## 5<sup>th</sup> International Fluid Academy Days November 26–28, 2015, Hilton Congress Centre, Antwerp, Belgium

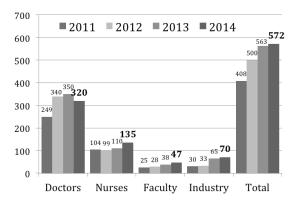
## It is time to pay attention to fluid management: A warm welcome to the 5<sup>th</sup> International Fluid Academy Days!

Manu L. N. G. Malbrain, Niels Van Regenmortel, Dirk Himpe, Philippe Jorens

M. L. N. G. Malbrain, N. Van Regenmortel, Department of ICU and High Care Burn Unit, Ziekenhuis Netwerk Antwerpen, ZNA Stuivenberg, Lange Beelde-kensstraat 267, B-2060 Antwerpen 6, Belgium, tel.: +32 3 / 217 7399, fax: +32 3 / 217 7574, manu.malbrain@skynet.be
D. Himpe Department of Anesthesia, Ziekenhuis Netwerk Antwerpen, ZNA Middelheim, Lindendreef 1, B-2020 Antwerpen, Belgium, tel.: +32 3 / 280 31 11, fax: +32 3 / 281 17 46, dirk.himpe@zna.be
P. Jorens, Department of Intensive Care, University Hospital UZA, Antwerp, Belgium, philippe.jorens@uza.be

We are very excited to present you the Fifth Anniversary International Fluid Academy Days! This 5<sup>th</sup> iFAD will deliver once more a compact three-day program on clinical fluid management, a topic that has been neglected for a long time. Although the medical community clearly seems to recognise the importance of looking at fluids beyond their role in mere hemodynamic stabilization, nevertheless we are still far away from treating fluids as any other drug we would give to our patients [1]. The side effects of fluids are without doubt more than relevant. The associated morbidity and mortality with poor fluid management is either related to hypovolemia and convective problems or to fluid overload with proven morbidity in all kinds of patients and diseases, partly due to diffusion problems resulting in interstitial oedema, in either case the oxygen cannot get to the tissues [2]. There is also increasing data proving that the induction of hyperchloremic metabolic acidosis due to the use of unbalanced solutions is not as innocent as previously thought [3-5].

During the 1st iFAD on November 19th 2011 (at the Elzenveld Congress and Convention Centre in Antwerp) the goal was to establish a basic knowledge on fluids and monitoring. Many questions however remained to be answered at that time: What is the real impact of hyperchloremic metabolic acidosis induced by normal saline? Where is the colloid versus crystalloid debate evolving with the new knowledge gained from the recent big trials? Is there relevant difference between starches, gelatins or the more costly human albumin? What is the place of the hypertonic solutions? What will the future bring us? Can capillary leakage be treated with colloids instead of worsening it? Should the microcirculation be the real target instead of the classic parameters like blood pressure? What is the best fluid strategy in sepsis, the perioperative setting, traumatic brain injury, and kidney injury? Some of these issues have been addressed in the last 3 years and will be discussed and presented at the 5<sup>th</sup> iFAD. As organising committee of the four preceding iFAD meetings it is now our wonderful privilege to welcome you to join us again for the fifth International Fluid Academy Days (iFAD), here in Antwerp, Belgium, on November 26<sup>th</sup>-28<sup>th</sup> 2015. The 1<sup>st</sup> iFAD was attended by 249 doctors coming from 33 countries, the 2<sup>n</sup> iFAD by 340 doctors coming from 28 countries and the  $3^{\text{rd}}$ iFAD by 350 doctors coming form 45 countries, the numbers remaining stable during the 4<sup>th</sup> meeting (Fig. 1).



