Highlights of the 2015 Meeting

More than 750 physicians, guests, industry personnel and speakers enjoyed an outstanding ISMICS Annual Meeting in Berlin. The meeting offered a review of the newest and most innovative developments in cardiac, vascular, and thoracic surgery and included exceptional scientific sessions, presentations, debates, posters, and many opportunities to visit with colleagues and friends.

Traditionally, the ISMICS meeting is known as the forum for presenting the latest innovations in both cardiovascular and thoracic surgery and this year’s meeting did not disappoint. The program began with a full Masters Day Program, which included “How I Do It” presentations and state-of-the-art lectures including Hybrid Coronary Revascularization, Establishing a Minimally Invasive Aortic Surgery Program, and New Innovations in LVAD Therapy.

New this year, a Thoracic Masters session was conducted off site at the Berliner Medizinhistorisches Museum der Charite where attendees were able to experience two parallel live operations.

Wednesday concluded with the ever-popular “Technical Challenges: Pitfalls and Disasters” course. This year, Valavanur A. Subramanian, MD, Chair, was joined by co-chair Ramchandra C. Reddy, MD. Fifteen challenging and unusual cases were presented includ-

Kit Arom Lecture Delivered by Hermann Reichenspurner

Hermann Reichenspurner, MD, past president of ISMICS, presented the Kit V. Arom Lecture during the ISMICS Annual Meeting. Dr. Reichenspurner examined the future of cardiac surgery in five procedure areas: Myocardial Revascularization (CABG vs. PCI); Heart Valve Procedures (SAVR vs. TAVI); Heart Valve Procedures (Surgical vs. Interventional MVR) Heart Failure (HTx vs. VAD); and Aortic Diseases (Surgical vs. Interventional Repair.)

He examined each topic and noted the advances that have been achieved in the specialty, but stressed the need for continued adaptability and change.
EDWARDS EDITORIAL: Rapid Deployment with the EDWARDS INTUITY Elite Bioprosthesis: MIS-AVR Reoperations Made Simpler?

Tommaso Danesi Hinna, Loris Salvador, San Bortolo Hospital, Vincenza, Italy

Optimal application of new devices typically evolves naturally with time and experience. Yet despite the advantages of rapid deployment (or sutureless) valves, including ease of implantation, fast learning curves and the associated reduction of procedural times, clear-cut indications remain broadly undefined.

As Minimally-Invasive Surgical Aortic Valve Replacement (MISAVR) requires easily implantable devices, rapid deployment devices are especially suitable for UHS and RAT videothoracoscopy; in our view, potentially one of the more interesting applications is for redo-MISAVR patients.

Indeed patients undergoing redo-MISAVR due to a failed conventional stented, stentless or full root prosthesis, often require lengthy procedures, with a high risk of injury during debridement especially in small calcified annuli or during the removal of degenerated aortic root stentless bioprostheses. In these challenging cases RDAVR could prove the difference.

We report herein our first two implants of an EDWARDS INTUITY Elite valve in complex redo-MISAVR.

The first patient was a 55-year-old male with systemic and pulmonary hypertension, HCV chronic infection and persistent AFib. The patient underwent AVR in 2006 for severe AR and a 29 mm Toronto SPV (St. Jude Medical, Minneapolis, MN) bioprosthesis was implanted. In 2015, the patient underwent a minimally invasive upper J-rosternotomy due to the recurrence of severe AR due to post-endocarditis with perforation of the non-coronary leaflet and a peak pressure gradient (PPG) of 37 mmHg.

Externally the aortic root was heavily calcified with massive mediastinal adhesions; the valve had a fully calcified root, and severe fibrosis with a perforation of the non-coronary cusp. After leaflet excision, a 23 mm EDWARDS INTUITY Elite valve was easily implanted. Aortic cross clamp and CPB time were 57 and 117 minutes respectively. The patient was weaned from CPB with minimal inotropic support. Postoperative TEE showed no PVLs and low gradients. The patient was extubated after 5 hours of AMV. Inotropic agents were suspended after 6 hours. ICU stay and hospital stay were 2 and 9 days respectively. No transfusions were needed.

The second patient was a 57-year-old male affected by systemic hypertension. In 2009 the patient underwent AVR for severe AR due to aortic root enlargement; at that time a 25 mm homograft was implanted. In 2015, the patient presented with a severe calcific degeneration of the homograft and underwent a minimally invasive upper J-resternotomy with a 21 mm EDWARDS INTUITY Elite. Aortic cross clamp and CPB time were 62 and 113 minutes respectively. No inotropic agents were needed. AMV time, ICU stay and hospital stay were 3 hours, 1 and 6 days respectively.

These two cases demonstrate how the prosthetic choice at the time of the first and second operation is crucial. The classical surgical approach would have required a redo-Bentall-de Bono procedure with a higher grade of surgical complexity and risk.

Rapid deployment bioprostheses demonstrated to be safe and suitable for redo-MISAVR patients, allowing performing fast and efficient reoperation in a safe minimally invasive fashion. In our experience redo-MISAVR has finally become “minimal” for patients and “simpler” for surgeons.

