Participation to the Tour of Turkey as an Emergency Physician

Sedat Yanturalı, Emre Karslı, Ömer Çanacık
Department of Emergency Medicine, Dokuz Eylül University Faculty of Medicine, İzmir, Turkey

Dear Editor,

The Presidential Cycling Tour of Turkey (TUR) is a multi-day, prestigious, annual bicycle road race organized by the Turkish Cycling Federation with increasing popularity among elite athletes. The race started in Alanya, and it followed Mediterranean and Aegean coasts to İzmir. Istanbul is home to the spectacular finish. There were 166 athletes representing 21 teams, and they covered 1260 km over 8 days (124–185 km/day) (1). The 51st TUR was held between April 26 and May 3, 2015. A health team was organized by an emergency medicine (EM) residency-trained physician who is an associate professor and has participated in TUR for the past 4 years as well as by two senior residents from Dokuz Eylül University. In addition, 112 teams from İzmir with ambulances participated in the health team. Medical care was provided before and after the race at the start and finish lines, respectively, as well as during the race by physicians in moving vehicles (riders were re-examined after the stage) and on the scene of crashes.

It is known that emergency physicians and residents provide health care for several mild to severely traumatized patients in their daily practice. Hence, bicycle-related injuries are referred to emergency departments, and emergency residents and attendants treat these patients. Based on this observation, it can be indicated that emergency experts are familiar with bicycle race-related injuries. On the other hand, non-traumatic medical problems are common in these types of organizations (2). Even simple diarrhea can be troublesome for athletes during race; hence, the management of non-traumatic medical complaints is also essential. Riders are different from patients in an emergency department. The riders do not have a tendency to worry much about minor injuries and mostly wish to continue racing. Most injuries require rapid and minimal interventions on the track, and the finish zone is more appropriate for advanced interventions. The above-mentioned situations need the agility of emergency physicians.

Although minor injuries are common in these races, life-threatening accidents as well as trauma-associated fatalities can be seen in elite bicycle races on roads. Cyclists ride at a speed of 40–50 km/h on a straight road, and they reach a speed of approximately 90–100 km/h downhill; hence, one can estimate the severity of injury. In this race, after an accident, one of the athletes had multiple rib fractures; in addition, pneumothorax needed tube thoracostomy. This indicates the importance of an emergency expert who can manage patients with a holistic approach. Although not seen in this race, it is known that sudden cardiac event may occur during elite organizations (3). These kinds of severe cases need the intervention of qualified physicians; hence, specific procedures including airway management, defibrillation, and cardiopulmonary resuscitation must be performed by experienced specialists.

Emergency medicine has various patients and field diversity. In the United States (US), there are several fellowship training programs for EM Residency Graduates. Sport medicine is becoming the center of attention for emergency physicians in the US (4, 5). Sport medicine is still not popular in the EM community of Turkey, but sport-related traumas are already treated in emergency departments; thus, emergency physicians are familiar with these injuries.

Although in Turkey, sport medicine is not yet a fellowship program of EM, it seems to be an interesting and unexplored area. Thus, sport medicine as well as the fellowship program of EM in Turkey must be taken into consideration.

References