ISMICS Meeting PRAGUE 2013: One for the Record Books

With the second highest attendance in ISMICS history, the 2013 Annual Meeting in Prague can certainly be called one of the most successful and enjoyable meetings in recent years. More than 600 cardiothoracic professionals and guests traveled to the historic Czech Republic to review, present, discuss and debate all aspects of minimally invasive and innovative surgery.

The 2013 scientific program maintained, and in some cases exceeded, the very high standards that attendees have come to expect from the ISMICS meeting. Since its beginning, the meeting has been an international venue for the presentation of the very latest developments and cutting edge technologies from across the entire spectrum of minimally invasive CT surgery.

In addition to the outstanding Masters Day programs that kicked off the meeting, keynote speakers Billy Cohn and Joseph Bavaria kept the momentum going and invigorated attendees to think beyond their current challenges and to create a "culture of innovation."

The Presidential Address by Alan Menkis, challenged the audience to "work together to improve policy, performance, and patient care. Dr. Menkis compared the hospital team to a Formula One pit crew, in that both require laser focus and team communication.

In addition to mini presentations, video sessions, lively debates, panel discussions, and the traditional cardiac and thoracic tracks, ISMICS 2013 introduced several new and exciting features.

A special area of the Exhibit Hall, known as "Sim City," was reserved specifically for "hands on" simulation and training. Attendees were allowed to test equipment and practice various techniques and technologies. Poster presentations made a grand leap into the future and for the first time were displayed electronically on large screen monitors. The annual ISMICS Poster Competition was, once again, an exciting and unique educational experience for

ISMICS Consensus Statement: OPCAB/Off Pump Surgery

Davy Cheng, MD (left) and John Puskas, MD presented the report from the 10th Expert Panel Consensus Conference, held in Dublin on May 25-27, 2013.
Conform to the new standard for Left Atrial Appendage (LAA) Occlusion.

The TIGERPAW® System II with its unique Fastener technology is designed with soft silicon housing to minimize risk and damage to the delicate LAA. Once implanted, the Fastener conforms to the shape and thickness of the patient’s appendage, resulting in 100% clinically proven occlusion.¹

- Easy and rapid application (60 seconds or less)¹
- Conforms to variable LAA size and thickness with pliable silicon housing
- Zero blood loss at device footprint

Angled jaw aligned with Fastener elbow aids in optimal placement
Soft silicon housing for tissue conformity
Available in 7 Connector configuration


MAQUET is a registered trademark of MAQUET GmbH & Co. KG * Copyright MAQUET Cardiovascular LLC or its affiliates. All rights reserved. CAUTION: Federal (U.S.A.) law restricts this device to sale, distribution and use by or on the order of a physician. 05/13
KIT V. AROM LECTURESHIP:
WILLIAM COHN

The third annual Kit V. Arom Lecture was presented by Dr. Billy Cohn of the Texas Heart Institute. Dr. Cohn challenged the audience to see innovation as a call to action, using the example of Dr. DeBakey, back in the 1950s going to the fabric store and purchasing Dacron, and later taking it home and sewing a new device by himself on his wife's sewing machine. He noted that innovation has three major facets: altruism, which benefits healthcare in general, financial benefits, which are tangible, but most of all, excitement.

Dr. Cohn urged the surgeons in the audience to be inventors, noting that it does not require vast resources or engineering personnel. Many of the greatest innovations in cardiac, thoracic and vascular surgery were developed first by doctors using simple, often home-based materials. Innovators can develop their visions from ordinary building tools, fabric, even household utensils.

Noting that there will always be naysayers, Dr. Cohn noted that one should never let another person tell them that a new idea is a bad idea. If that were the case some of the greatest developments in medical devices would never have come to fruition. He quotes Thomas Edison, who said “To invent, you need a good imagination and a pile of junk.”

Dr. Cohn presented a simple series of steps which help with being innovative, noting that anyone can be an innovator in their own environment, or rather, to think “inside the box.” Look at your surroundings and identify things that are stressful, time consuming or difficult. Can you fix it? Is there a simple way to fix it? And if something comes to mind - create it. It is important to expand your skill set and master and embrace new tools in the workplace.

Dr. Cohn's commitment to innovation was infectious and compelling. He shared many personal examples of his own inventions over the years, including those where he himself served as a test subject. Audience members were all left with the feeling that any of them can be true innovators, and to do so, they need not stray far from home.

