

Annals of Vascular Surgery
Coverage of peripheral trauma centers by vascular surgery facilities
--Manuscript Draft--

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Abstract:	.
Suggested Reviewers:	

To Timothy M. Sullivan Editor-in-Chief
and Olivier Göeau-Brissonnière Editor
Annals of Vascular Surgery

Dear Editors,

Please find enclosed the correspondence to the recently published paper of Georgakarakos and colleagues, entitled “Five-year management of vascular injuries of the extremities in the “real-world” setting in Northeastern Greece: the role of iatrogenic traumas” which we would like to submit for publication in Annals of Vascular Surgery.

Coverage of peripheral trauma centers by vascular surgery facilities

We read with great interest the recent article by Georgakarakos and colleagues, entitled “Five-year management of vascular injuries of the extremities in the “real-world” setting in Northeastern Greece: the role of iatrogenic traumas” [1].

In our opinion, their analysis underlines the problem of the organization of trauma centers with vascular capabilities. Even if relatively infrequent, arterial traumas are often severe and need emergent repair.

Aortic traumas requires a huge organization with available facilities 7/24, availability of a variety of materials, a significant stock of standard

endografts, and a multidisciplinary trauma team composed by different medical figures that can even require, in the worst cases, the liver transplant unit [2].

On the contrary, peripheral traumas still remain prerogative of conventional open vascular surgery [3].

In this regard, we firmly believe that national or regional health systems should provide in every minor trauma center surgical personnel well trained and experienced in basic vascular techniques.

Eventually, if this organization proves to be excessively expensive and non-sustainable, a Copernican revolution of the vascular service could be suggested, instead of leading to underservice in some remote areas.

Fast transport by ground ambulance or helicopter, of shared vascular surgeon personnel, together with specialised materials, could allow faster and better medical care also to distant hospitals with trauma centers that can not have the vascular surgeons in their organization.

We congratulate the authors for their very interesting study, which turns the lights on an always debated topic.

- 1) Georgakarakos E, Efenti GM, Koutsoumpelis A, et al. Five-Year Management of Vascular Injuries of the Extremities in the "Real-World" Setting in Northeastern Greece: The Role of Iatrogenic

Traumas. Ann Vasc Surg. 2021;74:264-270.

doi:10.1016/j.avsg.2020.12.054

- 2) Domanin M, Antonelli B, Crotti S, et al. Concurrent Thoracic Endovascular Aortic Repair and Liver Transplant: Multidisciplinary Management of Multiple Posttraumatic Lesions. Ann Vasc Surg. 2021;72:662.e7-662.e14. doi:10.1016/j.avsg.2020.09.070
- 3) D'Alessio I, Domanin M, Bissacco D, et al. Operative Treatment and Clinical Outcomes in Peripheral Vascular Trauma: The Combined Experience of Two Centers in the Endovascular Era. Ann Vasc Surg. 2020;62:342-348. doi:10.1016/j.avsg.2019.06.037

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Sincerely yours,

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Annals of Vascular Surgery Manuscript submission check list

New submissions

Author contributions

Authors' Disclosure of Conflicts of Interests

Manuscript text

- Text must be submitted as a Word document. Text must be double spaced, include page numbers, and be formatted with continuous line numbers.
- Title page – A complete title page must appear at the beginning of the file and must include all author full names and degrees, author affiliations, complete corresponding author contact information and presentation information (if applicable).
- Abstract – A structured abstract is required for Research and Review papers. Case presentations may submit an unstructured abstract. Structured abstracts consist of Objectives: Methods: Results: Conclusions.
- Manuscript Body – Introduction, Methods, Results, Discussion, Conclusion.
- References - References should be cited consecutively in the text by superscript Arabic numbers in the order in which they are first mentioned in the text. References must adhere to Vancouver Rules.
- Figure Legends

Illustrations

Tables, figures, videos, forms and supplemental materials are submitted as separate files and should not be embedded in the manuscript file. Cite each figure and table in the manuscript text. Number your figures consecutively in Arabic numerals according to the order that they are cited in the manuscript. (Example: Figure 1A, Figure 1B, Figure 2, Supplemental Figure 1, Supplemental Figure 2).

Figures should be submitted as TIFF, JPEG or EPS files. Tables can be submitted in Word or PowerPoint. Do not submit figures or tables as PDF files. Videos should be submitted in MP4 format.

Revised Submissions

Revised manuscripts must be submitted as Word documents. Text must be double spaced, include page numbers and be formatted with continuous line numbers.

Document addressing reviewer comments

Provide a detailed response to each reviewer comment. Note the redline page and line numbers where the revised text can be found.

Redline manuscript

The revised redline manuscript must adhere to all text and formatting requirements of new submissions. The redline manuscript must be created using "Track Changes" in Microsoft Word and show all changes made to the revised manuscript. Please include redline copies of revised tables and figures (if applicable).

Clean copy of revised manuscript

A clean copy of the revised manuscript must be included (Track Changes turned off) and free from any editing marks. The clean copy must adhere to all text and formatting requirements of a new submission. All tables and figures must be included as detailed in new submissions.

Failure to adhere to the above instructions will result in the manuscript being returned to the authors.