

# Jacobs Journal of Emergency Medicine

## Editorial

### The Next Paradigm Shifts In Japan: “Trauma Surgery” and “Acute Care Surgery”

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The next paradigm shifts in Japan: “Trauma surgery” and “Acute care surgery”.

I am honored to write this editorial for the launch of the Journal of Emergency Medicine and sincerely welcome you to this new journal by Jacobs Publishers. I want to provide some perspectives on the situation of acute care surgery in Japan at present.

The field of trauma surgery has shifted from invasive trauma surgery to non-operative management, which has been represented by “trauma incision” [1, 2, 3]. Compared with other countries, there are few trauma surgeries in Japan; therefore, maintaining the necessary techniques and skills is our current, biggest problem. We rarely encounter serious trauma cases that necessitate surgeries because there are no large trauma centers. Furthermore, according to the Japanese Trauma Data Bank (JTDB), penetrating types of trauma are uncommon, and gunshot wounds accounted for only 33 patients (0.04% of overall trauma patients) in five years (2008–2012). Most trauma surgeons in Japan have not treated a patient with a gunshot wound. Notably, the JTDB reported that the incidence of preventable trauma death reached approximately 20.5% in the studied period. Although preventable trauma deaths gradually decreased, we cannot say that standard treatment of trauma has widely improved throughout Japan. The opportunity to treat severe trauma cases has decreased; thus, we cannot gather enough cases at one trauma center in Japan.

The concept of acute care surgery appeared to solve similar problems in other countries. Acute care surgery is a new concept that includes trauma surgery, emergency general surgery, and surgical critical care [4,5] into one comprehensive model (Figure 1). There are synergies between acute care surgery and trauma surgery that could be utilized in this model. For example, there are similarities between injured patients and those that necessitate-or have had-an abdominal emergency [6,7,8]. Some trauma centers in the

United States have already begun assimilating acute care surgery into their departments, with good results for their patients [9,10]. This change has begun all over the world, and it is considered to be a new form of trauma surgery.

It is strongly expected that the current Japanese medical system will be reformed to enable a higher level of trauma care compared with global standard trauma systems.

The Jacobs-Journal of Emergency Medicine is an online journal that encompasses all aspects of emergency medicine and acute care surgery. It aims to publish articles that contribute to the development of emergency medical science and also encourages submissions that consider the different cultural aspects of emergency care practice [11,12]. I hope and anticipate that this journal will help you develop your knowledge and broaden your experiences related to emergency medicine and acute care surgery.

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#### List of abbreviations

JTDB: Japan Trauma Data Bank

#### Competing interests

I declare that I have no significant competing financial, professional or personal interests that might have influenced the performance or presentation of the work described in this manuscript.

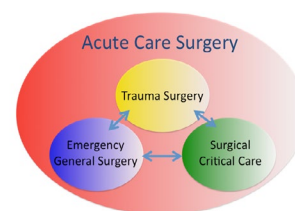


Figure 1. The concept of Acute Care Surgery.

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