



# Newsletter

International Society of Surgery (ISS)  
Soci t  International de Chirurgie (SIC)

**November 2012**

## News by the President ISS/SIC



*G ran  kerstr m  
President ISS/SIC and ISW 2013*

Dear member

It is with enthusiasm and great expectations I write this message to all of you. The detailed program of the ISW 2013 World Congress can now be read at the ISW congress website ([www.isw2013.org](http://www.isw2013.org)) – take your time to look at it. Thanks to great work by Ari Lepp niemi, the local organizers, ISS/SIC and the Integrated and Participating Societies, and the Finnish group of surgeons, the ISW program now fulfils all expectations to present general aspects on many issues we surgeons currently need to discuss, but also the frontiers of specialized management and recent surgical progress. The Integrated and Participating Societies will report what is new in their fields, often with discussions of pros and cons for new procedures, as minimally invasive and robotic surgery that is rapidly approaching. Some presentations of specialized management are of wide general



*Replot Bridge at Korsholm, Finland*

**November 2012**

interest, such as metabolic response and nutrition for enhanced recovery after surgery; what every surgeon needs to know for treatment of abdominal emergencies and management of abdominal complications; and how to promote safe surgery. There will be teaching about vascular injuries, the role of vascular surgery in major abdominal procedures, and specialized surgery for neck paraganglioma. With involvement also of orthopedic surgeons there will be focus on complicated trauma management, with thoracic surgeons teaching on thoracic trauma and thoracoscopy, and with other specialists teaching on burns resuscitation and hand surgery. The pediatric surgery program will present common and acute pediatric problems, and specialized surgery for malformations and malignancy. Highlights of the Congress will be the Martin Allgöwer lecture by Jacques Marecaux "Surgery and computer sciences: inventing the future", and the Grey Turner lecture by Lars Pählman: "Radiotherapy for rectal carcinoma in 2013". Focus on women in surgery will be given with AWS sessions "How to maintain excellence in economically challenging times", and "Career advancement and leadership challenges for women". The ASAP (Alliance for Surgery and Anaesthesia Presence) will present

itself for the ISS/SIC and address issues of unmet surgical needs and humanitarian surgery, with the sessions "The burden of surgical disease", and "Humanitarian Aid".

We have to do all we can now to reach high attendance at ISW 2013 in Helsinki, and offer possibility for a large number of younger surgeons to visit the city and become members of the ISS/SIC. There will be a multitude of clinical skills and video sessions for trainees, and also extensive pre- and post congress course activity by all Integrated Societies. The costs for younger colleagues are markedly reduced and hopefully many can have support by older colleagues, surgical departments, and national surgical societies. For the younger colleagues the congress will be a great experience, and their integration and participation in the program represents the important investment for the future of the ISS/SIC.

You can also read at the web-site and in the historical Newsletter reports by professor Dorothea Lieberman, that the ISS/SIC (initially named La Société Internationale de Chirurgie), was established already in 1902 to serve the progress of surgical science and research and avoid political conflicts,

and had its first international Congress in 1905. The ISS/SIC is now the oldest international society in general surgery, and has succeeded to promote communication between surgical disciplines for more than 100 years. Consequently, there are grounds to expect that the ISS/SIC could contribute to global surgical education, and now also to provide help with teaching which is urgently needed in many developing countries. We want the ISS/SIC, via the Academy and the Integrated Societies, to become part of a global outreach program of humanitarian surgery, offering help to initiate teaching according to variable needs in different areas of the world.

Now, plan for ISW 2013 with your colleagues, it will be a great adventure and a fantastic place to visit, and you can contribute so much to make a successful start-off for the ISS/SIC and its new important teaching activities we hope may come.

Looking forward to seeing you all in Helsinki.

Göran Åkerström  
President ISS/SIC and  
President ISW 2013 in Helsinki

## News by the Secretary General ISS/SIC



*Jean-Claude Givel*  
Secretary General ISS/SIC

### **A New Newsletter has a Great Potential!**

The aim of the biannual newsletter of the International Society of Surgery (ISS/SIC) is to provide members with information about current activities and future projects, as well as the everyday life of the society. This important marketing and communication tool should also serve as a means by which the network of members can communicate and share ideas on a regular basis. In between receiving newsletters, members should be able to keep up-to-date on important issues by accessing the News section on the homepage of the society that will be developed shortly.

As you have surely noticed from the newsletter which has been published last July,

it now appears in a new size and is enhanced with a more attractive design. The actual aspect is an opportunity to further improve the quality of content and also to increase the attractiveness of this essential way of both internal and external communication.

To improve the value of the information published in the newsletter, we would like to receive material about specific topics of interest from the Integrated Societies. National chapters are invited to send news about their activities, as well as the professional reality in their respective country. Interesting experience from individual members will also be more than welcome. Themes related to specific groups of members, for example surgeons in training or women surgeons would equally be greatly

appreciated. Keeping contemporary surgeons informed about history is another theme we would like to develop. If you want to express an opinion or share concerns, they will be published as a kind of « letter to the editor ».

These are a few examples to show how we would like to develop the profile of the ISS/SIC newsletter in the future. In doing so it is expected that it will surely move towards becoming a sort of international surgical bulletin, and offer another good reason to be a member of our unique society.

Please don't hesitate to let us know what you think about this evolution. As we, in the office in Lupsingen, will do the editing of the newsletter, we would be delighted not only to receive your opinion or suggestion but also to accept any help, to make our task more effective.

The next ISS/SIC newsletter will be posted by the end of April 2013. We invite you to submit suitable material for inclusion in it by the end of March at the latest. This may consist of articles, reviews or letters relating to development issues and/or news

concerning your country. Inclusion of your article in the newsletter will be upon decision by the Editor of the Newsletter.

Jean-Claude Givel  
Secretary General ISS/SIC

## Greetings from the “Treasury”!



*Sats Pillay  
General Treasurer ISS/SIC*

As we draw the curtain on 2012, we hope the uncertainty in the world's financial markets will stabilize in the New Year. Market fluctuations particularly with respect to the exchange rates between the Dollar, Euro

and Swiss Franc, has made it difficult to remain within budget – our projection is that costs will increase by 15 – 20%.

