SURGICAL INFECTION SocietY - EUrope
1987 – 2012
Presentation at the 25th Congress in Lund, Sweden

by
Dietmar H Wittmann, MD, PhD, FACS
Professor of Surgery Emeritus
A surgical infection is a host response to infective agents following exposure of normally sterile tissue. It is associated with accidental and surgical trauma.
Natural course and mortality of SI without therapy?
SI related problems before SIS-E (why SIS-E?)
Events leading to and the Foundation of SIS-E
First Joint meeting of SIS-E and SIS-NA
SIS-E Meetings form 1988 to 2012
What have we achieved?
What did we not achieve?
Have we completed our mission (time to terminate SIS-E) ?
What are SI-related problems to go on?
MORBID POTENTIAL OF SURGICAL INFECTION

Mortality of SI caused by Streptococci and Anaerobes

<table>
<thead>
<tr>
<th>Condition</th>
<th>Mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intra abdominal Infection</td>
<td>90 - 100%</td>
</tr>
<tr>
<td>Open Fractures Amputations</td>
<td>38 - 86%</td>
</tr>
<tr>
<td></td>
<td>70%</td>
</tr>
</tbody>
</table>

Sudek, Hamburg
Kirschner, Königsberg, Heidelberg
Billroth, Greifswald, Zürich, Wien

The natural course becomes evident when looking at research done before effective therapy was available, e.g. suppurative peritonitis was lethal when just treated medically before surgical principles were established.
Intra-abdominal infections had a mortality of almost 100% if treated non-operatively as shown in this statistic from a renowned surgeon researcher.
Mortality between 90% and 100% with NON Surgical TX

Mortality Reduction during Introduction of Operative Therapy of Peritonitis in 7 Hospitals from 1890 – 1925 (N = 5468)

~ 40%
During the first decades of the 20th century surgeons of many centers began to treat intra-abdominal infections operatively, which reduced mortality rates significantly. The combined experience was summarized by M. Kirschner in 1923 and he established the management principles:

1) Close the source of infection
2) Eliminate toxins and necrotic material and bacteria (wash out)
3) Establish fluid resuscitation and intensive care
4) Always close the abdomen.
Kirschner in 1923 analyzed the combined experience of the major work about peritonitis published and defined ‘Principles of Therapy for the Surgical Infection Peritonitis’:

1) **Source Control:**
Close the source of infection. (Verstopfen der Infektionsquelle)

2) **Threat Elimination:**
Eliminate necroses, adjuvants, bacteria and toxins mechanically (wash out) and chemically antimicrobials, antitoxins

3) **System Support:**
Establish fluid resuscitation, intensive care, respiratory support, nutrition

4) **Always Close the Abdomen:**
Leaving the abdomen open in the absence of effective antimicrobial treatment less do fulminant necrotizing infections of the abdominal wound
The dogma to always close, however, had its own problems because the enormous pressure increase (Körte, 1902) from inflammatory edema of the peritoneum lead to abdominal hypertension and ultimately the abdominal compartment syndrome, which was not appreciated by surgeons until 1995.
1975
In his dissertation, Pujol showed that hopeless cases of advances peritonitis survived when the abdomen was simply left open.

Pujol JP. *La non fermature des incisions abdominales d'urgence*. Techniques et résultat. Paris: These pour le Doctorat en Medicine, Université Pierre et Marie Curie Paris VII, faculté de Medicine Saint Antoine; 1975.
Only after surgeons dared to break the dogma and leave the abdomen open, the abdominal compartment syndrome became more and more acknowledged by surgeons, although it had been described as early as 1878 by Wendt.

It took another 20 years until a comprehensive acknowledgement was published in the Journal of the American College of Surgeons in 1995 (J Am Coll Surg. 1995 Jun;180(6):745-53. )
After breaking the dogma following acknowledgment of the fatal effects of increased abdominal pressure, DECOMPRESSION was added to the principles thus entering the era of modern surgical therapy as summarized on the next graph.

**Source Control:**
Close the source of infection. (Verstopfen der Infektionsquelle)

**Threat Elimination:**
Eliminate necroses, adjuvants, bacteria and toxins mechanically (Wash out) and chemically antimicrobials, antitoxins

**System Support**
Fluid resuscitation, Intensive care Respiratory support Nutrition

**Decompression**
Reverse sequence of multiple organ failure by decompressing abdominal Compartment Syndrome
NO FURTHER SUCCESS AFTER OPERARATIVE TX WAS OPTIMIZED
The previous graph shows the mortality of intra-abdominal infections in the 20\textsuperscript{th} century. Each point represents 50 patients.

**Mortality declined from about 100% to less than 20% in 100 years** and is related to the introduction of various interventions and the foundation of the Surgical Infection Societies.

By breaking the dogma to always close, mortality improved by circumventing deadly consequences of abdominal hypertension and compartment syndrome.
OUTLINE OF THIS TALK
SI = SURGICAL INFECTION

- Natural course and mortality of SI without therapy?
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- Events leading to the Foundation of SIS-E
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- What did we not achieve?
- Have we completed our mission (time to terminate SIS-E)?
- What are SI-related problems to go on?
1 **True infection rates** of most operations largely unknown
   Antibiotic prophylaxis was considered obsolete
   Bias of surgeons examining their own results not appreciated
   Systematic organized infection control virtually unknown

2 **Anaerobic bacteria forgotten**
   Excessive therapy with Aminoglycosides
   Fulminant SI from obligate anaerobes

3 **Bacterial resistance**
   Only penicillinase of staphylococci a concern
   Focus of resistance: $\beta$-lactamases – Multi-resistance emerging

4 **Sepsis is used as a synonym of infection**
   Although sepsis was defined as an immune response in 1911
   Sequential cell death via sepsis induced excessive iNO that inhibits aconitase and thus
   Krebs cycle dependent energy production: the major source of **FUEL FOR LIFE**

5 **Risk Factor assessment unrevealed**
   Systematic risk factor analyses and severity of disease scoring systems emerging
WOUND INFECTION RATES WITHOUT PROPHYLAXIS

(Infected rates of placebo groups of prosp. rand. blinded studies)

- COLORECTAL
  - APPENDIX Normal
  - APPENDIX : Inflamed
  - APPENDIX: Gangrenous
- GASTRO-DUODENAL
  - DUODENAL ULCER
  - GASTRIC ULCER
  - GASTRIC TUMOR
- CHOLECYSTECTOMY
- VASCULAR

Operations (n) vs. Wound Infections (%)

Prophylaxis of post-operative infections was being developed and it was ethically OK at the time to compare outcome of patients with and without antimicrobial prophylaxis who received placebo instead.

