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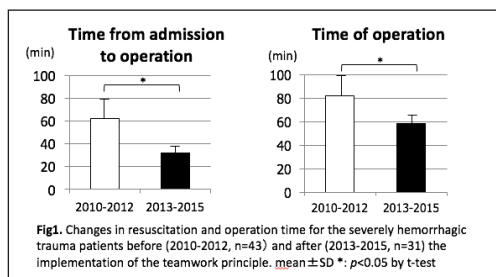


**Yasumitsu Mizobata**

Osaka City University, Japan

**Teamwork training for the trauma surgery**

Massive hemorrhage is one of the major causes of trauma death even in the systematized trauma care. Damage control resuscitation including damage control surgery is the strategy to achieve the early hemostasis and save the severely injured trauma patients. It is important to start the procedure as quick as possible before the acute trauma coagulopathy deteriorates the patient's physiologic status. In addition to prepare all resources, high quality team performance is essential to achieve the good outcome. Recently teamwork training courses for the trauma surgery are recommended. Advanced Trauma Operative Management (ATOM) started in 2008 in Japan. Since 2017, we produced ATOM nurse course. The course contains didactic lecture for thoracic and abdominal injury, in which the instruments and procedures of the trauma surgery are introduced and how to be prepared in the operative theatre. Both the surgeons and the nurses join the teamwork lecture to learn about the team building, leadership and communication. In the animal lab, they will communicate about the awarded situation and decision for the surgical strategy. In the survey to the nurses who participated in the course, high score of satisfaction was observed. In our institute, teamwork training for the trauma surgeons and nurses started. The course teaches non-technical skills for acute medicine, and named as NoTAM. After the implementation of this training, the time since arrival to the operation and the time of the operation were significantly shorter as compared to those in the period of pre-implementation. The standardized mortality ratio tended to decrease from 85% to 77%. In conclusion, the resuscitation for the trauma patient should be started quickly. High level of the teamwork as well as the preparation of all resources for the resuscitation and operation is required. Teamwork training may improve the quality of trauma care and the outcome of the injured patients.



**Recent Publications**

- Mizobata Y (2017) Damage control resuscitation: A practical approach for severely hemorrhagic patients and its effects on trauma surgery. *J Intensive Care*; 5: 4.
- Mizobata Y (2011) Trauma team lessons learned from crew resource management. *J Jap Assoc Surg Trauma*; 25: 111-119.

**References**

- Uchida K, Nishimura T, Takesada T (2016) Evaluation of efficacy and indications of surgical fixation for multiple rib fractures: A propensity-score matched analysis. *Euro J Trauma Emerg Surg*; 43: 541-547.
- Yamamura H, Kaga S, Kaneda K (2013) Chest computed tomography performed on admission helps predict the severity of smoke inhalation injury. *Critical Care*; 17: R15.

**Biography**

Yasumitsu Mizobata has graduated from Osaka City University in 1985 and completed his PhD from Osaka University. He has completed his Trauma Surgery training in Osaka University Hospital and Osaka Prefectural Senshu Critical Care Medical Center. He is the Professor of Department of Traumatology and Critical Care Medicine in Osaka City University and the Director of Critical Care Medical Center and Intensive Care Unit in Osaka City University Hospital.

mizobata@med.osaka-cu.ac.jp