We are fortunate that income from the WJS gives us some degree of stability.

Although we budgeted EURO 60,000 as seed money to start up the ISS Academy Foundation, over budget expenditure is anticipated in the region of an additional EURO 40,000. Swiss law stipulations oblige us to deposit the full amount of EURO 60,000 into the Foundations account, without deducting expenses incurred to date.

Members are kindly requested to pay their annual dues on invoice – outstanding dues will be invoiced together with 2013 subscriptions. The functionality of the ISS/SIC office is very dependent on your subscriptions – you are reminded that all office bearers receive no remuneration and fulfill their obligations for the benefit of the ISS/SIC and the world's surgeons.

Best wishes and sincere thanks for your support.

Sats S. Pillay  
General Treasurer ISS/SIC



*A hayrick in the countryside, Finland*

# Report by the LOC ISW 2013



Ari Leppäniemi  
President LOC ISW2013

Dear colleagues and friends

It is with great pleasure that I invite you to attend the International Surgical Week ISW 2013 to be held in Helsinki, Finland on August 25–29, 2013. The congress is jointly organized by the International Society of Surgery (ISS/SIC) and the Finnish Surgical Society (FSS). August in Helsinki is one of the best times of the year, warm and long days, beautiful evenings (no mosquitoes) and lively cultural activities going on into the pleasant nights. A wide range of hotels in all prize categories, functional and user-friendly public transport (free tickets

for the whole week will be provided to congress participants by the city of Helsinki), live music, from classical to jazz, clubs and discos, superb restaurants and cozy cafeterias, church inside a rock, theatre and opera, ballet, book shops and shopping centers, just waiting for you to come! Something for everyone's wallet (we use Euros) and taste.

There are many favorable things associated with Finland, our advanced welfare state with free health care and education, our innovative technology and design from Nokia to Marimekko, famous architectural achievements (Alvar Aalto), wonderful nature with more than 100.000 lakes, sauna, Santa Claus, Sibelius – but why don't you come and see for yourself, and bring your spouse and children, make it an enjoyable family holiday. And don't forget the Moomins; your children would most certainly appreciate the visit to the Moomin land!

The scientific program has been put together by the ISS/SIC and its Integrated Societies as well as by the international and

Finnish participating societies. There are sessions in digestive, trauma, endocrine, breast, endoscopic, esophageal, pediatric and military surgery as well as sessions in surgical metabolism and nutrition, burns, women in surgery and regional surgical programs. In addition, specialty societies under the umbrella of the Finnish Surgical Society will have programs in orthopedics and traumatology, urology, vascular, cardiothoracic, hand and plastic surgery. The congress offers interesting sessions with up-to-date information delivered by world leaders in their field to surgeons from all specialties as well as cross-specialty sessions in areas of joint interests. Pre- and post-congress practical courses will be organized by the Integrated Societies. And there will be special sessions for trainees.

The social program includes the Opening Ceremony on Sunday evening, Helsinki Night on Monday starting with a reception followed by lively party with a 1950's theme in a nearby restaurant (with cheap tickets that include food and drinks!), society dinners on Tuesday evening and a chance to



Why not take a boat tour around Helsinki area?



*Sailboat at Helsinki Harbour*

relax and have some free time on Wednesday evening.

Once you are in Helsinki, why not visit our close neighboring cities, St. Petersburg, Tallinn or Stockholm, or cross the Polar circle and go up to Lapland, see the wonderful and exotic nature, maybe combine that with a visit to Norway and see the fjords and the midnight sun.

It is expected that more than 1000 Finnish surgeons in addition to international delegates will attend the ISW2013 offering a

scientific program for all surgical specialties, extensive trade exhibition, exciting social events, and a place to meet old friends and make new friends, from all over the world.

The joint organizer of the ISW2013 is the Finnish Society of Surgery. It was established in 1925 on the initiative of Professor Richard Faltin, a well-known war and trauma surgeon from the First World War. He served as the first president of the society and in his honor the Society has established a named lecture, the Faltin lecture,

given every year at the FSS Annual Meeting by a prominent international or Finnish surgeon. The mission of the Society is to promote surgical knowledge, skills and research in Finland, and acts as the main representative of Finnish surgeons participating actively in the public discussion of health care and policies in Finland.

The Finnish Surgical Society is an umbrella organization with about 1400 members comprising 75% of all surgeons in Finland. All major surgical specialties are presented by a specialty society representative in the FSS Board and participate actively in the daily work of the Society. The specialties include general, digestive, cardiothoracic, vascular, orthopedic, urological, plastic, hand and pediatric surgery. In addition, several other surgical specialty societies and sections, such as the breast surgery, neurosurgery, maxillo-facial, and traumatology societies participate in the FSS annual meeting with their own program.

FSS publishes a peer-reviewed scientific journal in English, the Scandinavian Journal of Surgery containing original scientific report and review articles of all surgical fields presented by the Society. The current Impact factor is 1.06. The articles are freely available and can be downloaded as pdf files from the journal website ([www.fimnet.fi/sjs](http://www.fimnet.fi/sjs)) immediately after publication of the article, in one of four annual issues.

Welcome to Helsinki!

Ari Leppäniemi  
President  
Local Organizing Committee ISW2013

## News by the Editor in Chief WJS



John Hunter  
Editor in Chief WJS

The World Journal of Surgery is 36 years old. Over the past decade it has transitioned from a journal well known for high quality symposia and review articles to one of the top publishers of original peer-reviewed articles in surgery, worldwide. In a world where more and more surgeons are gravitating towards subspecialties and subspecialty journals, journals publishing a wide variety of surgical papers are challenged. A handful of journals, including the WJS, continue to do very well despite this trend. In fact, the WJS is becoming more and more selective in our publications, accepting only 20% of the 1800 manuscripts sent our way every year. While this may leave many high quality well-written papers “on the sidelines” we are deeply appreciative of our society members, our authors worldwide, and the dedicated editorial board supported by an even larger group of superb guest reviewers. Without this core of dedicated authors and editors we would not be succeeding.