Many of the greatest innovations in cardiac, thoracic and vascular surgery were developed first by doctors using simple, often home-based materials. Innovators can develop their visions from ordinary building tools, fabric, even household utensils.

KEYNOTE SPEAKER:
JOSEPH BAVARIA

The 2013 Keynote Lecture was delivered by Dr. Joseph Bavaria of the University of Pennsylvania. His topic was “Integrating Innovation by Changing Culture.” He presented a broad definition of innovation as it applies to CVT surgery departments, and noted that invention focuses on devices, processes, diagnostic tests, therapeutic procedures and new applications of known devices or processes that can change clinical practice.

Dr. Bavaria went through a series of steps which would be helpful to a division looking to create a culture of innovation. He compared the cardiothoracic surgeon of 1994 with the present day surgeon, and the many developments in different types of surgery including aortic dissection, TEVAR and Distal Aortic Remodeling. The systems necessary for creating a culture of innovation were reviewed. Innovation can be conceptual, device related, or a combination of both.

Dr. Bavaria noted that while the specialty has achieved a lot, there is a danger from failing to bring or embrace change. He noted that at times, generations within departments or divisions hinder innovation as there is a reluctance to embrace change. He encouraged young surgeons in the audience to press on with their innovative ideas, even in the face of reluctance by peers and senior surgeons. What is considered too radical today may be considered mainstream tomorrow. The environment needs to support a robust clinical research program, which includes early adoption, good residents, and technology.

Focusing on what has helped create a culture of innovation in his own department, Dr. Bavaria reviewed in depth the importance of structure, the right personnel, incentives, and very importantly, institutional buy-in. Finally, he focused on the potential obstacles to the innovation enterprise, and how to overcome those obstacles. Both patient care and education are complemented with a culture of innovation and a department that innovates. What helps allow this environment to flourish within a department is an audit procedure to help balance the process. The struggle to get there may take some time, but the end result will be worth the effort. And on top of that, a culture of innovation is fun!
Complete Tricuspid Valve Regeneration: A Novel Minimally Invasive Surgical Technique and New Surgical Paradigm

Walter D. Boyd, MD, James L. Cox, MD, Anna M. Fallon, PhD, J N. Young, MD, Robert G. Matheny, MD

Clinical Outcomes of Total Endoscopic Coronary Artery Bypass (TECAB), A Single Center Experience

Francis P. Sutter, MaryAnn A. Wertan, Khawar Mqbool, Wajeeha Saeed, Trisha Senss, Janet L. Reynolds, Anny Luong, Rizwan Sardar

Clinical Outcomes of Total Endoscopic Coronary Artery Bypass (TECAB), A Single Center Experience

Francis P. Sutter, MaryAnn A. Wertan, Khawar Mqbool, Wajeeha Saeed, Trisha Senss, Janet L. Reynolds, Anny Luong, Rizwan Sardar

No Photo Available

First Experiences with Adjustable Annuloplasty in Degenerative MR Patients

Markus Czesla

Minimally Invasive Aortic Valve Replacement with Sutureless Calves by J-Sternotomy or Right Thoracotomy Approach

Giuseppe Santarpino, Steffen Pfeiffer, Giovanni Conciati, Ferdinand Vogt, Martin Hinzmann, Theodor Fischlein

Implementing Benchmarking in Perfusion Practice: Results of a Multi-centre Quality Improvement Initiative

Robert A Baker, Richard F Newland, Carmel Fenton, Timothy W Wilcox, Alan F Merry

First Report of Minimally Invasive Total Endoscopic Robotic Surgery for the Treatment of Inappropriate Sinus Tachycardia

Eric M. Hoenicke, MD, Jeff Nitzsche, MD, Kevin Daly, BS, Andrea Natale, MD, John David Burkhardt, MD

Feasibility of Video-assisted Thoracoscopic Anatomic Pulmonary Resection in Patients with Central Lung Cancer

Hyeong Ryul Kim, Yong Jik Lee, Geun Dong Lee, Yong-Hee Kim, Dong Kwan Kim, Seung-il Park

Employment of Extracellular Matrix Scaffold as a Tubular Graft for Ascending Aorta Aneurysm Repair

Mahesh Ramchandani, Tadashi Motomura, Dewei Ren, Limael E. Rodriguez, Luis J. Garcia-Morales, Bagrait Grigoryan, Brandi Scally, Jane Grande-Allen

Minimally Invasive Aortic Valve Replacement with Sutureless Calves by J-Sternotomy or Right Thoracotomy Approach

