ISMICS President Focuses on Policy, Politics and Performance

“Anyone who has never made a mistake has never tried anything new.”
– Albert Einstein

On Thursday 13 June ISMICS President Alan Menkis, MD presented his thought-provoking Presidential Address which focused on three areas, “Policy, Politics and Performance.” Dr. Menkis’ talk was punctuated with multiple quotes from thought leaders, and included an unspoken challenge to the audience of cardiothoracic surgeons to converge, in the sense of working together to improve policy, performance, and most of all, patient care.

Dr. Menkis used an example of how an analysis of post-operative patient care done by a Formula One pit crew helped put a new perspective on the activities of a hospital team. When concepts such as placement of personnel, specific duties, assigned tasks and single focus were

Technical Challenges: Pitfalls & Disasters

The Technical Challenges Session, chaired by Valavanur Subramanian, MD, continues to be one of the most popular sessions held during the ISMICS Annual Meeting. More than 100 participants attended this year’s session where eleven challenging and unusual cases were presented. Topics included Robotic Revascularization, Atrial Fibrillation, CABG, Mitral Valves, TAVI, and Coronary Surgeries. International leaders in the field debated such issues as Atrial Fibrillation Monitoring, OPCAB vs. ONCAB, Transcatheter Mitral Valve Repair, and Expanding TAVI Indications to Medium Risk Patients.
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MAQUET EDITORIAL: Can Routine Left Atrial Closure During Open Heart Surgery Reduce Peri-operative Stroke?

Sacha P. Salzberg, MD, PD and Maximilian Y. Emmert, MD, PhD

Concern about peri-operative stroke limits the acceptance of coronary artery bypass grafting (CABG) despite its well documented long-term superiority. Technical advances including avoidance of aortic manipulation are interesting adjunct therapies to reduce stroke; yet, approximately half of CABG related strokes occur in the post-operative period following surgery, and are most often related to new-onset atrial fibrillation (AF).1,2-4

New-onset AF is a common complication, occurring in close to 20% patients following CABG.2 Recent studies have documented increased incidence of stroke with new-onset AF after CABG surgery. In a recent study of 16169 consecutive isolated CABG patients with no prior history of AF, postoperative stroke risk was significantly greater for patients who developed new-onset AF vs. those who did not (3.2% vs. 1.3%, p<0.001). Further, new postoperative AF was associated with a 21% relative increase in mortality over a mean follow up of 6 years, even after controlling for 32 covariates.

As with other forms of AF, the primary mechanism of stroke secondary to postoperative AF is believed to be cerebroembolism of thrombus from the left atrial appendage (LAA).5,6

New-onset AF is a common complication, occurring in close to 20% patients following CABG.1 Recent studies have documented increased incidence of stroke with new-onset AF after CABG surgery. In a recent study of 16169 consecutive isolated CABG patients with no prior history of AF, postoperative stroke risk was significantly greater for patients who developed new-onset AF vs. those who did not (3.2% vs. 1.3%, p<0.001). Further, new postoperative AF was associated with a 21% relative increase in mortality over a mean follow up of 6 years, even after controlling for 32 covariates.

With other forms of AF, the primary mechanism of stroke secondary to postoperative AF is believed to be cerebroembolism of thrombus from the left atrial appendage (LAA). In a recent report (2067 patients, 81% CABG), postoperative AF was associated with a nearly three-fold increase in stroke (OR=2.79). Among patients who developed postoperative AF, those who had undergone concomitant LAA ligation had significantly lower risk of stroke (OR=0.0% vs. 6.1%, p=0.003).

Shortcomings of past surgical approaches to LAA exclusion using sutures or staples include risk of injury and incomplete closure. Recently a new epicardial clip was shown to provide easy, reliable, safe and durable exclusion during cardiac surgery procedures, without leaks or significant residual LAA cavity.5,6

Despite earlier conceptions as benign, postoperative AF carries significant risk for late cerebral injury following non-eventful cardiac surgery. LAA closure may be an important adjunct to all cardiac procedures to reduce the risk of postoperative AF-related cerebrovascular accident. The current generation of epicardial clip-based LAA closure devices may make routine concomitant management of LAA easier and safer than past approaches. The role of these new devices in attenuating risk of postoperative stroke resulting from new-onset AF merits further investigation.

References
Report from the 2013 Consensus Conference: OPCAB/Off Pump Surgery

The 2013 Consensus Statement on OPCAB/Off-Pump Surgery will be presented today, Friday 14 June, from 10.00 - 10.40 in Congress Hall 2-3. The International Society for Minimally Invasive Cardiothoracic Surgery (ISMICS) is proud to have its tenth Expert Panel Consensus Statement being delivered for 2013 here in Prague.