Every other year the WJS associate editors meet to discuss the current status and future of the Journal. This year we met in Lausanne, Switzerland, close to the ISS/SIC offices and home to our Secretary-General as well as two Swiss Associate Editors, Walter Marti and Dieter Hahnloser. During the retreat we spent a great deal of time examining our current makeup and our review processes to make sure they were uniform, standard, and fair. At the end of the day, a brainstorming session allowed us to plot the future of the WJS, to make ourselves more accessible to our readers. Clearly, an emphasis on electronic communication, rapid communication, and rapid review turnaround time was emphasized.

The “bottom line” of our meeting in Switzerland was to reaffirm our commitment to supporting the ISS/SIC, and its Integrated Societies. In addition, a new partner for the WJS was created – the Alliance for Surgery and Anesthesia Presence (ASAP). This society is under consideration as the next Integrated Society of the ISS/SIC. For several years WJS has been the voice of ASAP, a society to creating the sustainable presence of surgeons, anesthesiologists, and operative resources in low and middle income countries. Education, health services management, advocacy, epidemiology, and economics have always been central to this group. They have made it their goal not to just put doc-

tors on the ground in remote settings, but to understand, organize, and mobilize the local governments and health systems to provide better health care for all people in the world, no matter the latitude or longitude of their community. Charlie Mock, our WJS associate editor, is an officer of this society as well as an international leader in the field.

At the retreat we discussed the launch of a new feature for the World Journal of Surgery. This feature will include questions and answers to frequently asked questions in the practice of surgery. The goal of this feature is to help surgeons worldwide understand the evidence and experience to guide decision making in areas of great controversy. Look for this feature to start in 2013.

In 2012, WJS welcomed the following new editorial board members: Jacques Belghiti, an HPB surgeon from France; Peter Crookes, a bariatric and foregut surgeon from the U.S.; Larry Hadley, a pediatric surgeon in South Africa; Tapio Hakala, a thoracic surgeon from Finland; Christoph Kettelhack, an oncologic surgeon from Germany; Barbra Miller, an endocrine surgeon from the U.S.; Jean de Ville de Goyet, a pediatric surgeon from Italy; and Sarkis Meterissian, a breast surgeon from Canada. New editorial board members get nominated by our associate editors and appointed by



WJS Retreat Lausanne, Switzerland



Danny Rosin is awarded “Editor of the Year”

### Thoughts by the Editor of the Year

I often think about our role as reviewers and editors. Since we do it for free, it is obviously a job we think of as important and meaningful.

In a way what we do is a mixture of judgment and censorship.

But in this era of knowledge widely accessible for all, what is the meaning and what is the effect of our action? Sure, some manuscripts are pure junk written by cynic authors. But many articles were written by hard working surgeons, who found their message important enough to be worth the effort of writing and revising and analyzing and submitting and re-submitting. And we, based of course on our experience and knowledge, decide, in sometimes less than a totally objective way, whom to the right and whom to the left. And then, sometimes shortly thereafter, we may find the article published elsewhere...

So our job is demanding, and frustrating, and sometimes unfair (I'm sure we have all, at least once, cursed in our hearts a reviewer who rejected our own, beautifully written manuscript), and sometimes futile in front of the huge flow of articles and the huge business of publishing.

So why should we continue to do it, serve as free-willing censors?

I believe it's because we are all committed to our profession, and we believe we should do our best to keep it as a high-quality profession. And above the wide sea of mediocrity we want to keep this journal as a high-rising lighthouse. And to do that we have to be serious, not only by selecting and rejecting but also by trying to improve, suggest, give another chance, and remember that on the other side of the manuscript there is usually a hard working surgeon, just like us, trying to improve his profession.

Danny Rosin, Israel

in Chicago. Danny is a senior surgeon at Sheba Medical Center and is a Senior Lecturer in Surgery at the Sackler School of Medicine in Tel Aviv. His practice focuses on advanced laparoscopic surgery, hernia repair and breast surgery.

The WJS looks forward to Helsinki, in August 2013. At Helsinki we will again offer the Writer's Workshop, a very popular high intensity workshop where junior authors have tight exposure to the world's leading authors and surgical editors. The 3-day workshop will be limited to 48 attendees, so please sign up early by registering for ISW2013 if you want to benefit from this intense one-on-one experience. Also at the ISW we will be announcing the best papers of 2010 and 2011.

From the home office in Portland, Oregon, our managing editor Laura Shearer and I are very grateful for the support of you, our members, and our leadership at the ISS/SIC. Please mark your diaries to attend ISW next year. Helsinki is beautiful and the ISW Congress is like no other surgical meeting anywhere in the world!

John G. Hunter  
Editor in Chief WJS

our ISS/SIC executive committee after service as guest editors.

Two years ago we started a tradition of naming an Editor of the Year. The first year our Editor of the Year, Markus Schafer

from Switzerland was recognized for his thoughtful reviews of over 20 manuscripts a year. This year a similarly thoughtful and hard-working surgeon, Danny Rosin from Israel will receive the Editor of the Year designation at our Editorial Board meeting

## Greetings from the Administrative Office

Here at the Administrative Office ISS/SIC we have had quite a challenging year which was partly driven by the actual economic situation but also in view of new ISS/SIC projects and regular business which seems to ever increase our organizational efforts. Also, Mrs. Caroline Imeri has been accepting a new assignment and her experience and skills in keeping the membership of ISS/SIC in good condition will be missed. Nevertheless, we wish her all the best with her future projects and challenges. Our Administrative Office, however, is still in a position to function at the usual pace and our services to the ISS/SIC membership should not be affected in any way.

For the time, Mrs. Anuschka Erb-Gassler completes the duties held by Mrs. Imeri on a part-time basis, but we are sure that you will experience the same competent service as you are used to.

