Invited Commentary to: Interdisciplinary trauma management and quality assessment at the Karl-Franzens University Hospital, Graz

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C. Gäbler

Department of Traumatology, University of Vienna, Vienna, Austria

Considering that there has been and will be a world-wide increase of polytraumatized patients [2] it is obvious that the interest of trauma surgeons has to be in this field. The implementation of trauma centers obviously helps to decrease the number of preventable deaths. The successful treatment of polytraumatized patients requires high personal experience and training of trauma leaders, great skill and an optimal cooperation of different specialists as well as an infrastructure capable achieving immediate diagnosis of life threatening injuries. A further important step to improve the outcome of these patients is retrospective analysis by an expert team and quality management [1, 2].

This paper [3] coming from the University of Trauma Surgery Graz shows the importance of these factors and the impact of a trauma leader. I agree with the authors that a trauma leader is most important in the emergency room. However, I do not agree with the Graz group that the surgeon in whose area the most severe injury occurs is automatically responsible for further diagnostic and therapeutic steps, but think that the surgeon on call with most experience and best training in trauma care (and this is usually the trauma surgeon) should also be the trauma leader, involving specialists of all areas if required.

I absolutely agree with the Graz group that polytraumatized patients should be brought to level I trauma centers immediately to improve their outcome. The annual number of patients and the personal experience in treating these patients is essential for the success. It is therefore irresponsible to transport polytraumatized patients to level II or level III trauma centers first.

I also agree with the authors that time equals life. The faster diagnostic and life saving procedures take place the better the outcome. An important step in speed of diagnosis are multislice CT-scans that can take place nearly immediately after the patient has come into the emergency room. This requires a CT scan available in the emergency room, which should be a standard for all level I trauma centers.

References

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