**Fig. 1.** Evolution of number of participants during the last 4 iFAD meetings

The 5<sup>th</sup> iFAD meeting is endorsed, amongst other societies by the European Society of Intensive Care Medicine (ESICM), the World Federation of Societies in Critical Care Medicine (WFSCCM), the European Society of Anaesthesiology (ESA), the World Society on Abdominal Compartment Syndrome, aka the Abdominal Compartment Society (WSACS) and many national European societies of Intensive Care like the French Society (SRLF), the Dutch (NVIC) and the Belgian Society of Intensive Care (SIZ), anaesthesia (SARB/BVAR) and emergency medicine (BESEDIM).

An international faculty of world leaders in the field will be your hosts, and you are guaranteed a global revelation on fluid management and hemodynamic and organ function monitoring. This year we have extended the oral and poster presentation sessions and all together 20 abstracts have been submitted (15 presentations).

The iFAD is renown for its prize award ceremony during the closing session. As an example amongst iFAD 2013 attendants who filled in a paper survey with general question on fluids and monitoring the 1st prize award (iFAD-iPAD) went to Dr Sari Karlsson from Tampere in Finland and nurse Margot Vandekerckhove from Antwerp in Belgium won the 1st prize for the ICU Quiz (iFAD-iPAD). Since the last 2 editions, scientific abstracts were submitted and three prizes were awarded. In 2013, the  $\mathbf{3}^{\mathrm{rd}}$  prize award went ex aequo to Dr Bulent Ergin from Rotterdam in The Netherlands for his work entitled "Acute effects of different resuscitation fluids on renal hemodynamics, microcirculatory oxygenation, inflammation, oxidative stress, and renal function in a rat model of endotoxemia" and to Dr Pieter-Jan Hofkens from Antwerp, Belgium for his work entitled "Early goal-directed post-resuscitation care". The  $\mathbf{2}^{nd}$  prize award went to Dr Frederik Verbrugge from Genk in Belgium for his work entitled "Serum urea/creatinine ratio predicts successful loop diuretic therapy in congestive heart failure". Finally, the 1st prize award (an iFAD-iPAD) went to Dr Martin Dress from Paris in France for his work entitled "Extravascular lung water, B-type natriuretic peptide and blood volume contraction enable diagnosis of weaning-induced pulmonary edema".

The target audience for this year's meeting are all specialists caring for the critical patient: intensivists, anaesthesiolo-

gists, emergency physicians, internists, surgeons, burn care specialists, nurses and other health care workers. The 5<sup>th</sup> iFAD (www.fluid-academy.org) will provide an environment for interaction and discussion, definitions and consolidation of the knowledge in the field of fluid management and not only hemodynamic monitoring but also monitoring of other organ functions. As explained above, the iFAD will last again 3 days to allow more time for discussion and interaction. The overall evaluation of the previous meetings was very good and since we changed the format in 2013 allowing more time for discussion (Fig. 2).

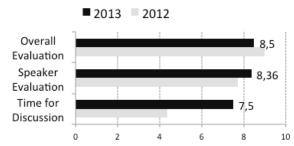


Fig. 2. Evaluation of the previous iFAD meetings held in 2012 and 2013.

This year, we will organise the 3<sup>rd</sup> CACU on Thursday, a Course on Acute Care Ultrasound with well renowned speakers giving practical lessons and hands-on sessions (with support from Philips, Sonosite Fujifilm, Esaote, Acertys, General Electric, and BK Medical). As for last year we also have programmed satellite masterclass symposia and industry sessions on Friday after the lunch break (with support and unrestricted educational grants from Baxter, Pulsion Medical Systems, Fresenius-Kabi, Edwards Life Sciences, and Maquet Getinge). For this years meeting all the slides of the talks will again be accessible at the SlideJar website (fluid.slidejar.com). We are proud to announce that for the 5<sup>t</sup> iFAD meeting we expect 300 doctors (of whom 45 faculty) from 40 countries, and together with 125 nurses and 70 industry representatives, again around 450 people will gather in Antwerp, confirming the interest in this topic that can really be considered as "hot and sexy".