The outcome of placebo groups, however, gives us a non anecdotal assessment of true post operative infection rates as shown in the previous graph.
In a recent blinded prospective randomized study infection rates were 9.3%.

Prof. Gall, Tübingen: “My infection rates are far below zero”

This Picture is from the 1988 SIS-E meeting in Amsterdam in lieu of a 1986 Meeting in Erlangen when it actually happened.

The remark was made by stunned Prof. Franz Gall, Director of Surgery 1986 University of Erlangen.
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Culture of Bacteroides melaninogenicus, one of the many gram negative obligate anaerobes. Because obligate anaerobic bacteria die upon exposure to air, during sampling clinically, they were not seen and forgotten. When aminoglycosides were used as the main tool for anti-infective therapy, patients developed gigantic soft tissue infections because aminoglycosides have null effect on anaerobic bacteria as opposed to the penicillin that was commonly used before the introduction of aminoglycosides.
1902: Friedrich: Synergist Infection
SI result of synergy of obligate and facultative B.

1931: Meleny
Synergistic gangrene

1938 - 1940 - 1941: Altemeier
*E. coli* – stinks - synergistic pathogenicity

1963: Gentamicin (1944: Streptomycin)
No anti-anaerobic activity whatsoever

1978: Bartlett group
Biphasic course of SI
Septic phase – Abscess phase

1980: Metronidazole (1961)
Kills anaerobes well and focus on anaerobes begins to fade

2015: Rediscovery of anaerobes?
The Anaerobic Saga:

Early surgical researchers, though a series of elegant experiments, discovered the importance of obligate anaerobes and their pathogenic power. The founder of our sister Society, SIS-NA continued to experiment with anaerobes championing their importance in surgical infection. His paper about the anaerobic origin of the smell of pus, commonly referred to as “Coli smell” was rejected by several Journals before it was accepted. Even as late as 1970. Coli smell persisted in a German Textbook of Surgery (Page 69, Hellner–Nissen Lehrbuch der Chirugie, Thieme 1970).

In 1978 John Bartlett (pictured) revealed the synergistic pathogenicity of obligate and facultative anaerobes such as E. coli and Enterococcus fecalis.
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RESEARCH OF ANTI-INFECTIVE DRUGS

PRSA  MRSA  PRSP  MRSA  VRE  GISA  GTSP*  GRSA
(classic) (multidrug)


Pharmacokinetics  Resistance  Efficacy
Safety & tolerability  Dosing & Administration  Cost
When SIS-E was founded we already had to deal with many resistant bacteria. Most were selected by undisciplined antimicrobial therapy and remained after the sensitive strains were killed.

There is the question if multi resistance reduces the bacterial pathogenic power.

In modern ICUs the mortality decreases while the isolation frequency of multi resistant bacteria increases. (see slide 21)
INCREASING INCIDENCE OF RESISTANT GRAM-POSITIVE PATHOGENS

The development of resistance related to the foundation of SIS

United States, 1980-1995

* First Identified in 1997.
† NNIS data
~ TRUST2 project
^ MMWR, July 11, 1997; 46(7):624-635.

Hiramatsu K. MMWR, July 11, 1997; 46(7):624-636.
As the isolation frequencies of resistant strains increases more patients survived, a trend that has not changed today. To oppose the scaring information of pharmaceutical industry.

1847 Semmelweis:
Hand washing with chlorine of lime solution reduces mortality from 11.4% to 1.3%

Infection control illustrations by Stephanos Geroulanos before SIS-E

Lister 1867-1885
First therapy with carbolic acid
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Sepsis was defined as a host response to bacterial invasion and their toxins by Schottmüller in 1910. In Anglo Saxon countries this remained largely unknown until the late 1990 when the Inflammatory Response Syndrome became popular.

It was also called Sepsis Syndrome or Defense Failure Syndrome and we started to understand sequential cell death via sepsis induced excessive iNO that inhibits aconitase and thus Krebs cycle dependent energy production: the major source of FUEL FOR LIFE.
SEPSIS ➔ NO ↑ ➔ ACONITASE ↓ ➔ AEROBIC GLYCOLYSIS ↓ ➔ ENERGY ↓ ➔ CELL DEATH ➔ SEQUENTIAL ORGAN DYSFUNCTION
The sepsis activated immune response may induce phagocytes to produce excessive inducible NO that affects oxidation of the iron-containing proteins aconitase suppressing ENERGY generation within the Krebs cycle.

Without fuel CELLS DIE
Krebs joined the German army in 1932, and was appointed to the 13th Mechanized Infantry Division; After the Nazi party came to power Krebs returned to clinical medicine at the general hospital of Altona and then at the medical clinic of the University of Freiburg, where he discovered the urea cycle.

