doctors and their teams with persons whose life is imminently threatened due to illness or injury and persons, respectively, who could be affected by such a risk in a short period of time according to the symptoms. Emergency calls are received and processed by the emergency medical assistance service which forms an integral part of the public health service network.
Slovenia, officially the Republic of Slovenia, is a sovereign state located in southern Central Europe at a crossroads of important European cultural and trade routes. It covers 20,273 square kilometers and has a population of 2.07 million.We can see a great progress in the care of trauma patients.A basic-measures with which we have made better results than in past are: better prehospital treatment, a network of hospitals, an ATLS concept, a score evaluation systems.Challenges for the futures are: dispatchers centers, even better prehospital treatment and better interhospital transmissions.
Keywords:Trauma, patients, prehospital treatment.

OP - 006

Polytrauma Trauma score Challenges in Management

Agron DOGJANI

Author Information:
General Surgeon, University Hospital of Trauma, Tirana, ALBANIA

Abstract
INTRODUCTION: Trauma is the leading cause of death for the population of 1-44 years old and occupies the third place after cancer and cardiovascular disease in all age groups. As a result of the improvement of the treatment strategy for traumatized patients, we have a reduction in post-traumatic morbidity and mortality from 40% in the 1970s to 10% in the new century. These achievements consist mainly of improving trauma treatment standards by defining pre- and in-hospital treatment algorithms that are already applied in most countries.
Implementation of the concept for transport time of trauma patient which reduces transport time and therapy during transport has made it possible to improve PT outcomes. Discussing the epidemiology and mechanism of injury in polytrauma and principles of evaluating policy at all levels; during transport, in the emergency department, in the intensive care unit, in the operating room, postoperative care until the patient leaves the hospital.
Identification of evaluation criteria for trauma patient such as: primary, secondary and tertiary assessment.
Examine the elements of hospital management related to accident time, mode of transport (ambulance, car accident, airway), transportation time etc and their impact on the performance of PT.
Emergency Assessment Techniques of trauma patient in Emergency department…
Keywords:Trauma, management, trauma assessment.

OP - 007

ATLS® Course Albania Branch Step by Step

Agron DOGJANI[1], Arben GJATA[2], Xheladin DRACINI[2], Arvin DIBRA[2],Kastriot HAXHIREXHA[3]; Alfred IBRAHIMI[4], Fadil GRADICA[5], Rustem CELAMI[6], Skender BRATAJ[7], Basri LENJANI[8], Hysni BENDO[7], Edvin SELMANI[1], Erjona ZOGAJ[8].

[1]General Surgeon, University Hospital of Trauma, Tirana, ALBANIA.
[2]Lecturer at University of Medicine of Tirana; General Surgeon, Tirana, ALBANIA.
[3]General Surgeon at HospitalofTetovo, RN of MACEDONIA.
[4]Anesthesia and Intensive Care Service," Mother Theresa" Tirana, ALBANIA.
[5]Lecturer at University of Medicine of Tirana; University Hospital "Shefqet Ndroqi" Thoracic Surgery Service Tirana, ALBANIA.
[6]Head of Medical Lab & Imagery Department, ALDENT University, Tirana, ALBANIA
[7]Director of National Center of Medical Emergency, Tirana, ALBANIA.
[8]Director of Emergency Clinic, University Clinical Center of Kosovo, Pristina,KOSOVO
[9]General Physician, National Center of Medical Emergency, Tirana, ALBANIA.
[10]ATLS® Coordinator Albania Branch; Imagery Service; University Hospital of Trauma, Tirana, ALBANIA.

Abstract

For more than 20 years, following the changes that took place in Albania in 1992, we receive information from trauma patients in the media about the delivery of trauma services. Police records are worthy of a war balance report. Trauma is estimated to be the cause of deaths in 13.7% / 100,000 people. Every two days three Albanian Citizens die because of Automobile Accidents… Changes have already taken place, but the question arises, who cares about the trauma and its management? Formerly and now the state ... ok ... but? Is this enough?

The Ministry of Health should have a *"Trauma Committee"* if yes… is it active?

Already of the three years at the heart of these medical emergency management networks is a National Center of Medical Emergency (NCME).

The trauma service delivery is now evolving along the lines of a central and spoken model with a concentration of expertise and specialization in the center surrounded by smaller units that feed from the center. The study showed a 19% increase in the chances of survival since the Introduction of these changes. Another 1,600 trauma victims are alive today due to developments in the administration of trauma patients in England over the past six years.

In this system or mode of organizing what is today the NCME or organizing the transport of traumatized from the scene to the University Hospital of Trauma... by medical staff who have done a substantial part of the PhTLS® course ... How is educational status of personal in other regions far from Capital? ATLS® student courses in our country have been implemented by few and individually… ASTES, by default rules, has acquired the right to organize ATLS® in Albania…

OP - 008

Acute Cholecystitis in Frail Patient

Hayato KURIHARA

Authors Information:

Humanitas Research Hospital, Head, Emergency Surgery and Trauma SectionDepartment of General Surgery,Rozzano, Milan, ITALY

Abstract

Introduction: Acute cholecystitis (AC) is the most frequent complication of cholelithiasis and one of the most common conditions requiring emergency surgery in the elderly. Cholelithiasis accounts for 90%–95% of all causes of AC, while acalculous cholecystitis accounts for the remaining 5%–10

The elderly is at high risk to present an episode of AC, and up to 6% of elderly patients will experience severe AC. Laparoscopic cholecystectomy (LC) is currently the gold standard for the management of acute calculous cholecystitis, with preference for early intervention. In the elderly, however, disease characteristics, comorbidities, and poor functional status augment the risks associated with surgical intervention, which may result in increased morbidity and mortality. Most literature consider as elderly patients those whose age is equal or greater than 65 or 75 years, though these thresholds may not be the most appropriate from the practical point of view.

In the present aging society with frail patient's acute cholecystitis represents an everyday challenge in most surgical teams.

A correct stratification of frailty in the elderly patient is therefore mandatory. Multidisciplinary approach and alternative surgical and endoscopic techniques are helpful to obtain the best possible outcome for these population of patients.

Keywords; Acute calculous cholecystitis, Elderly, Frailty, High-risk patients, Diagnosis, Surgery, Antibiotics

OP - 009

Duodenal fistulas surgical strategies and the role of negative pressure wound therapy

Antonio La GRECA

Authors Information:

Assistant Prof and Senior Staff General, Emerg. Trauma, Rescue, Acute Care Surgery; Vascular Access, Advanced Ultrasound, Rome, ITALY