

# Jacobs Journal of Emergency Medicine

## Editorial

### The Next Paradigm Shifts In Japan: “Trauma Surgery” and “Acute Care Surgery”

Yutaka Kondo\*

\*Corresponding author: Dr. Yutaka Kondo, Department of Emergency Medicine, Graduate School of Medicine, University of the Ryukyus, Japan,

Tel: +81-98-895-3331; Email: kondo@kondou2000@yahoo.co.jp

Received: 06-12-2014

Accepted: 06-13-2014

Published: 06-19-2014

Copyright: © 2014 Yutaka

**Keywords:** Acute Care Surgery; Trauma; Emergency; Critical Care; Japan

The next paradigm shifts in Japan: “Trauma surgery” and “Acute care surgery”.

I am honored to write this editorial for the launch of the Journal of Emergency Medicine and sincerely welcome you to this new journal by Jacobs Publishers. I want to provide some perspectives on the situation of acute care surgery in Japan at present.

The field of trauma surgery has shifted from invasive trauma surgery to non-operative management, which has been represented by “trauma incision” [1-3]. Compared with other countries, there are few trauma surgeries in Japan; therefore, maintaining the necessary techniques and skills is our current, biggest problem. We rarely encounter serious trauma cases that necessitate surgeries because there are no large trauma centers. Furthermore, according to the Japanese Trauma Data Bank (JTDB), penetrating types of trauma are uncommon, and gunshot wounds accounted for only 33 patients (0.04% of overall trauma patients) in five years (2008–2012). Most trauma surgeons in Japan have not treated a patient with a gunshot wound. Notably, the JTDB reported that the incidence of preventable trauma death reached approximately 20.5% in the studied period. Although preventable trauma deaths gradually decreased, we cannot say that standard treatment of trauma has widely improved throughout Japan. The opportunity to treat severe trauma cases has decreased; thus, we cannot gather enough cases at one trauma center in Japan.

The concept of acute care surgery appeared to solve similar problems in other countries. Acute care surgery is a new concept that includes trauma surgery, emergency general surgery, and surgical critical care [4,5] into one comprehensive model (Figure 1). There are synergies between acute care surgery and trauma surgery that could be utilized in this model. For example, there are similarities between injured patients and those that necessitate or have had an abdominal emergency [6-8]. Some trauma centers in the

United States have already begun assimilating acute care surgery into their departments, with good results for their patients [9,10]. This change has begun all over the world, and it is considered to be a new form of trauma surgery.

It is strongly expected that the current Japanese medical system will be reformed to enable a higher level of trauma care compared with global standard trauma systems.

The Jacobs-Journal of Emergency Medicine is an online journal that encompasses all aspects of emergency medicine and acute care surgery. It aims to publish articles that contribute to the development of emergency medical science and also encourages submissions that consider the different cultural aspects of emergency care practice [11,12]. I hope and anticipate that this journal will help you develop your knowledge and broaden your experiences related to emergency medicine and acute care surgery.

#### Acknowledgements

I thank the participants in the registry of the JTDB, members of the Trauma Registry Committee in Japanese Association for Surgery of Trauma.

#### Abbreviations

JTDB: Japan Trauma Data Bank

#### Competing interests

I declare that I have no significant competing financial, professional or personal interests that might have influenced the performance or presentation of the work described in this manuscript.



**Figure 1.** The concept of Acute Care Surgery.

## References

1. Croce M A, Fabian T C, Menke P G, Waddle-Smith L, Minard G et al. Nonoperative management of blunt hepatic trauma is the treatment of choice for hemodynamically stable patients. Results of a prospective trial. *Ann Surg.* 1995, 221(6): 744-753.
2. Raza M, Abbas Y, Devi V, Prasad K V, Rizk K N, Nair P P. Non operative management of abdominal trauma - a 10 years review. *World J Emerg Surg.* 2013, 58:14.
3. Ozoğul B, Kısaoğlu A, Aydınli B, Oztürk G, Bayramoğlu A et al. Non-operative management (NOM) of blunt hepatic trauma: 80 cases. *UlusTravmaAcilCerrahiDerg.* 2014, 20 (2): 97-100.
4. Sudarshan M, Feldman L, St Louis E, Al-Habboubi M, El-husseini M et al. Impact of implementation of an acute care surgery service on perceptions of patient care and resident education. *Am Surg.* 2014, 80(4):119-121.
5. Moore H B, Moore P K, Grant A R, Tello T L, Knudson M M et al. Future of acute care surgery: a perspective from the next generation. *J Trauma Acute Care Surg.* 2012, 72(1):
6. Block E F, Rudloff B, Noon C, Behn B. Regionalization of surgical services in central Florida: the next step in acute care surgery. *J Trauma.* 2010, 69(3): 640-643-644.
7. Lissauer M E, Schulze R, May A, Esposito T, Duane TM, EAST. Acute Care Surgery Ad Hoc Committee. Update on the status and future of acute care surgery: 10 years later. *J Trauma Acute Care Surg.* 2014, 76(6): 1462-1466.
8. Hollands M. Acute care surgery and trauma: a marriage of convenience. *Injury.* 2008, 39(1): 90-92.
9. Schenarts P J, Phade S V, Goettler C E, Waibel B H, Agle S C et al. Impact of acute care general surgery coverage by trauma surgeons on the trauma patient. *Am Surg.* 2008, 74(6): 494-501.
10. KjetilSøreide. Trauma and the acute care surgery model – should it embrace or replace general surgery? *Scand J Trauma ResuscEmerg Med.* 2009, 417: 4.
11. Gando S. Journal of Intensive Care: a new journal for all intensive care physicians. *Journal of Intensive Care.* 2013, 1: 1.
12. Lee C H, Chaou C H, Lin C C. The progress of emergency medicine in Taiwan, China, and Hong Kong: perspective from publications in *Emergency Medicine Journals*, 1992-2011. *Biomed Res Int.* 2014, 682375.