October 2009.

Like many others who have recently volunteered their services to Haiti, Team Aruba felt it was difficult to leave the island uncertain that patients will continue to receive the help they need.

“The ATLS course was crucial in helping Team Aruba fulfill their jobs,” Dr. Gommers said. “Thanks to ATLS, our team was prepared to go on a mission to Haiti.”

Team Aruba leading relief efforts in Haiti



ill patients. Moreover, the hospital did not have any staff on duty and had no electricity, water, food, or waste management. Medical supplies were also minimal.

The Chilean team speedily worked with local authorities to create an administrative procedure for incoming medical supplies, which included reception, classification, storage, and distribution. The team also defined roles for staff, established work areas, implemented triage upon hospital admission, and performed triage on patients already admitted to the hospital. Local volunteers assisted in garbage collection and the transportation of corpses.

“Forming an accurate diagnosis of the situation as a whole was extremely complex and beyond any disciplinary analysis. . . . Communities must be prepared for these situations, as hospitals can be very vulnerable, not only from a structural point of view but from a functioning standpoint,” said Dr. Pérez Alarcón.

Soon after Dr. Pérez Alarcón communicated his Haiti experiences to us for *ATLS International*, Chile was hit by an earthquake with an 8.8 magnitude. Our sincerest thoughts are with those affected by the tragedy.

Chile

Just a day after the earthquake struck Haiti, the Chilean Ministry of Health sent humanitarian aid to the devastated island. A group of 20 doctors, including ATLS instructor Heriberto Pérez Alarcón, MD, traveled to Haiti with the following objectives: to provide immediate medical help to the many injured and to create a situational diagnosis in order to organize the aid post.

The Chilean ambassador to Haiti managed the medical team by assigning them to either the University Hospital or the residence of the Prime Minister of Haiti. Dr. Pérez Alarcón joined several of his colleagues at the University Hospital, a health care center with only 235 beds and basic specialties. There were no facilities available for the management of critically



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Mexico

by Enrique Stoopen Margain, MD

To say that the earthquake in Haiti was the largest natural disaster in modern history is not even close to being accurate. It seemed unreal to me, more like a Quentin Tarantino film than reality, but I had to do something. I managed to organize a medical team of specialists (three surgeons, two anesthesiologists, and two orthopedists), and 48 hours later we were leading relief efforts with the Acción Social Universidad Anáhuac (ASUA) in the Caribbean island. We traveled first to the Dominican Republic, for logistical reasons, and hours later drove a van full of food and medical supplies into Port-au-Prince. Without being required to show a single document, we crossed the border early in the morning. The Haitians were eager to see us.

A few medical specialists and I were assigned to work at the St. Mitchell Hospital, about four hours outside the capital, where people were in serious need of medical help. There was no running water, and the electricity was in and out. We put two operating tables in an empty area of the hospital to perform simultaneous procedures in hopes of operating on as many people as possible. Amputations,

“It seemed that the stream of patients would never end. I still feel as though I could have helped at least one more.”

fracture fixations, wound debridement, removal of necrotic and infected tissue, casting, and saving extremities were just a few of the procedures we conducted. The list is long, and the procedures, while some were simple, proved to be very demanding.

Time flew by, and when I was told it was time to leave, I told the nurse that I could no longer see patients. Clasp her hands, the nurse pleaded with me to operate on another, and then another and another. It seemed that the stream of patients would never end. I still feel as though I could have helped at least one more.

I believe the Haitians have demonstrated enormous resilience in the face of unimaginable suffering. The question now is whether they can create a new nation, an honest nation, which not only accepts donations from the world but also bears the responsibility to make good use of them. One minute of destruction will take years

to repair. It is not enough to rebuild Haiti as the country it was before this tragedy. It is necessary to build a better Haiti.

For Dr. Enrique Stoopen Margain's full report on his experiences in Haiti, please contact Jasmine Alkhatib at jalkhatib@facs.org.