1900 Born in Germany
1918 Began medical school
1923 Graduated from medical school
1925 Graduated with Ph.D. from University of Hamburg
1932 Identification of Urea Cycle
1933 Emigration to the England
1937 Identification of Citric Acid Cycle or "Krebs Cycle"
1953 Won the Nobel Prize in Medicine
1958 Knighted
1981 Died in the United Kingdom
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The German Infectious Disease Society (PEG) appointed Dr. Dietmar Wittmann to organize a Study Group Peritonitis (AG Peritonitis).

The surgeons and researchers who joined are listed on the following slide and their work has been published in the Proceedings of the PEG and FAC, a journal that no longer exists.

(See: http://www.worldcat.org/title/intraabdominelleinfektionen/oclc/74625911&referer=brief_results)
Mitglieder Juni 1983

Prof. Dr. rer. nat. A. Bauernfeind Max-von-Pettenkofer-Institut, Universität München Pettenkoferstr. 9a, D-8000 München 2

Dr. med. H. Blenk Institut für Wehrmedizin und Hygiene, Ernst-Rodewald-Institut Victoriastr. 11-13, D-5400 Koblenz

Dr. rer. nat. A. Dalhoff Bayer AG, Institut für Chemotherapie Postfach 101 790, D-5600 Wuppertal 1

Dr. med. M. Erttmann Chirurgische Universitätsklinik Hospitalstr. 40, D-2300 Kiel

Dr. med. M. Famos Departement für Chirurgie, Universitätskliniken, Kantonsspital Basel CH-4031 Basel/Schweiz

Dr. med. R. Fock Institut f/Lr Med. Mikrobiologie und Immunologie, Universität Hamburg, UKE Martinistr. 52, D-2000 Hamburg 20

Dr. med. L. Frommelt Bakteriologische Abteilung Allgemeines Krankenhaus Altona Paul-Ehrlich-Str. 1 D-2000 Hamburg 50

Dr. med. G. Germann Zentrum für Chirurgie, Abt. Allg. und Abdominal-Chirurgie, Johann-Wolfgang-Goethe-Universität Theodor-Stern-Kai 7, D-6000 Frankfurt/Main

Dr. med. G. Görz Chirurgische Klinik u. Poliklinik der Freien Universität Berlin Hindenburgdamm 30, D-1000 Berlin 45

Dr. med. H. R. Gorzenbach Klinik für Chirurgie, Kantonsspital St. Gallen CH-9007 St. Gallen/Schweiz

T. Hau, MD, PhD, Assistant Professor of Surgery University Hospitals of Cleveland, University Circle Cleveland, Ohio 44106, U. S. A.

Prof. Dr. med. E. Kraas Abt. für Allgemeinchirurgie, Chirurgische Universitätsklinik Eppendorf Martinistr. 52, D-2000 Hamburg 20

Priv. Doz. Dr. rer. nat. C. Kräsemann Institut für Chemotherapie, Bayer AG Postfach 101 790, D-5600 Wuppertal 1

Prof. Dr. med. M. M. Linder Chirurgische Klinik, Klinikum Mannheim, Universität Heidelberg Theodor-Kutzer-Ufer, D-6800 Mannheim


H. H. Stone, MD, Professor of Surgery Emory University, School of Medicine 69 Butler Street, S.E.. Atlanta, Georgia 30303, U. S. A.

Dr. med. G. Stubner Bakteriologische Abteilung, Allgemeines Krankenhaus St. Georg Lohrmehlenstr. 5, D-2000 Hamburg 1

Dr. med. K. H. Vestweber Chirurgische Klinik, 2. Lehrstuhl für Chirurgie am KH Meerheim Ostmerheimer Str. 20, D-5000 Kalk 91

Priv. Doz. Dr. med. H. Wacha Chirurgische Klinik des Krankenhauses Nordwest Steinbacher Höh 2-26, D-6000 Frankfurt/Main


Intraabdominelle Infektionen

mit 37 Abbildungen und 37 Tabellen

Herausgegeben von der
Paul-Ehrlich-Gesellschaft für Chemotherapie e. V.
Band herausgeber: D. H. Wittmann

Futuramed Verlag · München 2-3 1983
The AGP members listed became Charter Members of the SIS-E
The work of the AGP included topics listed on this slide. For each topic there is a published paper in FAC.

- Mikrobiologiscal diagnosis of peritonitis
- Bacteriology of different forms of Peritonitis
- Specific pathogenicity factors of peritonitis microflora
- Immunology of intraabdominal Infection
- Die Peritonitis als Infektionsmodell
- Experimentelle Peritonitis mit Escherichia coli und Streptococcus faecalis
- Kalkulierten Chemotherapie intraabdomineller Infektionen
- Host Defense in Peritoneal Infections
- Principles of Design and Interpretation of Research: Studies of Examples from Intraabdominal Infections
- Biometrische Grundregeln kontrollierter klinischer Studien
- Der Peritonitis-Index- Grundlage zur Bewertung der Peritonitis?
- Index zur Beurteilung der Prognose intra-abdomineller Infektionen
- Peritonitis nach Dickdarmdivertikelperforation
- Peritonitis bei Sigmadivertikulitis -zwei Kasuistiken
- Worin unterscheidet sich die Divertikulitisperforation von Kolon-perforationen anderer Genese?
- Peritonitis nach Sigmadivertikelperforation

As FAC is no longer available I plan to publish all papers on my website www.Wittmann.us. and/or www.openbdomen.org
To provide a framework for the foundation of the SIS-E we organized an International Congress on Intraabdominal Infection that attracted many scientists from around the world. Organizers and topics discussed are listed below.

