DSTC Course Preparation Guide

Prior to the course it is important to prepare yourself appropriately. Faculty will expect that you have a strong understanding of the principles of EMST/ATLS, that you have read the DSTC Manual, and that you have watched the two sets of DSTC videos (2005 & 2014).

Better preparation on the part of participants allows faculty members to spend more time addressing individual needs and will allow you to get more out of the interactive presentations, discussions and the procedures in the laboratory sessions.

Questions to guide your reading and viewing are included below.

EMST/ATLS Principles

You need to have revised and be familiar with the principles of EMST, particularly:

- Components of the primary and secondary survey.

- Sequential patient assessment with a focus on ABCDE:
  - airway with c-spine protection;
  - breathing and ventilation;
  - circulation with haemorrhage control;
  - disability, neurological status;
  - exposure/environmental control.

- Identification and treatment of immediately life-threatening conditions.

- Definition of MIST.

- Overview in Part I of the Manual of DSTC (pp.3-11).

- Chapter 1 of the current ATLS Manual.
In your reading, give particular focus to the following areas:

**Organ Injury Scaling System & Anatomy** (pp. 117, 129, 136, 146, 289)

Why are scaling/grading systems for organ injury important? Are they just for research purposes or are there more practical reasons to understand them? What are the scaling systems used for grading injuries to the liver, spleen and pancreas?

**Liver** (pp. 120, 125-127)

What are the operative strategies for temporary control of liver haemorrhage? What are the safe approaches to managing retro-hepatic vena cava injury? What complications may arise from liver injury?

**Spleen** (p. 131)

When is angio-embolisation a useful adjunct to NOM of spleen trauma? What are the indications for operative management of splenic injury?

**Pancreas** (pp. 134-6, 138)

How is the diagnosis of pancreatic injury made? What is the pancreatic injury scale? Outline the damage control principles for managing high grade pancreatic injury.

**Duodenum** (pp. 144-9)

What is the grading system of duodenal trauma? When would you perform duodenal exploration? What are the operative options in repairing duodenal injuries?

**Kidney** (pp. 158-60)

Which patients may be managed non-operatively in renal trauma? How are the kidneys accessed during the emergency laparotomy? How is the renal pedicle isolated?

**Pelvic Fractures** (pp. 168-72)

What are the different types of pelvic fracture? Which patients may benefit from angio-embolisations? What are the damage control strategies in patients with haemodynamic instability?
DSTC Videos

You will be provided with two sets of DSTC videos: one on a DVD located in the back of your manual (2014) and the other (2005) in digital form on the USB you have received. You are encouraged to watch sets of videos. At a minimum, it is requested that you watch the sections relevant to the procedures listed below. During the course, you will observe and participate in each of these procedures. As you watch, record three key steps for each procedure.

Example:

Suturing a cardiac stab wound:
1. Correct positioning and stabilisation of the heart;
2. Selection of suturing material and surgical equipment and assistance;
3. Performing the suture (query pledget and proximity to coronary arteries).

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* This procedure is not currently covered on the DVD but is worth viewing from another source online.