Dr. Enrique Stoopen Margain poses with a patient after casting her arm.

REGION XV: EUROPE, MIDDLE EAST, AFRICA

Site Visit in France



The French team gathers together with Dr. Falck Larsen and Dr. Pereira to sign the Memorandum of Understanding for ATLS–France.

While many visit France for its sophisticated wines, cheeses, fashion, and sightseeing, ATLS Region XV representatives traveled to the world's most visited country last February for a different reason: ATLS promulgation.

Establishing ATLS in a new country is no easy feat. One must first submit a promulgation application, along with other supporting documents, for ATLS Subcommittee review. Additionally, a surgical organization in the host country must sponsor the applicant. If the Subcommittee approves the request, a site visit is conducted in the host country to assess the facilities and to ensure the sustainability of the program.

Claus Falck Larsen, MD, FACS (Region XV Chief); Pedro Moniz Pereira, MD, FACS (ATLS–Europe Chairperson); and Laura Bruna (ATLS–Italy National Coordinator) carried out the site visit in Lyon on February 11–12. Members of Société Française de Chirurgie d'Urgence (SFCU) hosted the event. Eric Voiglio, MD, FACS, future Chairperson for ATLS in France, presented a well-received plan to the group, which would further enhance the upcoming stages in promulgation in his country. Meeting participants also discussed the organizational infrastructure, political components, funding, and faculty roles and responsibilities related to the ATLS program.

Site Visit in France *continued*



Logo for ATLS-France

"The site visit was excellent. Dr. Voiglio made a very good decision in choosing his national coordinator. She is very active and motivated," Laura Bruna said of Pascale Lavieville, RN, who recently audited a Student and Instructor course in Italy.

The French are already gearing up for their training course in Lausanne, Switzerland, scheduled for May 31–June 5 of this year. They hope to train at least six potential

instructors. The inaugural course will likely occur shortly after the training, during the month of July. International faculty plan to attend and participate throughout the inauguration.

The team is also working on a French translation of the *8th Edition Student Manual*, which will benefit other French-speaking countries that conduct ATLS courses.

"It's a very exciting time for Europe to accept France as a full-fledged member of ATLS, considering the significance this country has in trauma and European medical practice," said Dr. Pereira.



Visiting ATLS faculty review the facilities at l'Ecole de Chirurgie in Lyon.

REGION XVI: AUSTRALASIA



Region XVI Map

Coordinator Meeting

The ATLS Program office is scheduling a coordinator meeting during the annual international meeting on Saturday, October 2, 2010, in Washington DC. Mrs. Lesley Dunstall, National Coordinator for ATLS–Australia, will help us moderate the meeting this year.

We are requesting your help in creating an agenda for the meeting. Kindly submit possible topics of discussion to your regional coordinator. Additionally, we would like several coordinators to conduct a presentation, so please let us know if you have interest in doing so as soon as possible.

Looking forward to hearing from you!



Pictured: Jasmine Alkhatib and Lesley Dunstall. Lesley Dunstall has regularly coordinated ATLS courses in Australia for more than 20 years.

Region Meeting in March

ATLS representatives from Asia and Australasia will gather in Jakarta, Indonesia, on March 28, 2010, for the annual ATLS Region XVI meeting. Karen Brasel, MD, FACS, ATLS Subcommittee Chair, is scheduled to give a presentation titled "Current Wound Management" on Saturday, March 27.

For more information regarding the meeting, please contact Mr. Suryadi Soedarmo at ssoedarmo@yahoo.com.

About Our Organization...

The American College of Surgeons (ACS) was founded in 1913 to raise the standards of surgical practice and to improve the care of the surgical patient. The College has worked to establish guidelines for the care of the trauma patient. The Advanced Trauma Life Support Course teaches a systematic, concise approach to the early care of the trauma patient. This course is vital to guiding care for the injured patient in emergency department trauma rooms. The course training provides a common language that can save lives in critical situations.