The proceedings of the 5<sup>th</sup> iFAD will be published in the journal Medical Fluids in collaboration with Anaesthesiology Intensive Therapy (AIT). In this issue you can read the meeting proceedings with the invited lectures together with the abstracts of the "poster" and "oral" sessions in addition to the full physician and nursing program of the conference. For the second time we included also a number of invited reviews on fluid management and hemodynamic monitoring written by key-opinion leaders (Daniel Lichtenstein, Pietro Caironi, Robert Hahn, Jan Poelaert, Paul Elbers, Karim Ashnoune, Maxime Cannesson,... just to name a few). "Anaesthesiology Intensive Therapy" is the official journal of the Polish Society of Anaesthesiology and Intensive Therapy (editor-in-chief Prof Dr Radoslaw Owczuk). The journal, published five times a year, is targeted at the members of the Polish Society of Anaesthesiology and Intensive Therapy as well as physicians who specialize in these areas. Every issue contains original papers, commentaries, literature reviews, case studies, and letters to the Editors. The journal is indexed in Medline (Pub-Med), Elsevier, Index Copernicus (6.08) as well in the databases of the Polish Ministry of Science and Higher Education (6) and Polish Medical Library. The journal is financially supported by Polish Ministry of Science and Higher Educations under the "Index Plus" programme. The electronic copy is the primary one. Articles published in "Anaesthesiology Intensive Therapy" are free of charge without article processing charges (APC), the papers are listed on PubMed and the PDF's are available for download as Open Access via the website: http://czasopisma.viamedica.pl/ait/index. We encourage researchers to submit their next paper to AIT as the journal is PubMed listed, free of charge and available as Open Access.

The beautiful city of Antwerp, one of the biggest seaharbours in the World and famous for it's fashion designers, beer and diamonds is located in the North of Belgium. The shores alongside the river "Schelde" offer a peaceful and inspiring environment. All scientific sessions will take place at the Hilton Antwerp Hotel Congress and Convention Centre in the old city centre next to the cathedral and Rubens museum. During each session and especially at the social gatherings in the evening enough time will be provided to get to know each other and to exchange ideas in a relaxed atmosphere. Despite the global warming, the weather in Antwerp is not subtropical and, although they say in Belgium..."rain is always followed by sunshine", you better take that umbrella along whilst walking the harbour shores... To celebrate the 5<sup>th</sup> Anniversary in style we organised a unique gala evening and networking event with boat tour in Antwerp harbour.

We wish you all a very successful iFAD where you can meet the faculty members during the breaks and social events. Thank you for not having missed this unique educational and scientific opportunity, and for having joined us now in November 2015 in Antwerp: "It is time... it is time to pay more attention to fluids!" The motto of the 1st iFAD was "Give fluids? Make it choice, not chance and above all avoid floods!" The motto of the 2nd iFAD was "Towards the perfect fluid strategy!" while the 5th iFAD will push our boundaries even further

## References

- Perner A, Haase N, Guttormsen AB, Tenhunen J, Klemenzson G, Aneman A, Madsen KR, Moller MH, Elkjaer JM, Poulsen LM et al: Hydroxyethyl starch 130/0.42 versus Ringer's acetate in severe sepsis. The New England journal of medicine 2012, 367(2):124–134.
- Bellamy MC: Wet, dry or something else? Br J Anaesth 2006, 97(6):755-757.
- Shaw AD, Bagshaw SM, Goldstein SL, Scherer LA, Duan M, Schermer CR, Kellum JA: Major complications, mortality, and resource utilization after open abdominal surgery: o.9% saline compared to Plasma-Lyte. Annals of surgery 2012, 255(5):821– 829.
- Yunos NM, Bellomo R, Hegarty C, Story D, Ho L, Bailey M: Association between a chloride-liberal vs chloride-restrictive intravenous fluid administration strategy and kidney injury in critically ill adults. *Jama* 2012, 308(15):1566–1572.
- Young JB, Utter GH, Schermer CR, Galante JM, Phan HH, Yang Y, Anderson BA, Scherer LA: Saline versus Plasma-Lyte A in initial resuscitation of trauma patients: a randomized trial. *Ann Surg* 2014, 259(2):255–262.