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**CHAIRMEY**
D.H. Wittmann (FRG)
J.S. Solomkin (USA)

**HONORARY PRESIDENT**
H. Kirschner (FRG)

**ORGANIZING COMMITTEE**
D.H. Wittmann (FRG), (Chairman),
J.S. Solomkin (USA), (Vice Chairman),
J.W. Alexander (USA),
R. Dionigi (Italy),
E.P. Dellinger (USA),
G. Gortz (FRG),
T. Hau (FRG),
R. Nichols (USA),
J.L. Meakins (Canada),
W. Teichmann (FRG)

**Topics**

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<tbody>
<tr>
<td>I.</td>
<td>Severity Scoring of Intraabdominal Infections</td>
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<tr>
<td>II.</td>
<td>Antibiotic Therapy</td>
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<tr>
<td>III.</td>
<td>Surgical Therapeutics</td>
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<tr>
<td>IV.</td>
<td>Host Defense</td>
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<td>V.</td>
<td>Intensive Care</td>
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</table>
These surgeons met in Hamburg to prepare the constituting meeting for founding the Surgical Infections Society-Europe.

<table>
<thead>
<tr>
<th>Founder</th>
<th>City</th>
<th>Country</th>
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<tbody>
<tr>
<td>Aasen, Ansgar</td>
<td>Oslo</td>
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<tr>
<td>Aeberhardt, Peter</td>
<td>Aarau</td>
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<td>Bengmark, Stig</td>
<td>Lund</td>
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<td>Dominioni, Lorenzo</td>
<td>Pavia</td>
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<td>Evens, Mary</td>
<td>Scarborough</td>
<td>England</td>
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<td>Geroulanos, Stephanos</td>
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<td>Gottrup, Finn</td>
<td>Aarhus</td>
<td>Denmark</td>
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<td>Hau, Toni</td>
<td>Wilhelmshaven</td>
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<tr>
<td>Leaper, David John</td>
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<td>Nyström, Per Olof</td>
<td>Linköping</td>
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<td>Pollock, Alan</td>
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<td>Voros, Dionysos</td>
<td>Athens</td>
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<td>Wacha, Hannes</td>
<td>Frankfurt</td>
<td>Germany</td>
</tr>
<tr>
<td>Wittmann, Dietmar H.</td>
<td>Hamburg</td>
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</tbody>
</table>
The constituting meeting of the SIS-E took place on the day before the International Congress on Peritonitis, which became the first joint meeting of the American and European Surgical Infection Society (SIS-E and SIS-NA).

On the next photo you will see that many signed the poster hanging at the door of the meeting room (right photo). Prof. Robert Condon chaired the session together with Priv. Doz. Dr. med Dietmar Wittmann. Dr. Toni Hau delivered one of the inaugurational speeches (top left photo) and on the bottom left photo you see Mary Evans and Alan Pollock, the first SIS-E president and Pim Brummelkamp, the second SIS-E president.
The venue for SIS-E foundation and Prof. Condon addressing the audience and Austrian members listening (lower left)
The language of the Society shall be English: 73% yes

Famous Professor John Border from Albany in the last row watching the functionality of the touch pad immediate response display system that helped to pass all sections of the proposed constitution in no time (total 80 minutes). About 90% of the members agreed and accepted most of the rules except for the language mandate.
Everybody is focused watching the results. From front row on: Hau, NN, Evens, Pollock, Strachan, Lubbers, NN, Aykinawa, Brummelkamp.
CHARTER MEMBERS FROM GERMANY, GREECE, FRANCE, HOLLAND

The German Group: Vestweber, Troidl, Redding, NN.

The French Group with Antoine Levi and Pascal Frileux

Christou, Pisiottis, Voros, and Dellinger

The Dutch Group with Brummelkamp and Lubbers
CHARTER MEMBERS FROM ENGLAND, USA, SWITZERLAND & SCANDINAVIA

Bill Blakemore
Alan Pollock
Presidents of SIA-NA & SIS-E

Nik Christou
Wes Alexander
Dick Simmens

Some other discussion groups at the SIS-E foundation

Antoine Levi
Peter Aeberhardt

Finn Gottrup
Denis Raahave
Stephan Karren
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The venue for the congress at the CCH (Congress Centre Hamburg) was excellent.
# An outline of the scientific program

## Preliminary Scientific Program

### Main Topics
- Risk Factor Analysis and Severity Scoring Systems
- Bacteriology and Antibiotic Therapy
- International Perspectives and Surgical Therapeutics
- Alterations in Host Defense
- Intensive Care – Multi System Organ Failure

### Plenary Lectures
- The APACHE System: W. Knaus
- Intervention Management: E. Farthmann
- Endotoxins and Mediators of Host Response: NN

## Welcome and Introduction

*Monday Morning*

*Kirschner*, Honorary President  
*Marink*, Senator of Public Health  
*Wittmann*, Chairman

## I. Risk Factor Analysis and Severity Scoring: Foundations for Research and Clinical Therapeutics

*Monday Morning*

Chairmen: *Meakin* (USA) / *Troedl* (FRGermany)

### A. Computerized Audience Response Interactive System

1. Limitations of Controlled Studies in IAI
   - Oehm (FRGermany)
2. Plenary Lecture: The APACHE System
   - Knaus (USA)
3. 9:45 – 10:15 Coffee Break

### Acute Physiology Score versus Sepsis Severity Scores

- Nyström / Skaar (Sweden)
- The Mannheimer Peritonitis Score (MPS)
  - Linder / Wacha (FRGermany)
- A New Surgical Infection Score
  - Dominioni / Dominig (Italy)
- The PIA II-SCORE (Peritonitis Index Altona)
  - Wittmann / Müller (FRGermany)

### Multicenter Comparison of 3 Scores (APACHE II, MPS, PIA II) Study Group Peritonitis

- Hasford (FRGermany)

### 8. Summary of Poster Presentations:
  - Meakin (USA)

### Panel and General Discussion

*12:30 – 14:00 Lunch*

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## II. Bacteriology and Antibiotic Therapy

*Monday Afternoon*

Chairmen: *Nichols* (USA) / *Götz* (FRGermany)