The end of the year is approaching quickly and we take pleasure in sending you our sincerest wishes for the forthcoming holiday season and the incoming New Year.

With best regards,  
Your Administrative Office Staff  
Victor Bertschi, Chris Storz,  
Marianne Bertschi,  
Anuschka Erb-Gassler.



## News from IAES



*Robert Udelsman*  
*President IAES*

The IAES has organized an outstanding scientific program for ISW 2013 in Helsinki. The program includes interesting case presentations, multiple free paper sessions, a luncheon session on the Optimal Management of Cushing's Syndrome, a State-of-the-Art lecture on Minimally Invasive Surgery by W. Chung (Republic of South Korea), the IAES Peter Heimann lecture on Primary Hyperparathyroidism by J. Bilezikian (USA), a luncheon session on Prophylactic Central Lymph Node Dissection, the IAES Presidential Lecture on The History of the IAES by R. Udelsman (USA), a combined IAES/WOFAPS session on Hereditary Endocrine Tumors and Pediatric Endocrine Surgery, a State-of-the-Art lecture on Endocrine Hypertension by W. Young (USA), a luncheon session on Neuromonitoring and Laryngology, and a Clinical Skills Video session for trainees. This promises to be an outstanding program for both senior and junior endocrine surgeons alike.

We are pleased to announce that corporate sponsorship has been obtained from Novartis Pharmaceuticals Corporation in the amount of \$100,000. This will allow us to carry forward all of our meeting program goals. We are most appreciative of their continued support.

A number of prizes will be awarded at the meeting, as has been the tradition. There will be two IAES poster prizes that will be awarded to the presenting authors of the best posters in the field of endocrine surgery – best clinical and best basic science. In addition, there will be two IAES free paper prizes that will be awarded to the two best free paper presentations – best clinical and best basic science. These awards will be given out at the society banquet.



*Geoffrey Thompson*  
*Secretary-Treasurer IAES*

In addition, travel scholarships will be made available by the IAES. Application for these scholarships will require the following: preference will be given to more junior presenting surgeons from countries that support the IAES mission of broad geographic representation. Presenters who have oral or poster abstracts accepted for the 2013 IAES meeting and who wish to apply for a travel award from the IAES should submit:

- 1 a cover letter listing the title and number of the accepted abstract, as well as the importance of the award to the applicant
- 2 a curriculum vitae that includes listing of the applicant's years of surgical training and prior publications
- 3 a letter of reference from a mentor in surgery explaining the importance of this award to the applicant

All applications must be complete and in the IAES secretary's office by June 10, 2013, and can be submitted either as hard copies or electronically by e-mail. E-mail is preferred and all received e-mails will be confirmed by return message. Applicants will be notified of the awards by July 1, 2013.

In addition, there will be a few IAES travel scholarships made available to applicants from underserved areas that do not have an accepted oral or poster abstract. More details on these scholarships will be available at a later date.

Caj Haglund from Helsinki, Finland, and his local organizing committee (LOC) are working very hard to put together an exciting social program. Hotel rooms will be blocked for IAES members at two diffe-

rent hotels, including the Holiday Inn and Crowne Plaza Hotel. The Holiday Inn is very close to the conference center and the other hotels will be in the downtown area. Transportation is readily available between the conference center and the downtown area. Caj and his LOC are working on a wonderful venue for the annual banquet on Tuesday night at the Crowne Plaza Hotel. Further information will be forthcoming.

We are also exploring another possibility so that further ties to our Nordic friends may occur in the days prior to the IAES meeting, which starts on Sunday, August 25, and runs through Thursday, August 29, 2013. The Swedish Surgical Week meets in Uppsala the week prior to the IAES meeting. A working idea is to have a Swedish endocrine surgeons meeting on Thursday, August 22, switch to a Nordic meeting on Friday, August 23, and then arrange a common overnight boat trip from Stockholm to Helsinki in time for the IAES meeting. An international day on Saturday in Helsinki is also a possibility that is being explored. Further details will follow.

Rob Parkyn from Adelaide, Australia, continues to represent the International Endocrine Surgery teams (INTEREST) and is playing a lead role for the IAES. Rob is working very closely with the inaugural dean of the ISS-Academy to help form a central focus in support of global educational initiatives, particularly in developing countries.

The IAES is alive and well, with over 400 members from 52 countries. We continue to be a vibrant organization, and no doubt, this will be demonstrated in the upcoming meeting. Please make your reservations early, as we look forward to greeting you in Finland this coming summer. Please note that the abstract deadline for the IAES is January 7, 2013.

Best wishes to you all.

Robert Udelsman  
President IAES

Geoffrey Thompson  
Secretary-Treasurer IAES

# News from IATSIC



Selman Uranues  
President IATSIC

Dear Members and interested Readers of the IATSIC Newsletter,

The vacation period is over but since the many people involved in preparing for the **International Surgical Week ISW 2013**, August 25–29, 2013, in Helsinki did not spend the whole summer sprawled on the beach or scampering up mountains, we are on or ahead of schedule in planning a terrific meeting in the Far North just a year from now.



Most especially, the Program Committee under the leadership of Charles Mock, together with the Executive Committee and with assistance of Council members, now has put together a very concrete program. As mentioned in the last newsletter, the main focus of IATSIC will still be on trauma



*DSTC, hands-on training*

and surgical critical care, but the Helsinki meeting will provide more emphasis on acute care surgery, in accordance with the recognized trend toward this new field that covers emergency surgery with and without trauma. There are three main sessions devoted to acute care “Peritonitis and GI bleeding,” “Acute care surgical techniques for abdominal emergencies,” “Bleeding and perforation” as well as main sessions that cover both acute care and trauma surgery topics e.g. “Most difficult problems on call,” “Critically ill or injured obese patient”. And, as promised, nutrition will receive more attention than in the past with such interesting presentations as “The rationale for feeding obese patients in the ICU,” and “Nutrition in the trauma patient.”

