

# Editorial

## Acute Care Surgery: A General Surgeon's Final Destination

After the creation of trauma centers in the United States 60 trauma surgery and surgical critical care were born as a surgical specialty. Trauma surgeons cared the injured patients from the emergency department (ED) through the operation room (OR) where they operate injuries to the neck, chest, abdomen and vessels of the torso and extremities, and finally, to the surgical intensive care unit (SICU). Recently, a new specialty was created 'acute care surgery', combining visceral and vascular trauma surgery with nontrauma emergency general surgery and surgical critical care.

This situation differs from country to country. Argentina, as a typical European immigrants-descendants country, has been looking toward Europe in many aspects since years and decades, including culture, sports and sciences, specifically medicine. As a matter of fact, the basic books of anatomy in all Argentinian Schools of Medicine are from France. In this sense, historically the trauma patients were the domain of the orthopedic surgeons who also were general surgeons, until split in two specialties as we know today.

During the late 80 the Advanced Trauma Life Support (ATLS®) program was brought to Argentina, being one of the first Latino American countries to have the ATLS course and providers. The country has a public health system, and today in order to work at any Argentinean's ED, ATLS - training is mandatory.

On the other hand, trauma surgery was never accepted or included at any Argentinean Hospital or University Program as specialty. Per years, were a few attempts to have a Trauma Surgery Fellowship or the so-called second-level residency, which included 2 years after 4 and sometimes 5 years of formal general surgery training. These programs were located in the country's metropolitan area including its capital, Buenos Aires, but all of them failed, either because of political or economical reasons, and emergency medicine was created as a new specialty.

Today, general surgeons manage the trauma and nontrauma patients in every step of their care, from the ED to the OR, except in the ICU, where the patients are managed by the intensivist physician, as in many European countries. When patients are sent to the regular floor the surgeon regain their care until final discharge from the hospital.

Although many Argentinean surgeons looked into the trauma surgery specialty as a model, the reality shows that general surgery field was never left in its entirety and remained socially attached to our European culture roots.

It seems that for many American surgeons it is a very challenging era, especially for those full-trained trauma surgeons, taking into consideration that they have spent their professional life managing injured patients only. To many others acute care surgery is just a general surgeon's final destination.

**Patrizio Petrone MD**

Medical Advisor, Health Research Commission,

Ministry of Health, La Plata,

Province of Buenos Aires, Argentina

e-mail: patrizio.petrone@gmail.com, ppetrone@ms.gba.gov.ar

**Ari K Leppäniemi MD PhD**

Chief of Emergency Surgery, Meilahti Hospital,

Department of Surgery, University of Helsinki, Finland