### A. Plenary Session

1. Peritonitis in Animals and Humans
   - Gorbach (USA)
2. Penetration of Antibiotics to Infectious Site
   - Aikawa (Japan)
3. Results of Controlled Studies
   - Dellinger (USA) / Wittmann (FRGermany)
4. Local Antimicrobial Therapy
   - Götz (FRGermany)
5. Summary of Poster Presentations
   - Nichols (USA)

### Panel and General Discussion

*15:30 – 16:00 Coffee break*

### B. Scoring Systems: Parallel Free Paper Session

### C. Bacteriology: Parallel Free Paper Session

### D. Systemic Antibacterial Therapy: Parallel Free Paper Session

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## III. International Perspectives and Surgical Therapeutics

*Tuesday Morning*

Chairmen: *NN* (FRGermany) / *Simmons* (USA)

### A. Mortality – Classification – Statistics

1. Peritonitis in Different Continents
   - Europe and North America
   - NN (England)
   - Africa
   - Rangabasashyam (India)
   - India
   - Miin-Fu-Chen (Taiwan)
   - Asia

### B. Operative Management and Alternative Methods

1. Standard Surgical Management
   - Farthmann (FRGermany)
2. Percutaneous Drainage
   - Hauag (USA)
3. Postoperative Lavage Procedures
   - Berger (FRGermany)
4. Multiple Reoperations for IAI
   - Ackerhard (Switzerland)
   - 10:00 – 10:30 Coffee break
5. Laparostomy
6. Open Treatment
7. Etappenlavage
8. Summary of Poster Presentations

### Panel and General Discussion

*12:30 – 14:00 Lunch*
Scientific Program

Main Topics
Risk Factor Analysis and Severity Scoring Systems
Bacteriology and Antibiotic Therapy
International Perspectives and Surgical Therapeutics
Alterations in Host Defense
Intensive Care – Multi System Organ Failure

Plenary Lectures
The APACHE System: W. Knaus
Intervention Management: E. Farthmann
Endotoxins and Mediators of Host Response: NN
SESSION I RISK FACTORS AND SCORING SYSTEMS

This session was very successful and laid the basis for the APACH-II severity of scoring system to become the standard for comparing treatment result of patient populations from different centers.

I. Risk Factor Analysis and Severity Scoring:
   Foundations for Research and Clinical Therapeutics
   
   Chairmen: Meakins (USA) / Troidl (FRG Germany)

   A. Computerized Audience Response Interactive System
   
   1. Limitations of Controlled Studies in IAI
   2. Plenary Lecture: The APACHE System
      9:45 – 10:15 Coffee Break
   
   Acute Physiology Score versus Sepsis Severity Scores
   4. The Mannheimer Peritonitis Score (MPS)
   5. A New Surgical Infection Score
   6. The PIA II-SCORE (Peritonitis Index Altona)
   7. Multicenter Comparison of 3 Scores (APACHE II, MPS, PIA II) Study Group Peritonitis
   8. Summary of Poster Presentations:
      Panel and General Discussion

   Ohmann (FRG Germany)
   Knaus (USA)

   Nyström / Skau (Sweden)
   Linder / Wacha (FRG Germany)
   Dominiani / Dionigi (Italy)
   Wittmann / Müller (FRG Germany)

   Hasford (FRG Germany)
   Meakins (USA)
June 1st 1987 First Joint Meeting of SIS-E and SIS-NA

Secretary of Health, Christine Maring, SIS-NA President Bill Blakemore, Hartwig Kirschner, Professor and Chairman of the Department of Surgery of General Hospital of Altona, Hamburg.

Surgeons from Madras India, Singapore and Korea discussing at the gala dinner.

Hannes Wacha, Heidi and Dietmar Wittmann and Jonathan Meakins at lunch.

Dr. Wittmann’s daughter Annemarei performs with her school orchestra for the guests.
Scenes from the boat trip to Süllberg Terrassen and dinner at Süllberg Restaurant in Blankenese
THE PROCEEDINGS OF THE CONGRESS WERE PUBLISHED IN WORLD JOURNAL OF SURGERY
MORTALITY OF 777 PATIENTS WITH PERITONITIS WHEN ADJUSTED FOR RISK FACTORS: APACHE-II SCORES

\[
\text{Log } \frac{R}{1-R} = -3.517 \times (\text{APACHE-II} \times 0.146)
\]
This represents the average mortality per risk score in unselected patients with intra-abdominal infections treated after 1986 with standard operative management (close abdomen at the end of the operation) in 14 different hospitals.

This is meant to compare results of same patients with similar risk factors iterated by classical methods versus those treated with new methods under study.
Natural course and mortality of SI without therapy?
SI related problems before SIS-E (why SIS-E?)
Events leading to the Foundation of SIS-E
First Joint meeting of SIS-E and SIS-NA
SIS-E Meetings form 1988 to 2012
What have we achieved?
What did we not achieve?
Have we completed our mission (time to terminate SIS-E)?
What are SI-related problems to go on?
1988: 1ST ANNUAL MEETING IN AMSTERDAM, THE NETHERLANDS

PRESIDENT: Allan V. Pollock

SEMMELWEIS LECTURE:
John Bartlet, Baltimore for the late Prof. Du Moulin, Nijmegen

AIDS AND THE SURGEON

LOCAL ORGANISER: M. Lubbers
This picture was taken during a council meeting showing (from left to right) Alan Pollock, Per-Olof Nyström, Dietmar Wittmann, and Stig Bengmark.
PRESIDENT:
Stig Bengmark, Sweden

SEMMELEVIS LECTURE:
R.J.A Goris, Nijmegen

SURGICAL INFECTION: A HISTORICAL APPRAISAL

LOCAL ORGANIZER:
P Aeberhard, Switzerland
FORMAT OF PRESENTATIONS
1989

**SEMMELEIS LECTURE**

Surgical Infection: A Historical Appraisal
by R.J.A. Goris, Nijmegen, The Netherlands