Besides providing cutting-edge specific new information, international meetings should provide a wide perspective on matters of current global interest. To that end, there will be a main session on “Trauma systems development: How to affect public policy” with round-the-world representation, as well as on “Education – Training models in different countries.”

These are only a few highlights. As always, there will be handpicked free papers and posters, with prizes for the very best ones. To increase the suspense, we are still keeping mum as to who will present the Trunkey Trauma Lecture: come and be surprised!

With the help of LOC President Ari Leppaniemi and Tina Gaarder, IATSIC is organizing a DSTC™ course prior to ISW to give interested Congress attendees the chance to attend this now classic course in trauma management. Life-threatening surgical conditions are discussed in a decision making matrix and hands-on surgical expertise is obtained through work at skill stations with both cadavers and live anesthetized animals.

We will also have the good fortune to offer a pre-Congress course in Medical Response to Major Incidents (MRMI) under the direction of Sten Lennquist. The course is based on an advanced simulation model training the whole chain of response:



*IATSIC dinner during the ISW 2011 in Yokohama*

scene, transport, hospitals, coordination & command, also including training in triage and individual patient management.

The ISW 2013 should, however, allow not only scientific interactions but also provide an attractive social program during the week to encourage personal contact and exchange of ideas. The photograph from the Yokohama Congress shows how lively and congenial the traditional IATSIC dinner was. We hope that the dinner in Helsinki will be just as popular.

As you see, plans for IATSIC 2013 in Helsinki have really firmed up, but over the course of the coming year you will receive regular updates here and on the Congress homepage [www.isw2013.org](http://www.isw2013.org).

If you have not yet done so, be sure to save the week of August 25–29, 2013, and book your flights to Helsinki timely to get a good price for your tickets. I'm already looking forward to seeing you there.

On another, but related front: Charles Mock, our Program Chairman and IATSIC President-elect has provided an interesting report on the recent work of IATSIC's Committee on Essential Trauma Care (see below). Be sure to read this valuable information and check out the links to the Websites he mentions.

"IATSIC's Committee on Essential Trauma Care has worked closely with the World Health Organization (WHO) and other partners to promote a minimum, effective level of resources for trauma care globally, even in the poorest countries. IATSIC and WHO have co-produced two publications for this

purpose: Guidelines for Essential Trauma Care (2004) and Guidelines for Trauma Quality Improvement Programmes (2009), both of which have been used in many countries globally.

In an effort to further promulgate the recommendations in these publications, IATSIC and WHO have gone on to create a set of instructional materials for two separate short (2 – 3 day) courses: one on trauma quality improvement and the other on trauma system planning. These instructional materials, including PowerPoints, handouts, and facilitator's guide are freely available on the WHO website to whomever might want to use them. [http://www.who.int/violence\\_injury\\_prevention\\_capacitybuilding/courses/en/index.html](http://www.who.int/violence_injury_prevention_capacitybuilding/courses/en/index.html)

During the past year, IATSIC members, WHO staff, and others have used these materials to conduct courses on QI and/or trauma system planning in: Kenya (by WHO); Liberia (through the West African College of Surgeons); Paraguay and Brazil (through the PanAmerican Trauma Society); Malaysia (through the Asia Pacific Trauma Quality Improvement Network – APTQIN); and Thailand (through APTQIN and the Royal College of Surgeons of Thailand). Members of the Committee for Essential Trauma Care are available to assist any IATSIC member who might want to use these materials in their own work. Those interested should contact Charles Mock ([cmock@uw.edu](mailto:cmock@uw.edu)).

In order to more effectively advocate for improvements in trauma care, IATSIC, the International Society of Surgery, WHO, and other partners have founded the Global Al-

liance for Care of the Injured. This Global Alliance seeks to increase the political priority given to trauma care by international organizations, donors, and especially country governments. Further information on the development of this Global Alliance can be found at: <http://injuryprevention.bmj.com/content/18/1/69.full.pdf+html>

In addition to its work in advocacy, the Global Alliance has created working groups for several technical projects. One of these (Project Group for Trauma System Development) is setting out to develop a tool and related process for evaluation of national and provincial/state trauma systems, in order to identify potential low-cost improvements that could subsequently be implemented by country governments. This project is seeking to adapt to the circumstances and realities of low- and middle-income countries, materials and processes already developed by the American College of Surgeons (ACS) Trauma System Evaluation and Planning Committee (TSEPC). Partners on this Project Group include: IATSIC, WHO, ACS's TSEPC, the Asia Pacific Trauma Quality Improvement Network, and the PanAmerican Trauma Society."

I am truly impressed by the work that is being done by these organizations to improve trauma care for the less materially advantaged throughout the world and I am proud that IATSIC, with Charles Mock as leading representative of our association, is importantly involved in it.

Selman Uranues  
President IATSIC

## IASMEN at Helsinki



Olle Ljungqvist  
President IASMEN

Dear Fellow Surgeon

We are now less than a year away from the next major event in surgery – the International Surgical Week in Helsinki, August 25–29. It is my pleasure to welcome you to this event and to the sessions organized by IASMEN.

The program for IASMEN contains several sessions in collaboration with the other societies. This is a natural development given that all surgical disciplines see the benefits of focusing on perioperative care for the improvement of outcomes. Many surgeons are realizing that there are metabolic changes behind many of the most common surgical complications including infections, that fluid balance is the key for

gut function and avoiding complications. Many surgeons are realizing that there is a whole range of treatments we can choose to use or not use. Many surgeons find that it is time to abandon some of the old traditions for modern care, including overnight fasting, unnecessary bowel preparations, and slow return to oral intake after surgery. Many of the old traditions have ample evidence to show that they are outdated.

Recent studies also show that the development of insulin resistance after surgery, a type of trauma induced diabetes, is linked to the development of major complications. There are many ways to dampen the stress response to the surgical insult and this is one of the key mechanisms for the faster return of function and improved recovery.