This year’s panel, chaired by Dr. John Puskas of Emory University, is focusing on "OPCAB/Off-Pump Surgery." Dr. Davy Cheng of London Health Sciences Centre in Ontario, Canada is serving as primary researcher and biostatistician. The Consensus Conference was held last month at The Shelbourne Dublin Hotel in Dublin, Ireland on 25-27 May 2013. Other panelists were as follows:

- Stefano Benussi, MD
- Anne Diegeler, MD
- Teresa Kieser, MD
- Alan Menkis, MD
- Mark Ruel, MD
- Vipin Zamvar, MD
- Johannes Bonatti, MD
- Francis Ferdinand, MD
- Michael Mack, MD
- Nirav Patel, MD
- Joseph Sabik, MD
- Teresa Kieser, MD
- Michael Mack, MD
- Janet Martin, PhD (Principle Investigator)

On Wednesday evening 12 June, Dr. Cheng presented the results of the Consensus Conference to the ISMICS Board of Directors. There was extensive discussion about the results that evening and Dr. Puskas, in tandem with Dr. Cheng, will be presenting the statement details to the Annual Meeting attendees today. The statement will then be published in Innovations, the official publication of ISMICS, following the 2013 meeting.

ISMICS has assembled this international panel of experts to share their knowledge and expertise and to review the current literature as related to Off Pump Coronary Artery Bypass Surgery. The main objective of the conference was to determine whether off-pump coronary artery bypass surgery (OPCAB) is superior to conventional on-pump coronary artery bypass surgery (CCAB) with respect to clinical outcomes and resource-related outcomes, and to determine whether effects differ across pre-specified risk groups and settings. The primary outcomes of interest are death, stroke, AMI, RBC tx and need for reintervention, both in the short term and long-term follow-up. Secondary outcomes involve all other clinically relevant outcomes listed above, and resource-related outcomes. Systematic review of randomized trials were conducted according to recent guidelines set out by Cochrane Collaboration, and will be reported according to the PRISMA guidelines. Comprehensive searches of the literature were done in Medline, Embase, and Cochrane library.

As with previous Consensus Statement results delivered during the ISMICS Annual Meeting, a question and answer period will follow Dr. Puskas’ presentation.

ISMICS Attendees Visit SIM City

Attendees of the International Residents and Fellows Program test their skills in SIM City – supported by Medtronic.

How To Claim CME Credits and Letter Of Attendance

CME certificates will be sent via the post meeting evaluation after the meeting. For attendees who require a letter of attendance or CME certificate, you will be able to make application electronically the week following the meeting. ISMICS requires an email address to forward you the link to apply. If you registered via fax or post, and are not an ISMICS member, the Society may not have your email address. Email update forms are available at the ISMICS Registration Desk.

INDUSTRY SPONSORED SYMPOSIA

These topic-driven sessions provide attendees with current, detailed information on new techniques and technologies. The following companies are supporting industry symposia, which are not part of the official ISMICS scientific program.

Friday, 14 June 2013

06.30 - 07.50 (6:30am - 7:50am) Palmovka & Rokoska & Herkovka
Initiating MICS Strategies in Your Daily Practice
Hosted by Medtronic

12.20 - 13.50 (12:20pm - 1:50pm) Roma & Vienna & Madrid
Treatment Of Aortic Stenosis: Tailoring The Best Combination Of Options For Your Patients
Hosted by Edwards Lifesciences

12.20 - 13.50 (12:20pm - 1:50pm) Athens & Barcelona & Berlin & Brussels
A Multi-Pronged Approach Is Required To Reduce CABG Stroke Rates
Hosted by MAQUET

12.20 - 13.50 (12:20pm - 1:50pm) Palmovka & Rokoska & Herkovka
Lifetime Management of Valve Disease in the Era of TAVR
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Master’s Day Classes (continued from page one)

The faculty from the Robotic Revascularization session, moderated by Husam Balkhy, MD

Giulia Veronesi, MD presented "Robotic versus Open Thoracic Surgery - Feasibility Versus Validity."

The session on Off Pump Surgery, moderated by John Puskas, MD, covered CABG, OPCAB techniques, eLeash, and Anastomotic Connectors.

The Roundtable Discussion during the Atrial Fibrillation session (l. to r.) Ralph Damiano, MD, Evelio Rodriguez, MD, Piotr Suwalski, MD, Niko Doll, MD and Laurent Pison, MD

L. Wiley Nifong, MD gave a brief presentation on Cor-Knot during the Minimally Invasive Valve Surgery Masters Course, chaired by W. Randolph Chitwood, MD

Gino Gerosa, MD, moderated the Masters Course on Transcatheter Valves which focused on devices, alternatives, quality of life and cost-effectiveness.
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PRELIMINARY TOPICS

- Robotic Mitral Valve Repair
- Valvular Imaging in 2013
- CT vs. TEE for Annular Sizing in TAVR
- 3D TEE: Preoperative Planning
- Current Status of TAVR
- Debate: Trans Apical or Trans Femoral
- Robotic CryoMaze
- Planning the Perfect Mitral Repair
- Simplifying Mitral Repair
- Current Status of CoreValve Use
- Mitral Repair Techniques
- Management of Endovascular Complications
- Fenestrated Grafts: Are We Ready
- Implantation of Intuity Valve
- When and How to Repair the TV
- Surgical Bailout of TAVR Gone Wrong
- Understanding Atrial Fibrillation
- The Best MAZE Lesion Set
- Minimally Invasive Techniques for AV Disease
- A Paradigm Shift in Training
- Emerging Percutaneous Mitral Therapy
- Hybrid Revascularization: Are we there yet?
- Review of Robotic Assisted MIDCAB and TECAB
POSTER COMPETITION FINALISTS

Congratulations to all of the participants in the first round of the ISMICS Poster Competition held on Thursday evening. The following papers were the highest Scorers and will move on to the Final Round today at 16.30 during the main scientific session.

