

# Here is a list of some of the major points of EVT<sub>M</sub>

- » AABCDE- it's all about the vascular access- get one early
- » Working in a multidisciplinary manner- What do we have and who can help me?
- » REBOA if needed, as your bridge to definitive solution. Preferably pREBOA or iREBOA
- » Operate always bleeding or trauma patients on angiography table or sliding table
- » Are there any endo solutions for this bleeding? Are there any endo tools to help the procedure?
- » EVT<sub>M</sub> is a set of mind- endo and hybrid solutions
- » CTA if possible

## **But...**

- » Endo is just a tool- Think how to use it on what patient, by whom?
- » Don't just do Endo because you can- What does your patient need?
- » Forget your ego. Your patient needs excellent care now! Collaborate!

**And, endo is not instead of open surgery. Think EVT<sub>M</sub>!**

We tried to list here some EVT<sub>M</sub> issues. As this area is developing, you might find more information in the in the coming editions and on our website: [www.jevtm.com](http://www.jevtm.com).

We will try to keep it updated with more exciting material related to EVT<sub>M</sub> and REBOA. The medical journal of EVT<sub>M</sub> (JEVT<sub>M</sub>) will provide scientific data on these issues.

It's always an adrenaline kick when you get an unstable trauma patients to your emergency room. You stand there trying to understand what the major problem is and how to fix it.... Usually, you don't have a clue what is wrong when you see the patient but the truth is revealed within ten minutes...

Parallel to the endovascular revolution in vascular surgery, there is an ongoing revolution in trauma and bleeding management. We call it the EVTm- endovascular hybrid Trauma and bleeding Management. It's here to stay and might save your next patient.

In this manual, we gathered thoughts and ideas of many experts with only one aim: Try to put into text the new mind set of EVTm (including REBOA). This is a collection of very experienced people sharing their knowledge in a manual format combined with photos and illustrations. EVTm is evolving so fast that the text had to be changed during the writing process. We hope that you, the one that stands there when its chaotic and bleeding, will get some new information here and maybe can decide along the way- is EVTm something I can use for this patient?!

Written by experts within trauma, vascular surgery, general surgery, ICU and interventional radiologists with great passion for bleeding control and advanced trauma and bleeding care.

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