IASMEN along with two other international societies – The Enhanced Recovery After Surgery (ERAS) Society for Perioperative care and the European Society for Clinical Nutrition and Metabolism have just published new guidelines for perioperative care in the World Journal of Surgery, already available on line. The guidelines give directions for optimal care for colonic, rectal and pancreatic resections.

The program in Helsinki will be highly influenced by fast developments of the understanding of surgical recovery and avoiding of complications. IASMEN will hold several sessions devoted to the practicalities of changing practice but also to mechanisms behind the development of complications.

On behalf of the IASMEN executive and organizing committee I bid you all heartily welcome to send in your work to the congress and share your experiences in ERAS and meet some of the leading people in the field of perioperative care. We are particularly happy to present Professor Marco Braga from the famous San Rafelle hospital in Milan to share his experiences in pancreatic surgery and nutrition and metabolism as the José F Patiño lecturer.

So do not miss the deadline for submission of abstracts (January 7, 2013). We look forward to seeing you in Helsinki.

Olle Ljungqvist  
President IASMEN

## News from BSI



*Polly Cheung*  
*President BSI*

Dear members,

I have the pleasure of reporting my visit to the inaugural meeting of BIGOSA (Breast Interest Group of Southern Africa) and the annual Taiwan Breast Cancer Society meeting, both in September. At both meetings, I shared the experience and practice of breast cancer surgery unique to both countries: treatment of breast cancer in AIDS patients; breast conserving oncoplastic surgery in small Asian breasts. Breast Surgery International has provided a platform for us to meet with surgeons from different parts of the world, sharing and enhancing our own practice and stimulating new research ideas.

The upcoming International Surgical Week in Helsinki will give us the opportunity to meet with old and new friends, share our latest practice and research results.

The scientific program for the coming International Surgical Week in Helsinki 2013 will include the Veronesi Lecture to be delivered by Professor Werner Audretsch from Düsseldorf, Germany, a pioneer in the field of oncoplastic breast surgery.

There will be an ultrasound course and oncoplastic breast surgery course. The main sessions include:

### Symposia:

- Screening and risk assessment in breast cancer
- Tailoring treatment to tumour biology and staging
- Improving breast health outcomes in countries with limited resources
- Extended breast cancer care



*Taiwan Breast Cancer Society meeting*



*BSI Representation at BIGOSA, South Africa*

**Debates:**

- Resection margin showing no tumour at inked margins are sufficient in breast conserving surgery
- Breast reconstruction is contraindicated in women who will require radiotherapy post-operatively

Other programs include case discussions and poster presentations, lunch symposium on new technologies for breast cancer management.

You are invited to share your experience and research results by free paper or poster presentation and to interact with

speakers and surgeons from countries in different continents throughout the main sessions and over coffee break. Do register early, send in abstracts for competition in Awards for Best Oral and Poster Presentations. Applications for young surgeons from developing countries are encouraged as we offer a maximum of 8 BSI awards to subsidize your travel to participate in the BSI scientific program. Participants are also invited to bring up cases for discussion in our breakfast sessions by our expert panel.

Polly Cheung  
President BSI

Deadline for applications: June 1, 2013  
**Application for BSI Travel Award to:**

**Dr. Omar Youssef**

Secretary, Breast Surgery International  
Assistant professor of surgical oncology  
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Website: <http://www.breast-surg-intl.org>



*Street scene in Helsinki*

## A note from the President of the ISDS



*Marco Patti  
President ISDS*

Dear Friends,

As the meeting of the International Society of Surgery (ISS/SIC) in August 2013 is getting closer, I would like to update you on the activity of the International Society of Digestive Surgery (ISDS). Our program has been developed and these are the highlights:

Career development course: On Sunday August 25<sup>th</sup>, before the official opening of the Congress, the ISDS and the World Journal of Surgery (WJS) are sponsoring

a career development course that will address the needs of residents, fellows and junior surgeons planning an academic career. The course will follow the model successfully brought around the world by the Association for Academic Surgery (AAS). Speakers will be from the AAS, ISDS, WJS and the International Association of Surgical Metabolism and Nutrition (IASMEN).

The ISDS will cover the following sessions with world experts: benign and malignant esophageal diseases, gastric cancer, pan-



ISDS Crew at ACS 2012 (Alberto Ferreres, Marco Patti, Wai-Lun Law)

creatitis and pancreatic cancer, liver surgery, management of complications of HPB surgery, inflammatory bowel disease and colon cancer, hernias and NOTES.

Free paper and poster sessions on the same topics.

ISDS Grassi Prize Session: During this session 6 original papers will be presented. The winner will be awarded the Grassi Prize (EURO 1000). The 6 manuscripts will be published as an ISDS symposium in the *World Journal of Surgery*.

There will be **2 joined session with IAS-MEN**: Metabolic surgery and Enhanced recovery after surgery.

**Presidential lectures**: Finnish Society of Surgery (Pauli Puolakkinen); Society for Surgery of the Alimentary Tract (Jeff Matthews); International Society of Digestive Surgery (Marco Patti)

**State of the art lectures dedicated to trainees**: The evolution of minimally invasive surgery for benign esophageal disorders (Carlos Pellegrini); Bowel spa-

ring strategies in Crohn's disease (Fabrizio Michelassi); Barriers to evidence collection in HPB surgery (Guy Maddern); To be or not to be an academic surgeon (Melina Kibbe); Robotic surgery for gastric cancer (H.K. Yang).

Overall we think that this will be an outstanding Congress and the ISDS is proud to join the other Integrated Societies of the International Society of Surgery and the Finnish Surgical Society for the International Surgical Week in Helsinki in 2013.

Marco G. Patti,  
President ISDS

## Did you know ...?

### Theodor Kocher: The first Congress-President of the International Society of Surgery (ISS/SIC)



Dorothea Liebermann-Meffert  
Historian ISS/SIC

nal Society of Surgery was founded 1902 in Belgium<sup>19</sup>, hereby helping to overcome the narrow boundaries of that times' nationalism. In 1905 at its first congress in Brussels, the Society otherwise known by its French name Société Internationale de Chirurgie (SIC), numbered already 638 members, among them the most important surgeons from all over the world, of whom 195 attended the congress (Congr Soc Int Chir [CR] 1906).

