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## **Trauma Ties**

By Laura Pratt January 27, 2008

Dr. Sandro Rizoli is in hospital scrubs, a big leather desk chair and a state of bliss. He is only a few days into his tenure as holder of the de Souza Chair in Clinical Trauma Research, and he couldn't be more thrilled. Indeed, so excited was Rizoli, an associate scientist who is also Sunnybrook Research Institute's director of trauma, emergency and critical care research, to launch into his new role that, he confesses, "I never even looked into how much the endowment was." (It's \$3 million.)

The chair, a joint University of Toronto/Sunnybrook endowment (Rizoli is also assistant professor in surgery and critical care medicine) is remarkable for a number of reasons. For one, it is the world's only critical trauma research chair. Trauma, Rizoli laments, is a field of study often overlooked for the way it exists in the midst of so many other things. "Trauma involves the heart, the lungs, the kidneys. But it doesn't belong to any of them. It falls in-between and is a very neglected subject for research. There is very little funding available."

Just the same, it's an area that demands attention. According to the World Health Organization's World Health Report in 2003, trauma takes more lives every year than does breast cancer. Car accidents kill about the same number of people as lung cancer, and a lot more than diabetes and asthma.

Rizoli is pleased, too, about the proveneance of the chair, which was



founded by a fellow expatriate Brazilian Carnival Ball in Toronto. Ms. de Souza, who succumbed to cancer this past September, raised more than \$46 million for deserving causes in Toronto and Brazil over the 42-year history of her ball, which is among Canada's most important social and philanthropic galas, and is the country's biggest net fundraiser.

Sunnybrook became one of the beneficiaries with the endowment of the chair in the early 1990's. Dr. Don Redelmeier, a senior scientist and director of clinical epidemiology at SRI, who held the five-year renewable post for two terms, is the only other recipient.

To him, says Rizoli, the appointment means more time for research, including the study of bleeding and the use of blood in trauma.

"There are two things that kill trauma patients," he says. "Either they hit their head or they don't stop bleeding. With the latter, it's frustrating, because a person comes in with a hole in the heart, you crack his chest and put in a stitch, and he still bleeds." He notes that this type of bleeding is treated by replacing clotting factors through blood transfusion, and is why trauma patients consume so much blood products. "At Sunnybrook, trauma consumed 50% of plasma last year and 90% of cryoprecipitate. But many times, in spite of drying up all the blood in Toronto to try and make a single trauma patient stop bleeding, he still continues to bleed until

when it matters

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