27th EACTS Annual Meeting
Vienna, Austria
5 - 9 October 2013
Final Programme
## Programme Overview by Day:

### Saturday 5 October 2013
- Techno College

### Sunday 6 October 2013
- Postgraduate Education

### Monday 7 October 2013
- Scientific Programme

### Tuesday 8 October 2013
- Scientific Programme

### Wednesday 9 October 2013
- Advanced Techniques

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### Council
- Executive Secretariat
- Past Presidents
- Honorary Members
- On Site Information
- Social Programme
- Location of Session Rooms and other Meeting Activities
- Acknowledgements
- Commercial Relationships/Conflict of Interest Disclosures

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### Domain of Acquired Cardiac Disease
- Techno College
- Postgraduate Education and Professional Development Sessions
- Scientific Programme, Professional Challenge Focus and Professional Development Sessions
- Advanced Techniques

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### Domain of Thoracic Disease
- Techno College
- Postgraduate Education and Professional Development Sessions
- Scientific Programme, Professional Challenge, Focus and Professional Development Sessions
- Advanced Techniques
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<tr>
<td><strong>Acquired Cardiac Disease</strong></td>
<td><strong>Thoracic Disease</strong></td>
<td><strong>Congenital Disease</strong></td>
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<tr>
<td>08:00–10:55</td>
<td>09:30–13:30</td>
<td>13:30–15:30</td>
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<tr>
<td>Transcatheter and sutureless aortic valves</td>
<td>Thoracic oncology – from minimally to maximally invasive surgery – I</td>
<td>Transplantation techniques and patient selection</td>
</tr>
<tr>
<td>Heart failure</td>
<td>Heart failure</td>
<td>Innovation Award Presentation</td>
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<td><strong>13:35</strong></td>
<td><strong>13:35</strong></td>
<td><strong>13:35</strong></td>
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<tr>
<td>Keynote lecture</td>
<td>Keynote lecture</td>
<td>Keynote lecture</td>
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<tr>
<td><strong>14:05–16:20</strong></td>
<td><strong>14:05–16:20</strong></td>
<td><strong>15:00–17:00</strong></td>
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<tr>
<td>Aortic surgery</td>
<td>Aortic surgery</td>
<td>Thoracic oncology – from minimally to maximally invasive surgery – II</td>
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<tr>
<td><strong>16:20–18:10</strong></td>
<td><strong>16:20–18:10</strong></td>
<td><strong>16:20–18:10</strong></td>
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<tr>
<td>Percutaneous and endoscopic mitral valve surgery</td>
<td>Percutaneous and endoscopic mitral valve surgery</td>
<td>Mechanical support – outcome of destination therapy</td>
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</table>

**Timing / Events**

**General**

**Location/Level**

**Vascular Disease**

**Acquired Cardiac Disease**

**Thoracic Disease**

**Congenital Disease**

**Timing / Events**
<table>
<thead>
<tr>
<th>Location/Level</th>
<th>Sunday 6 October 2013 - Postgraduate Education</th>
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<tr>
<td>Hall D</td>
<td>Acquired Cardiac Disease</td>
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<td>Room 1</td>
<td>Professional Development</td>
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<td>Hall F2</td>
<td>Perfusion</td>
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<td>Hall I</td>
<td>Thoracic Disease</td>
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<tr>
<td>Hall E1</td>
<td>Vascular Disease</td>
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<td>Hall E2</td>
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### Timing / Events

<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>08:30-10:00</td>
<td>Plenary: life is short and the art long</td>
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<tr>
<td>10:00-12:30</td>
<td>Imaging in mitral valve repair</td>
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<tr>
<td>12:00-12:30</td>
<td>Break</td>
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<tr>
<td>12:30-14:00</td>
<td>Imaging for coronary artery surgery</td>
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<tr>
<td>14:00-14:30</td>
<td>Pride and prejudice in cardio-thoracic surgery</td>
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<tr>
<td>14:30-14:50</td>
<td>Circulating Viewpoints</td>
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<tr>
<td>14:50-15:10</td>
<td>Pro/Con: Use of Intra-aortic balloon support during ECMO/ECLS</td>
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<tr>
<td>15:10-15:30</td>
<td>Major complications after thoracic surgery</td>
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<tr>
<td>15:30-16:30</td>
<td>Complex surgery</td>
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<tr>
<td>16:30-17:00</td>
<td>A look into the future</td>
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<tr>
<td>17:00-17:30</td>
<td>Teaching</td>
</tr>
</tbody>
</table>
Monday 7 October 2013 – Scientific Programme

Acquired Cardiac Disease

8:15–9:45
Professional challenge session: controversies in coronary artery surgery (011–015)
Focus session: Is transcatheter aortic valve implantation now a routine procedure for the cardiac surgeon?
Abstract session: Blood management (017–021)
Abstract session: How to handle the ischemic mitral valve (011–015)
Extracorporeal membrane oxygenation/extracorporeal life support I: Risk prediction, salvage and bridging (028–032)

