**Sample Abstract Guidelines:**

1. Abstract Content should be in English
2. The maximum word count should be 250-300 words
3. If your title includes scientific notation, Greek letters, bold, italics, or other special characters/symbols, do make sure they appear correctly.
4. Corresponding details of corresponding author should be correct which will be used for further communication.
5. Abstracts should highlight the major points of your research and should not include tables, figures and references.

**Format**

**Presentation title:**E-Bikes (Electrical Bicycles and Scooters) Related Neurosurgical Injuries in the Adult Population: A Single-Center Experience

**Corresponding Author name:** Dr. Yevgeny Karepov

**Affiliation:** Department of Neurosurgery, Tel-Aviv Sourasky Medical Center, Tel-Aviv, Israel.

**Ph. No:** +972-03-6973269

**Email ID’s:** **karepovmd@gmail.com**

**WhatsApp No:** +972-52-4241891

**Any alternative number:** +972-52-7360971

**Other Authors if any:** Dr. Carla Richetta

**Presentation type:** (Oral presentation/ Poster presentation)

**Abstract (250-300 words):**

E-bikes (electrical bicycles and scooters) have been increasingly used as a means of transportation, especially among young adults. E-bikers have more accidents, at higher velocities and more severe kinematics, increasing the rate of neurosurgical injuries. Severe neurosurgical injury patterns result in significant morbidity and mortality. We collected data regarding adult patients (>18), who suffered e-bike-related neurosurgical injuries, in a single tertiary medical center in Israel, between July 2019 and June 2020. Fifty-eight consecutive patients were included in this study. The average age was 34.9, and the average Glasgow Coma Scale (GCS) score upon admission was 13.2 and was significantly lower in operated patients (10.75). Fifty-four patients were riders; 51 (94.5%!) were not wearing a helmet. Fifty percent of patients had multiple types of trauma. Six patients suffered a spinal injury. Sixteen patients required either cranial or spinal surgery. Three patients died, and 1 remained in a vegetative state. Median Glasgow Outcome Scale-Extended (GOS-E) score at follow-up was 7.1. Operated patients stayed significantly longer in the intensive care unit (ICU) and in the hospital, and their GOS-E scores at discharge and follow-up were significantly lower. Most spinal injuries underwent surgery. Patients who wore helmets had significantly higher GCS scores and a shorter stay in the ICU and hospital. The unacceptable reality of the careless use of this transportation and the unique kinematics lead to severe neurosurgical injuries, comorbidities, and even mortality. Our results reflect the risks of e-bikes in the adult population. Most of our patients were in the mid-age group, and almost none had used a helmet. The results of this study highlight the potential need for neurosurgical treatment, and the need for long-term rehabilitation and follow-up, reflecting the emotional and financial toll of these injuries. This study emphasized that helmets save lives.

**Biography (150-200 words):**

Dr. Yevgeny Karepov has his expertise in neurotrauma and neuro-intensive care, and has passion and eager in improving the treatment of severe TBI patients, upgrade neuro-intensive care as well as improve preventive medicine in neurotrauma field, by creating models of presentation and demonstration of severe consequences of TBI and plan special programs for prevention, which would directly affect healthcare system. Dr. Karepov has experience in research, evaluation and teaching neurotrauma and neuro-intensive care, both in hospital and other education programs.