Editorial

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DCR and EVTM: The Future of Trauma Research and Training

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The term *damage control* comes from the United States Navy's system of rapidly deploying measures to maintain or restore a ship's integrity when damaged, to allow it to safely exit from hostile environments, and to definitively repair damages so that it might 'live to fight another day.' The individuals responsible for delivering damage control aboard such vessels are called damage controlmen and are described within their manuals as *emergency repair specialists*. These individuals provide efforts related to damage control, ship stability, and more. They also instruct other naval personnel in the methods of damage control and in the repair of damage control equipment and systems. The damage control manuals are exhaustive as is the training of these individuals.

Following on from this philosophy, the trauma community adopted the damage control surgery approach [1] to major haemorrhages resulting from penetrating abdominal trauma. This soon gained traction in managing all patients who had suffered significant physiological insult after major trauma. The concept was a major diversion at the time, going against the traditional teachings of restoring anatomy at the initial (and only) surgery. Damage control focused on restoration of physiology first, irrespective of the degree of anatomical insult.

Internationally, over the past few decades, surgery has become more and more specialised with individuals losing their general surgical skills. This, alongside the reduction in hours, affects the delivery of comprehensive care to the trauma patient as individuals may lack both the clinical skills and relevant exposure to the vast array of traumatic insults [2]. To help mitigate this phenomenon and to aid the appropriate theoretical and manual training of this philosophy, the Damage Control Resuscitation (DCR) organisation was established. The purpose of the organisation is to promote trauma and emergency surgery as a specialty, where possible, and to promote the tenets of DCR through a multi-disciplinary team in areas where a singular specialty is not sustainable. To accomplish both, the DCR organisation has set out to establish best practices based on up to date scientific research and expert consensus statements.

Up until the turn of the century, the mainstay of control of the haemorrhaging vessel remained extravascular with extra-luminal compression or clamping. DCR recognises that in order to optimally manage the patient, all 'arrows in the quiver' must be utilised. To this end, a collaboration was established with the Endovascular Resuscitation and Trauma Management (EVTM) organisation, who are internationally renowned in pioneering and promoting evidence based endovascular management of trauma. This relationship has already made important contributions to the literature [3–7], and will no doubt continue to do so. The joint aim remains to restore the field to 'Big T' status, training surgeons to care for any injury, head to toe, and help them achieve full *Emergency Repair Specialist* status.

Ethics Statement

(1) All the authors mentioned in the manuscript have agreed to authorship, read and approved the manuscript, and given consent for submission and subsequent publication of the manuscript.
(2) The authors declare that they have read and abided by the JEVTM statement of ethical standards including rules of informed consent and ethical committee approval as stated in the article.

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Conflicts of Interest

The authors declare that they have no conflicts of interest.

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