UNC/ISMICS Heart Team Summit: A Symposium on Arrhythmia and Lead Management Alliances

THURSDAY, AUGUST 27
5:00pm Registration
6:00pm Welcome Reception
The Carolina Inn
FRIDAY, AUGUST 28
7:00am Registration | Breakfast
8:00am Introduction to Section on Lead Management
Andy Kiss, MD; Anil Gehi, MD
8:15am When Should We Extract a Lead? 
Christopher Ellis, MD
8:45am Lead Extraction: Tools and Techniques
George Paolini, MD
9:15am Panel Discussion: Challenging Lead Management Cases
Cases: Roger Carrillo, MD
Panelists: Christopher Ellis, MD; Jonathan Piccini, MD; James Daubert, MD; George Paolini, MD
12:00pm LUNCH
1:00pm Introduction to Symposium and Section on AF Ablation
Andy Kiss, MD; Anil Gehi, MD
1:15pm Ablation of Persistent AF - What Should We Do Beyond PVI? 
James Hummel, MD
1:45pm Epicardial AF Ablation: Tools and Techniques
John Sirak, MD
2:15pm Panel Discussion: Challenging Persistent AF Cases
Cases: Jay Koren, MD
Panelists: James Hummel, MD; John Sirak, MD; Jay Koren, MD; Andrea Natali, MD; James Cox, MD; Mark La Meir, MD
3:00pm BREAK / EXHIBITS
3:15pm Debate: Ablation of Persistent AF Should Be Done as an Endocardial / Catheter-Based Procedure Alone
Andrea Natali, MD
3:45pm Debate: Ablation of Persistent AF Should Be Done by a Standalone Surgical Procedure
James Cox, MD
4:15pm Debate: Ablation of Persistent AF Should Be Done by a Hybrid Epicardial / Endocardial Approach
Mark La Meir, MD
4:45pm Panel Discussion
Panelists: James Hummel, MD; John Sirak, MD; Jay Koren, MD; Andrea Natali, MD; James Cox, MD; Mark La Meir, MD
6:30pm Pre-Dinner Reception
The Blue Zone, Kenan Stadium
7:00pm Dinner and Keynote: Introduction and Welcome
W. Randolph Ohbod, MD
“AF Ablation: How It Came to Be”
James Cox, MD
SATURDAY, AUGUST 29
7:00am Registration | Breakfast
8:10am Introduction
Andy Kiss, MD; Anil Gehi, MD
8:15am My Experience Building a Hybrid Management Program
Patrick Whalen, MD
9:00am Our Experience Building a Collaborative Management Team
Philip Gentleski, MD; Jonathan Philpott, MD
10:00am The Psychology of Team Building
Sammi Sears, MD
10:30am BREAK / EXHIBITS
10:45am Recalled Leads:
What to Do? When to Extract? 
James Daubert, MD
11:15am Surgical AF Ablation - Where Will We Be in the Next 10 Years?
Gansevoort Dunnington, MD
11:45am Catheter AF Ablation - Where Will We Be in the Next 10 Years? 
Paul Mounsey, MD, PhD

For more information or to register, please visit www.ismics.org/summit
Meeting Highlights (continued from page one)

ing: A Tale of Surviving Three Consecutive Cardiorespiratory Arrests on Table During a Right Sided Pneumonectomy; Management of Stuck Leaflet and Transcatheter Valve Embolization Into the Left Ventricle; and Late Injury to the Thoracic Aorta from Spinal Fusion Procedure.

Speaker highlights included the Presidential Address by Volkmar Falk, the Kit V. Arom Lectureship on “The Evolution of Modern Cardiac Surgery and the Necessity to Change” by Hermann Reichenspurner, MD, and Prof. Wendelin Stark’s Keynote Address on “Nanotechnology and Soft Machines for the Heart.”

The ISMICS Exhibition Hall provided the perfect opportunity to interact with industry colleagues and preview the newest developments in the specialty and “SIMCity”, once again, provided hands on simulation and training, where attendees were able to practice various techniques, technologies, and equipment.

The Social Program took advantage of the historical culture of Berlin and the Attendee Reception at Meistersaal Berlin, provided the perfect opportunity to enjoy live music and time with colleagues.

Please see all three issues of the ISMICS Insider to enjoy an overview of the Annual Meeting.

Moderated Poster Competition Winner

Yvonne Schneeberger
Minimally Invasive Surgery for Congenital Atrial Septal Defects vs. Catheter Based Device-Occlusion in Adults
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The ISMICS Attendee Reception provided a wonderful finale to the Annual Meeting and gave meeting participants the opportunity to relax and enjoy live music in the Meistersaal, an historic concert hall built in 1910 and one of the buildings that survived the Second World War. Several members of the rock band REKORD! which includes Hubert Stein, Piotr Suwalski, Marco Serra, Thomas Walther, and Volkmar Falk entertained at the Reception, an appropriate event for the music hall, which is used as a recording studio and has hosted many worldwide music stars, including U2, David Bowie, Snow Patrol, and Jon Bon Jovi.

ISMICS International Resident and Fellows Luncheon

The ISMICS International Resident and Fellows Luncheon was hosted by Past President Francis Ferdinand and provided a wonderful opportunity for the attendees to interact with each other and with ISMICS leaders. Dr. Ferdinand provided a brief overview of the organization and welcomed the residents and fellows to the ISMICS Annual Meeting. Noting the collegial atmosphere that encompasses ISMICS events, he encouraged those who were ISMICS members to participate in ISMICS’ activities and to volunteer for service on ISMICS Committees. Dr. Ferdinand was joined by current president Volkmar Falk, past presidents James Fonger and Mani Subramanian, and board member Anson Cheung.
2nd Minimally Invasive and Robotic Cardiovascular Surgery Symposium & ISMICS 2015 Winter Workshop

December 11th - 13th, 2015
Marriott Hotel Asia, İstanbul - TURKEY

www.mirc2015.org
Young Investigator Award

Cesare Quarto, MD
Transcatheter Mitral Valve Implantation for the Treatment of Mitral Regurgitation- Thirty Days Outcomes of First-in-Man Experience with an Apically Tethered Device
ISMICS wishes to thank these companies for their support of the Society and for their commitment to developing minimally invasive surgery techniques and technologies:

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- AtriCure
- Sorin Group

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