**PANEL DISCUSSION**
The Septic State in the Surgical ICU
- S. Geroulanos ................. Zurich, Switzerland
- L. Dominioni ....................... Varese, Italy
- E. Faist ............................ Munchen, FRG
- D.J. Leaper ......................... Hong Kong
- P.M. Sutter ...................... Geneve, Switzerland

**6. EFFICACY OF BACTERIOPHAGES AND CEFOTAXIME IN EXPERIMENTAL STAPHYLOCOCCAL AND PSEUDOMONAL INFECTIONS**
J. Oleskiewicz, P. Koltowski, J. Jurecki, D.H. Wittmann*
Medical Academy Wroclaw, Wroclaw, Poland
*Medical College of Wisconsin, Milwaukee, Wisconsin, USA
Discussant: B. Claesson, Skoeye, Sweden

**21. THE SIGNIFICANCE OF BACTERIAL CONTAMINATION IN A MULTI-VARIATE ANALYSIS OF PROGNOSTIC FACTORS IN ACUTE NECROTISING PANCREATITIS**
F. Schulz, F. Herbst, R. Fugger, M. Rogy, W. Kwasny, M. Schemper
University of Vienna, Vienna, Austria
Discussant: W.H. Brummelkamp, Amsterdam, The Netherlands
PRESIDENT:
W.H. Brummelkamp, Netherlands

SEMMELWEIS LECTURE:
Miles Irving, England

THE INTEGRATED MANAGEMENT OF INTRAPERITONEAL SEPSIS

LOCAL ORGANISER:
A Hubens et al.
PRESIDENT:
Chris Pissiotis, Greece

SEMMELWEIS LECTURE:
R.E. Condon, Milwaukee

VIRUSES AND SURGEON

LOCAL ORGANISER:
D. Voros
PRESIDENT:
E.H. Farthmann, Germany

SEMMELWEIS LECTURE:
Basil A. Pruitt, San Antonio

CADAVEROUS PARTICLES AND INFECTION IN INJURED MAN

LOCAL ORGANISER:
Miguel Cainzos
PRESIDENT:
Jan Goris, The Netherlands

SEMMELWEIS LECTURE:
F. Daschner, Freiburg, Germany

FACTS AND FANTASY IN SURGICAL INFECTION CONTROL

LOCAL ORGANISER:
L. Dominioni
VERY ACTIVE SIS-E MEMBERS

Council members from left to right: Jan Goris, Iskaender Sayek, Per-Olof Nyström, Dietmar Wittmann, Stephanos Gerolanos, Allan Pollock
1994: 7th Annual Meeting
Vienna, Austria

President:
P. Kinnaert, Belgium

Semmelweis Lecture:
L.W. Baker, South Africa

Lessons from Lavage and Colonic Trauma

Local Organiser:
F. Schultz, W. Weissenhofer, R. Függer
PRESIDENT:
S. Geroulanos, Greece

SEMMELE WIS LECTURE:
D. Van der Weege, The Netherlands

ANTIBIOTIC THERAPY IN COMPROMISED PATIENTS MAY SOON BECOME LESS SUCCESSFUL BECAUSE OF MULTI RESISTANCE.

LOCAL ORGANISER:
U. Schöffel, RU Häring, W. Sendt
PRESIDENT:
P.O. Nyström, Sweden

SEMMELWEIS LECTURE:
R. Parc, Paris

SEVERE PERITONITIS: EVOLUTION OF THE SURGICAL TREATMENT

LOCAL ORGANIZER:
FP. Frileux et al.
PRESIDENT:
T. Hau

SEMMELWEIS
LECTURE:
Jonathan Meakins, Canada

IMMUNOLOGY AND THE SURGEON

LOCAL ORGANISER:
PRESIDENT:
Iskaender Sayek

SEMMELWEIS LECTURE:
John Siegel, USA

POST - TRAUMA OXYGEN DEBIT AS A DETERMINANT OF FULMINANT ARDS AND SEPTIC RESPIRATORY FAILURE

LOCAL ORGANISER:
E. Tylor et al.
PRESIDENT:
Lorenzo Dominioni

SEMMELWEIS LECTURE:
Jonathan Cohen, UK

NECROTIZING FASCIITIS AND SEVERE STREPTOCOCCAL INFECTION

LOCAL ORGANISER:
Ansgar Aasen, et al
PRESIDENT:
David J Leaper

SEMMELWEIS LECTURE:
Arthur E Baue

SEPSIS RESEARCH: WHAT DID WE DO WRONG? WHAT WOULD SEMMELWEIS DO NOW?

JOINT MEETING WITH:
European Shock Society
PRESIDENT:
Graham Ramsey, The Netherlands

SEMMELWEIS LECTURE:
Marc Bronton, Utrecht

VANCOMYCIN-RESISTANT ENTEROCOCCI

LOCAL ORGANISER:
Zbigniew Gruza et al. (16)
PRESIDENT:
Eugen Faist, Munich, Germany

SEMMELWEIS LECTURE:
John Mannick, Boston, USA

INJURY INDUCED IMMUNE DYSFUNCTION: IS THE LYMPHOCYTE IRRELEVANT?