**Topic 1: Revascularization Robotic**
Clinical Outcomes of Total Endoscopic Coronary Artery Bypass (TECAB), A Single Center Experience
Francis P. Sutter1, MaryAnn A. Wertan1, Khawar Maqsood1, Wajeeha Saeed2, Trisha Senss1, Janet L. Reynolds1, Anny Luong1, Rizwan Sardar1.
1Lankenau Medical Center, Wynnewood, PA, USA, 2Montefiore Medical Center, New York, NY, USA.

**Topic 2: Revascularization Conduits**
Perioperative Outcomes of Minimally Invasive Coronary Artery Bypass Compared to Sternotomy Coronary Artery Bypass Grafting
Limael E. Rodriguez, Dewei Ren, Basel Ramlawi, Mahesh Ramchandani.
Methodist DeBakey Heart and Vascular Center, Houston, TX, USA.

**Topic 3: Heart Failure**
Robotically-Assisted, Completely Endoscopic Transmyocardial Revascularization using an Optical Fibre-Based Laser Delivery System is Safe and Efficacious
Louis A. Brunting, III1, Averel B. Snyder2, Eric A. Espinal3, Sudhir P. Srivastava4.
1University of Alabama at Birmingham, Birmingham, AL, USA, 2St. Joseph’s Hospital, Atlanta, GA, USA, 3Akron City Hospital, Akron, OH, USA, 4The International Centre for Robotic Surgery, New Delhi, India.

**Topic 4: Imaging and Facilitating Technology for Cardiac Surgery**
Mitral Valve Overlay Facilitates Beating Heart Transatrial Annuloplasty in an Acute Animal Trial
Heart Center Leipzig, Leipzig, Germany.

**Topic 5: Valve Aortic**
Minimally Invasive Aortic Valve Replacement with Sutureless Calves by J-Sternotomy or Right Thoracotomy Approach
Giuseppe Santarpino, Steffen Pfeiffer, Giovanni Conci stri, Ferdinand Vogt, Martin Hinzmann, Theodor Fischlein.
Klinikum Nürnberg, Nuremberg, Germany.

**Topic 6: Valve New Designs**
Complete Tricuspid Valve Regeneration: A Novel Minimally Invasive Surgical Technique and New Surgical Paradigm
Walter D. Boyd, MD1, James L. Cox, MD2, Anna M. Fallon, PhD3, J N. Young, MD4, Robert G. Matheny, MD5.
1University of California Davis, Sacramento, CA, USA, 2Washington University, Saint Louis, MO, USA, 3Cormatrix Cardiovascular, Alpharetta, GA, USA.

**Topic 7: Valve Mitral Mini**
First Experiences with Adjustable Annuloplasty in Degenerative MR patients
Markus Czesla. Sana Herzchirurgie Stuttgart, Stuttgart, Germany.

**Topic 8: Thoracic**
Feasibility of Video-assisted Thoracoscopic Anatomic Graft for Ascending Aorta Aneurysm Repair
Methodist DeBakey Heart and Vascular Center, Houston, TX, USA.

**Topic 9: Aortic and Endovascular Therapies**
Implementing Benchmarking in Perfusion Practice: Results of a Multicentre Quality Improvement Initiative
Robert A Baker, PhD, CCP (Aust), Richard F Newland, BSc, CCP (Aust), Carmel Fenton, Dip Perf, CCP (Aust), Timothy W Wilcox, Dip Perf, CCP (Aust) and Alan F Merry. FANZCA. For the Perfusion Downunder Collaboration

**Thoracic and Cardiac Tracks**
Friday’s Thoracic Track Programming will include Lung from 8.00 - 9.20; Miscellaneous from 11.25-12.20; Esophageal from 13.50 to 15.05. Saturday’s Thoracic Track will be Thoracic Movie Day (see below for topics) from 9.30 - 10.45 and 11.45 - 14.45. Thoracic Track is in the Grand Ballroom.

Friday’s Cardiac Track Programming will include Revascularization from 11.25-12.20; Pediatric Imaging from 13.50 to 14.50. Saturday’s Cardiac Track will cover Minimally Invasive Valve I from 9.30 - 10.45 and Minimally Invasive Valve II from 11.15 - 12.15. Cardiac Track is in Congress Hall 2-3.
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All ISMICS members are requested to attend the Members’ Business Meeting, scheduled for Saturday morning, 09.00-09.30 and held in the Scientific Session Hall in Congress Hall 2-3.

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For professional use. See instructions for use for full prescribing information, including indications, contraindications, warnings, precautions, and adverse events.

Edwards Lifesciences devices placed on the European market meeting the essential requirements referred to in Article 3 of the Medical Device Directive 93/42/EEC bear the CE marking of conformity.

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