Theodor Kocher of Berne<sup>6,7</sup>. Without any doubt, this outstanding Swiss surgeon was the right person for this position<sup>6,7</sup>. In addition, he had experience because in 1902 he had presided the 31<sup>th</sup> congress of the German Society of Surgery at Berlin, for which he received honorary membership of this society in 1903.

Kocher's presidential address<sup>20</sup> clearly reflects the high aims the Society set itself. In the half an hour presidential address Kocher reports not only on the reasons for founding the ISS/SIC, but also on the progress of medicine and science in particular of surgery in the last decades, and on the prospect of the society<sup>8</sup>. He summarizes

### Founding of the ISS/SIC

With the aim to promote progress in surgery through the friendly exchange of views and experience<sup>7</sup>, the first Internatio-

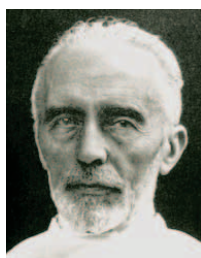
### The first congress

The congress was held in Brussels under the illustrious presidency of Professor

the knowledge of the topics he had proposed for the present congress, which were: the value of blood examination in surgery, the treatment of prostatic hypertrophy, of surgery for benign gastric disease, treatment of the tuberculosis of the joints and of peritonitis, and diagnosis of kidney disease in regard to surgery. The congress turned out to be a great success.

Rudolph Matas, the famous surgeon and founder of the Tulane University in New Orleans, member of the SIC since 1902, commemorates the lecture of Kocher at this first SIC congress many years later in the proceedings of the 13<sup>th</sup> SIC congress 1949: *Kocher was justly regarded as one of the safest and most skilful surgeons in the world. His clinic at Berne became the surgical Mecca to which patients flocked from all parts of the globe; but, particularly, for the surgical cure of goiter. He performed over a thousand thyroidectomies with the lowest known mortality. His text book on operative surgery, translated into all languages, was the current guide of most surgeons of his days.* [Archives ISS/SIC] Kocher's personal and professional authority, his surgical skill, which he liked so much to communicate to his colleagues, and his internationally minded thinking shaped the young society<sup>2,3,14,18</sup>.

## “Kocher” the almost forgotten surgical pioneer



Theodor Kocher, 1841–1917

Recently, during a practical course I found it necessary to ask younger surgical colleagues who is or what is Kocher? The answer was a blushing shrug of the shoulders; finally, the speculation was: is this connected with coagulation or thermo-cautery! Next: or with disinfection by boiling of instruments? (Kocher means cook in German!). This absolutely fits with the late Lloyd Nyhus' of Chicago statement in

the USA: no difference... *few today know about this man except that the name “Kocher” is used every day in the operating rooms.*

## Who then or what was Theodor Kocher really?

Kocher's work encompassed multiple fields of surgical interest. Large is the number of historical reports on his contributions to surgery, most of them are written in German, but not translated into any other language. Therewith, much of his work fell in oblivion. Details collected about Kocher's life and valuable work are displayed elegantly in the two outstanding monographies, of Tröhler<sup>16</sup> and Borschung<sup>1</sup> and in the numerous published articles<sup>1,4,7,8,11,15</sup>. My present report can extract only a few information on Kocher's life.

## Private life, family and leisure

Emil Theodor Kocher, born 25<sup>th</sup> August 1841 in Berne was the second of six children of a creative, hard working engineer and a deeply religious protestant mother<sup>1,16,17</sup>. The young Theodor spent his childhood in Burgdorf near Berne, where his ancestors belonged to old-established Alpine Bernese country families. It appears to have been three factors during his youth that definitely have influenced his future life. The first factor may have been growing-up in a large, not wealthy family, the need of scantiness, self-discipline and occasional asceticism<sup>1,16,17</sup> and the conservative education provided by open minded, strictly up-right and religious parents. Aware of the aptitude and the diligence of Theodor, they spent much of their income to support the school education of their multi-talented son<sup>1,16</sup>. The second factor that presumably influenced Kocher's life was the chance of profound classical teaching at the Humanistic Gymnasium in Berne. The third factor was his lasting affection to his home-town and his country<sup>1</sup>.

Ever since his school time Kocher preferred reading theological and philosophical texts. Kant and Pascal remained his favorite leisure hours reading. As a young man,

he had loved painting, but then decided to sacrifice his interests to his medical obligations<sup>7</sup>. Later, however, he used his talent to produce own drawings for his publications.

## Medical education and training

Theodor Kocher graduated from the Gymnasium in Berne in 1860. The excellent matura enabled the 17 year young Theodor to enroll at the Medical Faculty of the University of Berne. Five years later, after a short, but prolific stay to study at Billroth's Department (at that time at the University of Zürich<sup>1</sup>), Kocher returned to Berne where he qualified in 1865 from the University Medical School and published his thesis *Treatment of croupous pneumonia with veratrum compounds* obtaining the annotation “summa cum laude unanimiter”<sup>1,16</sup>.

During the following one year Kocher traveled through Europe. He visited different renowned hospitals and surgical centers, spent time in Berlin/Germany with von Langenbeck and the pathologist Virchow, with Billroth now in Vienna/Austria, with Spencer Wells and Horsely in London/England, Nélaton and Pasteur in Paris/France. Subsequently, in 1872, he was appointed to the Chair of Surgery at the University of Berne; he was only 31 years of age! Soon after, he began to establish a modern surgical clinic, the later famous Insel Spital. One of Kocher's claims was the setting up of facilities for research. The Swiss-American surgeon Nicholas Senn admired the hospital setting when he visited Kocher in 1887<sup>14</sup>. Offers to the important Chairs of Prague, Berlin and Vienna did he refuse, obviously because of his strong home ties<sup>1</sup>. Once established Kocher traveled very little, and almost exclusively lectured at congresses only in Europe. Kocher, now over 65 years old never attended any other congress of the SIC.