LOCAL ORGANISER:
Jose Tallado et al (10)
PRESIDENT:  
Ansgar Aasen, Oslo

SEMMELEWIS LECTURE:  
Jean-M Cavaillon, Paris, France

IMMUNODESREGULATION ASSOCIATED WITH SYSTEMIC INFLAMMATION

LOCAL ORGANISER:  
Angelo Nespoli et al (5)
PRESIDENT:
Miguel Cainzos, Spain

SEMMELWEIS LECTURE:
Donald Fry, Albuquerque, USA

PREVENTION OF INFECTION FOLLOWING COLORECTAL SURGERY

LOCAL ORGANISER:
HP Redmond, JC Coffee, S Killeen
PRESIDENT:
E. Taylor, Scotland

SEMMELWEIS LECTURE:
Finn Gottrup, Odense, Denmark

PROBLEM WOUNDS, INFECTION AND SURGERY

LOCAL ORGANISER:
Both, SIS-NA & SIS-E
PRESIDENT:
Reinhold Függer, Austria

SEMMELEWS LECTURE:
Jonathan Meakins, Oxford, England

THE SURGEON: AN IMMUNE MODULATOR

LOCAL ORGANISER:
Stephanos Geroulanos
PRESIDENT:
Hannes Wacha, Germany

SEMMELWEIS LECTURE:
Thomas A. Wichelhaus, Frankfurt

THE CHALLENGE OF ANTIBIOTIC RESISTANCE

LOCAL ORGANISER:
Hannes Wacha, et. al.
PRESIDENT: Ulrich Schöffel, Germany

SEMMELEIS LECTURE: Iskaender Sayek, Istanbul

INSPIRATION FROM A SCIENTIFIC SOCIETY: AN INSTITUTIONAL ACHIEVEMENT

LOCAL ORGANISER: Metin Çakmakçı et. al.
2009: 22\textsuperscript{th} ANNUAL MEETING SIS-E
4\textsuperscript{th} COMBINED MEETING WITH SIS-NA IN CHICAGO, USA

PRESIDENT:
Metin Çakmakçi

SEMMELWEIS LECTURE:
Miguel A. Cuesta, Amsterdam, The Netherlands

INFECTIONS AND IMMUNOSUPPRESSION IN LAPAROSCOPIC SURGERY

LOCAL ORGANISER:
Both, SIS-NA & SIS-E

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<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>08:00 - 12:00</td>
<td>SIS Council Meetings</td>
<td>NA - BUCKTOWN - 3RD FL; E - MICHIGAN 4TH FL</td>
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<tr>
<td>08:00 - 12:00</td>
<td>Surgical Infections Symposium: Annual Update</td>
<td>GRAND BALLROOM 4-6</td>
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<td>08:00 - 12:00</td>
<td>Moderator: Kamal Rani MD</td>
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<tr>
<td>08:00 - 12:00</td>
<td>Welcome – Dr. Elahi</td>
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<td>08:05 - 09:00</td>
<td>Recurrent C. difficile infections</td>
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<td>09:00 - 10:00</td>
<td>C. difficile infections</td>
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<td>10:00 - 10:30</td>
<td>Paper 10.</td>
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<td>10:30 - 11:30</td>
<td>Paper 11</td>
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<tr>
<td>11:00 - 12:00</td>
<td>Single Nucleotide Polymorphisms in the p53 Pathway</td>
<td>GRAND BALLROOM 4-6</td>
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<tr>
<td>11:00 - 12:00</td>
<td>Arnold J. Levine, PhD, Professor, Institute for Advanced Study, Princeton, Professor, Departments of Pediatrics and Biochemistry, UMDNJ,Robert Wood Johnson Medical School</td>
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<td>11:00 - 12:00</td>
<td>Introduction by Stephen F. Lowry, MD, MBA, FACS, UMDNJ,Robert Wood Johnson Medical School</td>
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<td>12:00 - 13:00</td>
<td>SIS/E PRESIDENTIAL ADDRESS</td>
<td>GRAND BALLROOM 4-6</td>
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<td>12:00 - 13:00</td>
<td>Surgical Site Infections as a Healthcare Quality Problem</td>
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<td>12:00 - 13:00</td>
<td>Metin Cakmakci, MD, FACS, FACPE, Professor of Surgery, Chief of Surgery and Medical Director, Anadolu Medical Center, Istanbul, Turkey</td>
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<td>SEMMELWEIS LECTURE</td>
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<td>11:00 - 12:00</td>
<td>Infection and immunosuppression in laparoscopic surgery</td>
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<td>11:00 - 12:00</td>
<td>Miguel A. Cuesta MD Professor in Surgery, Head of the Gastrointestinal and Minimally Invasive Units Department of Surgery, Academic Hospital Vrije Universiteit Medical Centre, Amsterdam, the Netherlands Chairman - Metin Cakmakci, MD MS</td>
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<td>Perspectives in Surgical Infections: What Does the Future Hold?</td>
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<td>12:00 - 13:00</td>
<td>Lena N. Napolitano MD, FACS, FCP, FCCM</td>
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PRESIDENT:
Angelo Nespoli, Italia

SEMMELWEIS LECTURE:
Eugen Faist Munich


LOCAL ORGANISER:
E. Faist
2010: 23rd Annual Meeting in Munich, Germany

23rd SIS-Europe Congress on Surgical Infections

- Cornerstones and Controversies in the Management of Severe Intraabdominal Infections (Part A, B & C)
- Management of Acute Biliary Tract Inflammation: Validation of the Tokyo Guidelines
- Implants and Other Crucial Contributors for the Development of SSI
- Management of Intestinal Failure
- Semmelweis Lecture: ‘Surgical Research, Clinical Studies and Quality of Science: The Good, the Bad and the Ugly’
  Prof. Dr. Eugen Faist, Ludwig-Maximilians-University, Munich, Germany
- SIS-E Free Communications (Award) Session 1
- SIS-E Free Communications Session 2
- SIS-E Free Communications Session 3
- SIS-E-Poster Session

TSIS 2010 Free Communications
PRESIDENT: Harry van Goor

SEMMELWEIS LECTURE: John J Alverdy, Chicago, USA

SOLVING THE PROBLEM OF SEPSIS BY UNDERSTANDING MICROBIAL DECISION MAKING

LOCAL ORGANISER: Jesus M. Culebras

24th European Congress on Surgical Infection
Surgical Infection Society-Europe
25-28 May 2011
León - Spain