Giuseppe Santarpino, Steffen Pfeiffer, Giovanni Conciati, Ferdinand Vogt, Martin Hinzmann, Theodor Fischlein

Robotically-Assisted,CompletelyEndoscopic Transmyocardial Revascularization using an Optical Fiber-Based Laser Delivery System is Safe and Efficacious

Louis A. Brunsting, III, Averel B. Snyder, Eric A. Espinal, Sudhir P. Srivastava

First Experiences with Adjustable Annuloplasty in Degenerative MR Patients

Markus Czesla

Minimally Invasive Aortic Valve Replacement with Sutureless Calves by J-Sternotomy or Right Thoracotomy Approach

Giuseppe Santarpino, Steffen Pfeiffer, Giovanni Conciati, Ferdinand Vogt, Martin Hinzmann, Theodor Fischlein

First Report of Minimally Invasive Total Endoscopic Robotic Surgery for the Treatment of Inappropriate Sinus Tachycardia

Eric M. Hoenicke, MD, Jeff Nitzsche, MD, Kevin Daly, BS, Andrea Natale, MD, John David Burkhardt, MD

Feasibility of Video-assisted Thoracoscopic Anatomic Pulmonary Resection in Patients with Central Lung Cancer

Hyeong Ryul Kim, Yong Jik Lee, Geun Dong Lee, Yong-Hee Kim, Dong Kwan Kim, Seung-il Park

Employment of Extracellular Matrix Scaffold as a Tubular Graft for Ascending Aorta Aneurysm Repair

Mahesh Ramchandani, Tadashi Motomura, Dewei Ren, Limael E. Rodriguez, Luis J. Garcia-Morales, Bagrait Grigoryan, Brandi Scally, Jane Grande-Allen

Minimally Invasive Aortic Valve Replacement with Sutureless Calves by J-Sternotomy or Right Thoracotomy Approach

Giuseppe Santarpino, Steffen Pfeiffer, Giovanni Conciati, Ferdinand Vogt, Martin Hinzmann, Theodor Fischlein

Robotically-Assisted,CompletelyEndoscopic Transmyocardial Revascularization using an Optical Fiber-Based Laser Delivery System is Safe and Efficacious

Louis A. Brunsting, III, Averel B. Snyder, Eric A. Espinal, Sudhir P. Srivastava

First Experiences with Adjustable Annuloplasty in Degenerative MR Patients

Markus Czesla

Minimally Invasive Aortic Valve Replacement with Sutureless Calves by J-Sternotomy or Right Thoracotomy Approach

Giuseppe Santarpino, Steffen Pfeiffer, Giovanni Conciati, Ferdinand Vogt, Martin Hinzmann, Theodor Fischlein

Robotically-Assisted,CompletelyEndoscopic Transmyocardial Revascularization using an Optical Fiber-Based Laser Delivery System is Safe and Efficacious

Louis A. Brunsting, III, Averel B. Snyder, Eric A. Espinal, Sudhir P. Srivastava
When we set out to design the new COBRA Fusion, our goal was to create a new standard of performance for the treatment of Atrial Fibrillation. The result is a uniquely adaptable and effective platform that you have to experience to believe.

The first and only device with proprietary Versapolar™ technology, COBRA Fusion can deliver both Bipolar and Monopolar energy. Powered by patented TCRF (Temperature Controlled Radiofrequency), Fusion incorporates a unique suction design that eliminates the heat sink effect, enabling surgeons to create reproducible transmural lesions and return patients to normal sinus rhythm.

Designed to deliver better outcomes – that's the power of Fusion.
Visit us at Booth #7
Find Opportunity in Change

Change is nothing new to cardiac surgery. And with change comes opportunity.

As the global leader in medical technology for over 60 years, Medtronic offers solutions that create a world of possibility...simple, clear options that help you decide what's best.

Visit us at Booth 21, and at Sim City where you can test your skills through hands-on simulation.

**Cardiopulmonary Bypass Simulation:** Perform hands-on aortic cannulation with the first fully-interactive cardiac perfusion simulator.

**Beating Heart, Minimally Invasive Simulator:** See the access you can achieve through a small thoracotomy, and test your MICS CABG sewing skills on a beating heart.
The Social Program and receptions took full advantage of this beautiful city. Meeting attendees and guests were delighted with great weather and ample opportunity to explore and enjoy Prague’s history and tradition. The Attendee Reception at the historic Zofin Palace captured the ambience of Old Europe in an elaborate and extraordinary venue. The Reception also featured a very modern and contemporary edge – musical entertainment by Rekord!, the rock band led by ISMICS own recording artists Volkmar Falk, Piotr Suwalski and their colleagues.

