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Published online: 24 July 2012
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In the article of Dr. Babu, a timely discussion on acute care surgery is coined. It details the problems that occurred in the USA after a decrease in operative interventions in trauma patients for the (general) trauma surgeon. After their quest for further adequate fulfilment of their operative tableau, they changed their focus from only trauma to acute care surgery in a more broad sense, even changing the title of their periodical accordingly. Dr. Babu asks himself (and the orthopaedic community in his country) what these changes mean for the practice pattern in trauma and who should take care of the trauma patient. As many trauma patients need orthopaedic trauma care, he rightfully asks how the future will be for the combination with general trauma care. Who takes care of the general trauma patient? Who will take care of the acute orthopaedic trauma patient? Is there a place for a general trauma surgeon performing, for instance, orthopaedic damage control?

It is not only in the USA have changes taken place in trauma care. Also, in Germany, a profound change has taken place, however in a completely different direction. The “Unfallchirurg”, who undertook every challenge in the trauma patient, be it abdominal, thoracic or orthopaedic in nature, has changed into a trauma surgeon with predominantly orthopaedic trauma as his main focus. The

German Society for “Unfallchirurgie” even merged with the orthopaedic society, nevertheless still being the core society for polytrauma care, as was shown by their recently published “Leitlinie Polytrauma”, in which they published evidence-based practice guidelines for the care of the multiply injured. However, new problems arise; who will take care of the torso trauma? The abdominal surgeon? The cardiothoracic surgeon? As also these fields of surgery change in different more electively chosen fields of interest with the changing expertise of only upper abdominal, lower abdominal and hepatobiliary surgery, for instance. Which surgeon will take care of the multi-system injured patient and who will take care of the patient with more than a fractured femur alone? What trauma surgeon is needed in the developing world, as rightfully addressed by Kenneth Boffard during his presidential address during the International Society of Surgery (ISS) conference in Yokohama? As these developments are not stoppable, the trauma leadership all over the world has to answer these questions. However, it is more than obvious that there is no one right answer!

Conflict of interest None.

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