## Surgical working habits

Owing to his own operative methods which combined antiseptic techniques, a clear knowledge of anatomy and physiology, meticulous handling and dissection of tissues Kocher avoided complications through infections. Contrary to most of

the surgeons of his time, he operated unhurriedly with illimitable skill, emphasized pain-staking hemostasis, and condemned the common method of mass ligation of arteries. Kocher has been quoted as saying: *surgeons who take unnecessarily risks and operate by the clock are exciting from the onlookers' standpoint but they are not necessarily those in whose hands you would choose to place yourself.* William Stewart Halsted from the Johns Hopkins Hospital commented upon Kocher's working habits as neat and precise operative techniques<sup>3</sup>.

Kocher was zealous on perfection and the working hours of his assistants were extraordinarily long<sup>12,13,17</sup>. Particular eager to be in time, he followed a strict systematical order, and demonstrated his high ethical level. Because of the perfect intelligible and simplicity of his parlance he was a superb lecturer and ingenious teacher having the ability to *question as well as to listen*<sup>1</sup>. With the charm of his personality Kocher was able to leave strong marks on his students and residents as well as on experienced surgeons<sup>1</sup>.

Renowned surgeons from all over the globe traveled to Berne to see Kocher at work, among whom were many distinguished leaders of United States' surgery. Thus Kocher's contribution had a great impact on the developing surgery in particular in the United States. Nicolas Senn said already in 1887 that he always *considered Kocher, of Berne, one of the ablest of living surgeons. The more you see of him and his work the greater he becomes. I consider him in every sense as the greatest surgeon I have ever seen*<sup>14</sup>. Theodor Kocher and William Stewart Halsted, the Chairman of surgery at Johns Hopkins at Baltimore, who was a frequent visitor to Kocher at Berne, were great friends. *"Many times during the past 20 years",* said Halsted, *"I have stood by the side of Professor Kocher at the operating table enjoying the rare experience of feeling in quite complete harmony with the methods of the operator, and it is a pleasure to give expression to the sense of great obligation which I feel to this gifted master of his art and science"*<sup>3</sup>. The neurosurgeon Harvey Cushing of Baltimore/USA worked several months in Kocher's laboratory in Berne<sup>1,3,12,13,16</sup>.

## Personality and peculiarities

A short description outlines the personality of this outstanding surgeon: Kocher was energetic, demonstrated extreme perseverance, creativity and daring. His capacity to grasp the significance of general, broad concepts which he pursued in meticulous details was matched by a gentle personality in the study and treatment of patients. From his co-workers he demanded strong discipline and diligence. The relationship between Kocher and his assistants seem to have been always extremely stiff, rather formal and almost never assumed a personal level. Socially withdrawn<sup>1,8,12,13</sup>, Kocher was an introverted personality, ascetic and spare.

## Achievements

Apart from being the first surgeon to win the Nobel Prize<sup>9,10</sup>, Kocher published 249 scientific papers and books on various topics, only five of them having or being a co-author. A selection of the publications listed by Tröhler<sup>17</sup> and shown in different tables. Many of his operations and developed instruments still in use today carry his name<sup>1</sup>. He was member and president of numerous local, national and international surgical and medical societies<sup>7,8</sup>.

## Conclusion: Influence of Theodor Kocher on the members of the ISS/SIC ?

Of course, at the end of my essay one may critically put into question Kocher's actual endeavors for the ISS/SIC, except for the fact that he maintained the seat in the board of the International Executive Committee. The Archive of the ISS/SIC owns no correspondence with Theodor Kocher, no letters of the founding period and its early youth. Careful search through second hand literature, however, reveals that Kocher maintained links to the SIC in his way, that means in keeping in touch with the SIC surgeons and their work. When Kocher had become more and more known for his skills on goiter operation, for cancer and neurosurgery, head and neck surgery, and orthopedics, the *Insel Spital* at Berne became a surgical Mecca over the years. Communicating his knowledge

and skills to visitors from all over the globe, not only to giants of surgery like Nicholas Senn, William Halsted and Harvey Cushing or Alexis Carrel, left an indelible mark on international surgery. Unchangingly was Kocher's interest in the scientific events and the progress of the SIC. This is indicated by a letter to Alexis Carrel (1873–1944) dated Berne, April 28, 1914 which I found in Tröhler's<sup>17</sup> book appendix (page 198). It refers to the fourth SIC congress in New York 1914. Kocher addressed the request to Carrel<sup>2</sup> – who recently 1912 had won the Nobel Prize for his organ transplantation work – for receiving manuscripts of several lectures held.

Kocher's relationship with distinguished members of the SIC becomes obvious on the photograph taken when prestigious foreign surgeons were honored through the honorary membership of the Royal College of Surgeons of England in 1913<sup>16</sup>. Eleven of the 14 surgeons shown<sup>16</sup> have been member of the SIC, and it is conceivable that Kocher has maintained contacts and exchange with all of them.

Between the lines one may conclude that the personal authority of Kocher who had served as illustrious president, his international importance, or simply the fact that he lend his name to the Society and personally stood behind it in presiding the first congress has been essential for the start of the young Society. It may further be stressed that in a period of growing nationalism before World War I, the personality and the ideology towards international orientation together with the high ethical thinking of Kocher and his pacifism would have been an excellent support to the experiment of founding a *non nationally tied* society; this concept would set landmarks for the ISS/SIC.

Still in full professional activity Theodor Kocher expired on the 27<sup>th</sup> of July 1917 unexpectedly. He by then had completed a tremendous life work<sup>4</sup>.

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## Erratum:

In the ISS/SIC Newsletter of July 2012 the lifetime of Charles Willems was by error given as 1865–1930 when in fact it should have read 5.12.1859–19.1.1930 – we apologize for the error.

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ISW 2013

25-29 August 2013, Helsinki, Finland



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