

# JEVTM February 2019

Joseph J DuBose MD FACS FCCM<sup>1</sup>, Megan Brenner MD MS FACS<sup>2</sup>  
and Tal M Hörer MD PhD<sup>3</sup>

<sup>1</sup>Uniformed Services University of the Health Sciences, Washington, DC, USA

<sup>2</sup>Comparative Effectiveness and Clinical Outcomes Research Center (CECORC), Riverside University Health Systems, USA

<sup>3</sup>Department of Cardiothoracic and Vascular Surgery, Department of Surgery, Örebro University Hospital and University, Sweden

Hemodynamic instability in trauma and non-trauma patients remains a major clinical problem. Hemorrhages due to injury, gastrointestinal pathologies, spontaneous sources, post-partum complications or iatrogenic sources are encountered daily in major hospitals around the world. Patients with these hemorrhages are frequently fragile following hemodynamic instability and benefit from expedient and effective bleeding control. The concept of utilizing endovascular and hybrid (endo and open) tools to expedite bleeding control to this end, has undergone rapid development over the last 20 years [1–5]. The incorporation of endovascular adjuncts for this purpose has been termed Endovascular Resuscitation and Trauma Management (EVTM) [6]. EVTM has emerged as a true multidisciplinary effort, designed to collaboratively study and implement the optimal use of endovascular adjuncts – including balloons, embolization, endografts, and others – for the benefit of both expedient temporary and definitive hemorrhage control [7,8]. Many principles of EVTM are simply the re-purposing of adjuncts already proven as valuable interventions in other surgical disciplines, including vascular surgery and interventional radiology. Others are truly novel applications that continue to be developed, refined, and studied.

The EVTM concept is both inclusive and expansive, incorporating the use of endovascular adjuncts for both hemorrhage control and resuscitation of the critically injured and ill [8]. In this theme, EVTM efforts continue to

integrate resuscitative adjuncts, such as extracorporeal membrane oxygenation (ECMO) and other concepts of cardio-pulmonary resuscitation, such as eCPR, into the conceptual construct of examination and study. In all situations, the underlying goal of EVTM is simple – deliver the correct tool to the right patient expediently, with the right team approach and expertise to optimize success and minimize the risk for mortality and morbidity.

This present edition is the fifth edition of the *Journal of Endovascular Resuscitation and Trauma Management*. As with each of the prior published editions, the enclosed contains peer-reviewed articles on hemodynamic instability and its treatment using EVTM adjuncts. These include the use of REBOA, embolization and other novel strategies using endovascular tools. The editorial board and editors strive to continue expanding the journal and its content to include the examination of an increasing array of EVTM concepts for applications in both trauma and non-trauma resuscitation. Our editorial board consists of a multidisciplinary, international collection of experts who specialize in EVTM related disciplines, including intervention radiologists, trauma and vascular surgeons, intensivists and emergency physicians. This collaborative team is dedicated to the construction of an increasing base of knowledge regarding EVTM methods and their use. In the coming year, we intend to expand and develop the journal even further, with emphasis on resuscitation, hemorrhage control, and technological developments. We remain a group dedicated to the exploration of EVTM applications in a variety of settings, including hospital, pre-hospital and combat casualty scenarios. As a peer-reviewed scientific journal with over 50 published articles that have been screened intensively for quality and content through a peer-review process, it is our shared goal to achieve PubMed index approval during 2019. In this fashion, we aspire to broaden the international academic recognition of this collaborative, evolutionary movement. We would like to thank the editorial board, our reviewers and – most importantly – the clinicians and researchers who consider JEVTM for the publication of their work.

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#### Corresponding author:

Dr. Tal M. Hörer, Department of Cardiothoracic and Vascular Surgery, Department of Surgery, Örebro University Hospital and University, Sweden.

Email: tal.horer@regionorebrolan.se

**Conflict of interest:** The author declares no conflict of interest.

**Funding:** No funding was received for this work.

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