CASTILLA Y LEÓN GOVERNMENT BUILDING
(50 m. from Parador Hostal San Marcos)
AVENIDA DE PEREGRINOS, S/N
24008 LEÓN

www.sis-e2011.org
PRESIDENT:
Roland Anderson

SEMMELWEIS LECTURE:
Stig Bengmark, London

CONTROL OF SURGICAL INFECTIONS IN THE 21ST CENTURY

LOCAL ORGANISER:
R. Anderson Group
Natural course and mortality of SI without therapy?
SI related problems before SIS-E (why SIS-E?)
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What have we achieved?
What did we not achieve?
Have we completed our mission (time to terminate SIS-E)?
What are SI-related problems to go on?
Section 1.
The Society will promote and encourage **education** and **research** in the nature, epidemiology, pathology, prevention, and treatment of surgical infections and sepsis.

It will promote **friendship and cooperation** among scientists of all countries.

Section 4.
The Society will organise and coordinate **international congresses and meetings**. Meetings of the Society will be held annually. The Society will encourage **joint meetings** with the Surgical Infection Society of North America (SIS-NA) and other societies.
WHAT HAVE WE ACHIEVED?
For the benefit of our patients

- 25 Meetings with > 1000 original papers/posters
- 25 Semmelweis Lectures
- Debates/Symposia (> 50)
- 4 Joint Meetings with SIS-NA
- 4 Post graduate courses on SI
- 8 Editions of Internet course: Miguel Cainzos (editor)

POSTGRADUATE COURSES

March 18-21, 1998
Ankara, Turkey
Coordinator: I. Iskaender Sayek
European Advanced Surgical Infection Course

October 2-5, 1999
Halle, Germany
Coordinator: T. Hau / H. Dralle
European Postgraduate Course in Surgical Infection

September 21-24, 2000
Santiago de Compostela, Spain
Coordinator: M. Cainzos
European Postgraduate Course in Surgical Infection

January 31 - February 2, 2003
London, UK
Coordinator: D. Leaper
European Postgraduate Course in Surgical Infection
WHAT HAVE WE ACHIEVED?

Sister Societies
- Poland (SIS-P)
- Japan (SIS-J)
- USA (SIS-NA)

Journals Associations
- Surg Res Comm
- Curr Opinion in SI
- Surgical Infection
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<td>1️⃣</td>
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<td>Communication between surgeons of various countries</td>
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<td>2️⃣</td>
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<td>Better understanding of the scientific basis of SI</td>
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<td>3️⃣</td>
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<td>Disseminate the scientific basis of surgical infection</td>
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<td>4️⃣</td>
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<td>Dissemination research methods</td>
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<td>5️⃣</td>
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<td>Better understanding of clinical studies of SI</td>
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<td>6️⃣</td>
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<td>Sharpen critical judgment of results from clinical trials</td>
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<td>7️⃣</td>
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<td>Optimizing therapy of SI</td>
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<td>8️⃣</td>
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<td>Friendship with other surgical infection specialists</td>
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<td>9️⃣</td>
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<td>Comprehensively integrate SI into surgery</td>
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What have we achieved?
What did we not achieve?
Have we completed our mission (time to terminate SIS-E)?
What are SI-related problems to go on?
By advancing the knowledge about the nature, diagnosis, treatment and prevention of surgical Infections (SI)

<table>
<thead>
<tr>
<th>Finding best therapy of rare SI (e.g. Planned OA)</th>
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<tbody>
<tr>
<td>Specific mechanism of action of rare SI (e.g. mono-infections with clostridia or streptococci)</td>
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<td>Performing multicenter controlled clinical trials</td>
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<td>Performing multinational controlled clinical trials</td>
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<td>Conducting multi-national basic science research projects</td>
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<tr>
<td>Using the hidden power of our SIS-E National Representative Committee</td>
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What have we achieved?
What did we not achieve?
Have we completed our mission (time to terminate SIS-E)?
What could motivate us to go on?
Building a European research network

Changing the format of meeting

Make meetings more affordable for young surgeons

Establish funding for multinational research and young surgeon support
- **Building a European research network**
  - Web based database for multinational data entry
    - For clinical studies
    - Observational studies of rare disease
    - Treatment modalities of rare conditions (such as the planned open abdomen)

- **Establish funding for various multinational research**
  - European community *(Secretary and President responsible)*
  - Individual countries *(Each National Representative responsible)*
  - Industry *(All SIS-E members responsible)*
Changing the format of meetings

- Use internet and create a SIS-E network (Facebook like)
- Combine oral & poster presentation
- Data available 4 weeks before presentation
- Oral presentation 2 min – Discussion 8 min
- Develop support system for non-English investigators

Make meetings more affordable

- Universities (no fee for lecture hall)
- Always same location in the center of Europe
- Develop funding for meeting expenses of young surgeons
SIS-E MEETINGS: VIANDEN LUXEMBURG

JOINT MEETINGS: MS QUEEN MARY BETWEEN EUROPE AND NEW YORK

Castle Vianden Luxemburg

Shortest Distance From most European Countries

Good Infrastructure Excellent food
Europe can be Heaven

French are the cooks
English are the policeman
Germans are the mechanics
Greek are the tourist hosts
Italians are the lovers
and
All is organized by the Swiss

Europe can be Hell

French are the mechanics
English are the cooks
Germans are the policemen
Greek are the accountants
Swiss are the lovers
and
All is organized by the Italians

P.O. Nystroem (pictured with his wife) presented these words at the Constitutional Meeting 1987 in Hamburg. Dietmar Wittmann added one sentence to acknowledge the 2012 financial crisis in Europe.
SURGICAL INFECTION SOCIETY - EUROPE
1987 - 2012

An extended version of this presentation will be available on www.openabdomen.org and www.wittmann.us