Faculty



Col James Baden



Prof Antonio Belli



Maj Jennifer Buck



Col Alan Kay



Col Peter Mahoney CBE



Prof Chris Moran



Dr Rob Moss



Dr Tina Newtor



Mr David Nott



Mr Ibrar Majid

Prof Ian Pallister



Col Paul Parker



Prof Sir Keith Porter



Surgeon Commander Catherine Powell



Grp Capt Ian Sargeant OBE



Mr Tim Stansfield



Mr Richard Steyn



Col Nigel Tai



The MISTT Trauma Course

Keele Anatomy & Surgical Training Centre 15th - 18th May 2018

KASTC | A world class surgical training centre

The Keele Anatomy and Surgical Training Centre (KASTC) is a superb anatomy and surgical training facility in the Midlands, specialising in hands-on practical anatomy related courses and have world class fully equipped HTA inspected modern anatomy and skills laboratories.

Location

Keele Anatomy and Surgical Training Centre is located midway between Birmingham and Manchester, just off the M6, making it easily accessible from all parts of the UK, as well as from abroad, via Birmingham or Manchester



airports. Stoke Rail Station, on the West Coast Mainline, is only a few miles away. There are a number of hotels in the local area, making accommodation for delegates easily available. There is free on-campus parking for delegates and faculty in a dedicated parking area, and the Anatomy Centre is located within Keele Medical School, allowing access to breakout and seminar rooms, a high-spec multimedia room, and lecture theatres, all under one roof.

KASTC, School of Medicine, David Weatherall Building Keele University, Staffordshire, ST5 5BG









The definitive Major Incident & Emergency
Preparedness Course - incorporating two days
of lectures, debate & discussions and a two day
damage control cadaveric course

www.mistt.co.uk

The MISTT Trauma Course

The whole MISTT course, 2 days of cadaveric training and simulation and 2 days of interactive discussions and case studies, delivers an integrated understanding of how clinical and planning teams can plan, train, and work together, to best manage a major incident or mass casualty event.

The cadaveric course is aimed at Consultants and post exam/

CCT trainees who have a specific interest in major trauma and are involved in delivering frontline patient care in the event of a mass casualties. The two day cadaveric course focusses on rapid emergency access and damage control of all trauma cavities and extremities,

The two classroom days have been created for all those involved with emergency preparedness for a major incident or mass casualty event. Recent delegates from NHS England, Regional Networks, Pre-hospital teams and hospital management found the course as informative and beneficial as the clinical teams. The second classroom day highlights clinical issues from recent events, the military experience from recent conflicts and how innovations in trauma could improve our response in the future.

Key cadaveric procedures for damage control include:

- Resuscitative Thoracotomy (Left anterolateral thoracotomy and clamshell thoracotomy) & Midline sternotomy
- Repair of atrial and ventricular injuries
- Proximal vascular control manoeuvres in the neck, chest, abdomen and groin
- Splenectomy, Pringle manoeuvre, liver mobilisation/packing, Kocherisation, pancreatic injury repairs
- Repairs to small and large bowel
- Temporary abdominal closure
- Open fractures principles Debride and Stabilise Ex-Fix application
- Compartment fasciotomy LL & UL + Ex-Fix and considerations
- Head wounds and open cranial fractures
- Facial & Eye injuries Immediate management

Key discussion topics:

- Terrorism, Counterterrorism, Awareness and Pre-Hospital Response
- Terror-related Mechanism of Injuries
- The NEW NHS Clinical Guidelines for use in a Major Incident/Mass Casualty Event
- The First Hour in the Emergency Department (new quidance on triage)

Course convenors

Mr Ansar Mahmood

- Care and Co-ordination of multiple polytrauma patients through ED, Theatres, Critical Care/ICU, the Wards and to Rehab
- Innovations in Major Trauma. Managing blood and equipment supplies, use of IR and REBOA
- After the first 24 hours. How to manage the Aftermath?
- Lessons learned from Military Conflicts applied to civilian environments
- Forensics, Media, Staff Welfare and Human Factors
- Lessons learned from recent UK attacks

Course Fee

Full meeting £950

15th-18th May inclusive

Cadaveric Lab £900 15th & 16th May Classroom day one £100 17th May Classroom day two £100 18th May Classroom day one £50

AHP's & Non Medic rate 17th May Classroom day two £50

AHP's & Non Medic rate 18th May

DAYS ONE & TWO: Cadaveric Course - 15th & 16th May

Limited to 24 delegates

Two days of cadaveric workshops in damage control trauma surgery and resuscitation

Pelvic Packing & Ex-Fix

Proximal control principles - Groin and proximal to axilla/subclavian

Vascular Shunts

Open fractures principles Debride and Stabilise – Ex-Fix application

Compartment fasciotomy – LL & UL + Ex-Fix and considerations

Resuscitative Thoracotomy (Clam shell and standard unilateral) & Midline sternotomy

Damage control in the Abdomen

Team management in theatre



DAY THREE: Classroom Day 1 - 17th May

Major Incident awareness, planning and preparedness



The NEW Clinical Guidelines for use in a Major Incident? Mass Casualty Event - HOT OFF THE PRESS!

Terrorism in the UK - What are the current threats?

How does NHS England/Regional Network support a major incident?

Casualty regulation and how patients really arrive

Discussion of injuries seen in previous terrorist incidents.

Chemical, Biological, Radiological and Nuclear Injury. Do you know what to expect? Is your hospital prepared?

How would you manage your blood supplies?

Demonstration of IT Innovations developed for MI/MCE management

DAY FOUR: Classroom Day 2 - 18th May

Aftermath Day



What happens in the next days and weeks?

Managing the surgical tail

Complex pain management

Radiology Guidelines for a Major Incident

How do you handle forensic specimens?

How to prepare and care for your staff and what to look out for. Can human factors awareness improve your staff resilience?

Lessons learned from recent terrorist attacks - listen from personal accounts of the events