Please enjoy this post meeting issue of the ISMICS Insider with highlights of ISMICS 2013.
Thank you to our 2013 EXHIBITORS

ATRICURE, INC.
B. BRAUN AESCULAP
BARD DAVOL
BIOVENTRIX
CORMATRIX CARDIOVASCULAR, INC.
DENDRITE CLINICAL SYSTEMS, LTD.
EACTS
EDWARDS LIFESCIENCES

ESTECH
FEHLING INSTRUMENTS GMBH & CO. KG
GEISTER MEDIZINTECHNIK
GENESEE BIOMEDICAL, INC.
INTUITIVE SURGICAL, INC.
JENAVALVE
KARL STORZ GMBH & Co. KG
KLS MARTIN GROUP

LSI SOLUTIONS
MAQUET MEDICAL SYSTEMS, USA
MEDISTIM
MEDTRONIC, INC.
SCANLAN INTERNATIONAL, INC.
SMARTCANULA LLC
SORIN GROUP
ST. JUDE MEDICAL
WEXLER SURGICAL

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 have not received the post meeting evaluation, please contact the ISMICS Administrative Office.
Cor-Knot™ Instant Security

If securing prosthetic rings is important to you ...

Solutions
Welcome New ISMICS Members

Cem H. Alhan, MD
Acibadem University
Istanbul, Turkey

John Bell-Thomson, M.D.
Mercy Hospital
Buffalo, NY, USA

Aman Coonar, M.D., MRCP, FRCS
Papworth Hospital
Cambridge, United Kingdom

Nimesh Desai, M.D.
Hospital of the University of Pennsylvania
Philadelphia, PA, USA

Hardy Gonzalez Sanchez, M.D.
Hospital San Bortolo
Vicenza, Italy

Dohun Kim, M.D.
Chungbuk National University Hospital
Chungju, Republic of Korea

Richard Lazzaro, M.D.
Lenox Hill Hospital
New York, NY, USA

Thasee Pillay, MBChB, FCS(CTh), FRCS
Freeman Hospital
Newcastle-upon-Tyne, UK

Konstadino Plestis, MD
Lenox Hill Hospital
New York, NY, USA

Sameh Said, M.D.
Mayo Clinic
Rochester, MN, USA

Sahin Senay, MD
Acibadem University
Istanbul, Turkey

Radoslaw Smoczyński, M.D.
Central Teaching Hospital MSW
Warsaw, Poland

Vivek Srivastava, MBBS, MCh
Blackpool, United Kingdom

Sookwhan Sung, M.D.
Seoul St. Mary’s Hospital, Seoul, Republic of Korea

Anna Witkowska, M.D.
Central Teaching Hospital MSW, Warsaw, Poland

Mark your Calendar for these Upcoming Meetings

ISMICS is helping shape the future of less invasive cardiac, vascular and thoracic surgery on a global basis. The mission of the Society is to lead and promote innovation and technological advancement in cardiothoracic and cardiovascular surgery through scientific analysis and education. The Society has over 800 international members. Please visit the ISMICS website at www.ismics.org to complete an online application and join your colleagues.
ISMICS wishes to thank these companies for their support of the Society and for their commitment to developing minimally invasive surgery techniques and technologies:

PLATINUM LEVEL

Edwards Lifesciences

estech™

Medtronic

GOLD LEVEL

MAQUET

SILVER LEVEL

CORMATRIX

SORIN GROUP

BRONZE LEVEL

Atricure

Boston Scientific
The Leader in the Science of Heart Valves

EDWARDS INTUITY
VALVE SYSTEM

EDWARDS SAPIEN XT
TRANS Catheter HEART VALVE

THRUPORT
SYSTEMS

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.

Edwards, Edwards Lifesciences, the stylized E logo, Edwards SAPIEN, Edwards SAPIEN XT, EDWARDS INTUITY, SAPIEN, SAPIEN XT, ThruPort are trademarks of Edwards Lifesciences Corporation.

© 2013 Edwards Lifesciences Corporation. All rights reserved. E3722/05-13/GEN

Edwards Lifesciences
Irvine, USA | Nyon, Switzerland | Tokyo, Japan | Singapore, Singapore | São Paulo, Brazil
edwards.com