

The Trauma Program at Montreal General Hospital is conducting a Definitive Surgical Trauma Care (DSTC®) course and the Advanced Surgical Skills for Exposure in Trauma (ASSET®) course from September 15th to 17th, 2025.

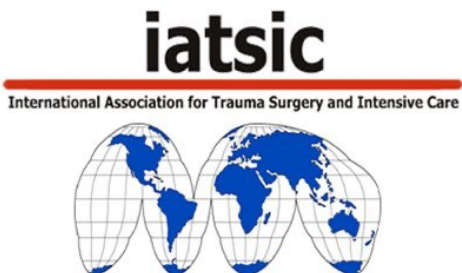
REGISTRATION IS NOW OPEN!

Link: <https://forms.gle/ezJJ68rqtZhBDagX7>

DEFINITIVE SURGICAL TRAUMA CARE (DSTC) ®
&
ADVANCED SURGICAL SKILLS FOR EXPOSURE IN
TRAUMA (ASSET) ®

For registration, general information and inquiries about the courses
please contact:

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100+years

AMERICAN COLLEGE OF SURGEONS

*Inspiring Quality:
Highest Standards, Better Outcomes*

Introduction to DSTC

Trauma is a growing problem worldwide.

The Advanced Trauma Life Support (ATLS®) Course of the American College of Surgeons has had a dramatic effect in improving outcome of patients by standardising their resuscitation and initial assessment and providing one safe simple way for the initial care of such patients. However, ATLS® makes very little provision for care beyond the “Golden Hour”.

The standard general surgical training received in the management of trauma is often deficient, partly because traditional surgical training is more and more organ specific, concentrating on “superspecialties” such as vascular, hepatobiliary or endocrine surgery, and partly because in most developed training programs, there is limited exposure to the range of injured patients. It is not enough to be a good operator. The effective practitioner is part of a multidisciplinary team that plans for, and is trained to provide, the essential medical and surgical response required in the management of the injured patient.

Planning the response requires an understanding of:

- The causation of injuries produced in the local population. An urban population with motorways will have a different spectrum of injury to an armed inner-city population.
- The emergency, pre-hospital and emergency room care of the patient. The condition in which the patient is delivered to the hospital and subsequently to the operating room will be determined by the emergency response, and in many respects will determine outcome.
- The resources, both physical and intellectual within the hospital, and the ability to anticipate the specific problems associated with the patient with multiple injuries.

The International Association for Trauma Surgery and Intensive Care (IATSIC) is a founding component of the Société Internationale de Chirurgie (International Surgical Society) – ISS. Under the patronage and supervision of IATSIC, the Definitive Surgical Trauma Care (DSTC™) Course has been developed for surgeons who may be faced with the definitive care of a patient with multiple injuries. By the beginning of 2014, more than 300 Courses have been delivered in over 26 countries. It is gratifying that Anaesthesiologists and Operating Room Scrub Nurses are integrated into the DSTC™ Team.

The DSTC™ Course is designed for surgeons and surgical trainees, by surgeons. Many situations require specialist trauma surgical expertise, yet because of local conditions this is simply not available. Its intention is not to duplicate ATLS®, nor to provide an in-depth course in surgery, but rather to teach those techniques particularly applicable to the patient who requires surgery and intensive care for major trauma, in a setting where such care is not commonly practised or even necessarily available. At the same time, Trauma Care is changing all the time, and this course also serves as an update of knowledge and information in the field of Trauma Care.

DSTC - About the course

The course is a mixture of lecture-based learning, case discussion, and surgical skills, demonstrated and practiced, and involves.

- Probabilities of organ injury
- Technical surgical strategies
- Decision making in trauma surgery
- Group discussions drawing on the experience of the course Faculty
- Practical sessions training the skills required

The uniqueness of the DSTC™ course, relates to its ability to link trauma surgical decision making with surgical techniques. There is an integral relation in the course between the probability of organ injury and the decision-making process resulting, and these two philosophies must be reflected in the talks and interactions. It is important that talks and surgical technique relate only to technique and avoid the reintroduction of injury pattern and demographics, as these must be confined to the area of talk.

Of fundamental importance is the faculty member's ability to overcome personal issues and egocentricities to ensure that the lecture is relevant to the audience, and reproducible. While the course will need to be modified philosophically for each centre in which it is run, the core curriculum must remain the same and avoidance of the teaching of personal philosophies by individual faculty members must be upheld at all times.

The key philosophies are:

- Probabilities
- Decision Making
- Surgical Techniques
- Pitfalls

DSTC has been developed in many continents under the umbrella of IATSIC, International Association for Trauma Surgery and Intensive Care. Increasingly it is being recognized that DSTC is an outstanding educational event meeting the very real needs of surgeons caring for the injured.

COURSE STRUCTURE

Strategic Thinking and Decision-Making Topics:

- Damage Control in Trauma
- Blunt and Penetrating Thoracic Injuries
- Penetrating Injuries to the Neck
- Abdominal Injuries
- Pelvic Fractures
- Vascular Injuries
- Head Injuries

Operative Approaches and Surgical Techniques:

- Thoracotomy and Sternotomy

- Laparotomy and Packing
- Fasciotomy
- Craniotomy
- Splenectomy and Splenorrhaphy
- Liver packing
- Medial Visceral Rotation
- Duodenal and Pancreatic Repairs
- Vascular Repairs
- Cardiac and Pulmonary Repairs

This session will provide hands-on exposure to operative techniques in a small group with a high faculty/participant ratio

ASSET – About the course

The ASSET course uses human cadavers to teach surgical exposure of anatomic structures that when injured may pose a threat to life or limb. It is an excellent progression from the DSTC course.

A course manual is distributed to participants prior to taking the course to provide an overview of key surgical exposures in five key anatomic areas: neck, chest, abdomen and pelvis, extremities, upper and lower. The one day cadaver-based course follows this modular, body region approach. Each section begins with a short case-based overview, followed by a hands-on exposure performed by students under the guidance of faculty. The student to faculty ratio is low, allowing extensive faculty guidance and interaction with students. The student assesses his or her ability to perform each exposure independently and is evaluated on knowledge and technical skills. In other words, the course allows one to perform all the vascular and visceral exposures one would need to know in open management major trauma. The course has four participants per cadaver, led by an instructor.

TARGET AUDIENCE

The intended audience includes senior surgical residents, trauma and acute care surgical fellows, and any surgeon who wishes a review of this anatomy.

OBJECTIVES

- The student will demonstrate knowledge of key anatomical exposures for the care of injured and acutely ill surgical patients.
- The student will demonstrate his or her technical ability to expose important structures that may require acute surgical intervention to save life or limb.
- The student will gain confidence in performing anatomic exposures independently.
- Faculty assessment of the student's ability to independently perform anatomical exposures will be satisfactory.