9:45–10:15
Break, Visit Exhibition

10:15–11:45
Professional challenge session: controversies in coronary artery surgery (054–057)
Focus session: Surgery for prognosis – Part I, mitral valve disease
Left ventricular assist devices I – Improving outcome (058–063)
Abstract session: Aortic valve replacement: long-term outcomes (064–069)
Abstract session: Risk scores and outcome reporting (070–073)
Abstract session: Arrhythmia I (022–027)

11:50–12:30
The Presidential Address: J. L. Pomar, Barcelona Talent or Training

12:45–14:00
Lunch, Visit Exhibition, Satellite Symposia

14:15–15:45
Abstract session: Coronary artery bypass graft I (096–097)
Focus session: Surgery for prognosis – Part II, aortic valve disease
Abstract session: Reflections on aortic valve repair (096–097)
Abstract session: Ventricular remodelling (102–107)
Abstract session: Cardiopulmonary bypass – improving outcome in marginal patients (108–113)
Focus session: Aviation medicine and cardiac surgery
Clinical anatomy of the coronary arteries (110–117)

15:45–16:15
Break, Visit Exhibition

16:15–17:45
Focus session: Hot news from ongoing trials
Focus session: End-stage heart failure – long-term / permanent support
Transcatheter aortic valve implantation: expanding indications and techniques (137–142)
Complications: escape routes (114–119)
Abstract session: Cardiac potpourri (148–153)
Abstract session: Complications: escape routes (114–119)

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<table>
<thead>
<tr>
<th>Time</th>
<th>Room 1</th>
<th>Room 33</th>
<th>Hall I</th>
<th>Hall P</th>
<th>Hall K</th>
<th>Hall G</th>
<th>Room Y7</th>
<th>Room Y10</th>
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</thead>
<tbody>
<tr>
<td>08:15–09:45</td>
<td>Non surgical skills for teams in theatre (Professional development)</td>
<td>Leadership – Introduction to Myers Briggs (Professional development)</td>
<td>Abstract session: oncology I: video-assisted thoracoscopic surgery/sleeve resections (034-039)</td>
<td>Non oncology I (040-045)</td>
<td>Focus session: aortic disease in infancy and adulthood (Combined session with congenital disease)</td>
<td>08:30–18:00 TEVAR pre-case planning course with OsiriX</td>
<td>08:30–16:30 TEVAR for TAA and type B-dissection with the Valiant Captivia stent graft</td>
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<tr>
<td>09:45–10:15</td>
<td>Break, Visit Exhibition</td>
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<tr>
<td>11:50–12:30</td>
<td>The Presidential Address: J L Pomar, Barcelona “Talent or Training”</td>
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<td>12:45–14:00</td>
<td>Lunch, Visit Exhibition, Satellite Symposia</td>
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<tr>
<td>15:45–16:15</td>
<td>Break, Visit Exhibition</td>
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<tr>
<td>16:15–17:45</td>
<td>Focus session: challenges of cardiovascular surgery in the developing economies</td>
<td>Abstract session: non oncology Session II (165-170)</td>
<td>Professional challenge session: the problem of tricuspid valve regurgitation in the biventricular and univentricular heart II</td>
<td>Experimental session: – from bench to bedside (160-164)</td>
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<td>18:00–18:30</td>
<td>EACTS General Assembly</td>
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<tr>
<td>08:15–08:45</td>
<td>D</td>
<td>Abstract session: degenerative mitral disease (177-182)</td>
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<td>09:45–10:15</td>
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<td>Abstract session: heart transplantation (193-199)</td>
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<td>10:15–11:45</td>
<td>F1</td>
<td>Abstract session: arterial revascularization (183-189)</td>
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<tr>
<td>11:45–12:30</td>
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<td>Lunch, Visit Exhibition</td>
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<td>13:45–15:45</td>
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<td>Professional challenge session: transcatheter aortic valve implantation: crossing the chasm I (267-270)</td>
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<td>16:15–17:45</td>
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<td>Professional challenge session: minimally invasive aortic valve surgery (315-319)</td>
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**Tuesday 8 October 2013 – Scientific Programme**

**Acquired Cardiac Disease**

- **08:15–08:45**: Abstract session: degenerative mitral disease (177-182)
- **09:45–10:15**: Abstract session: heart transplantation (193-199)
- **10:15–11:45**: Abstract session: arterial revascularization (183-189)

**Thoracic Disease**

- **11:45–12:30**: Lunch, Visit Exhibition

**Congenital Disease**

- **13:45–15:45**: Professional challenge session: transcatheter aortic valve implantation: crossing the chasm I (267-270)

**Vascular Disease**

- **16:15–17:45**: Professional challenge session: minimally invasive aortic valve surgery (315-319)
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<th>Room Y10</th>
<th>Room 24</th>
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<tr>
<td>08:15–09:45</td>
<td>Abstract session: oncology III: extended resections (204-209)</td>
<td>Abstract session: thoracic miscellaneous (210-215)</td>
<td>Abstract session: congenital miscellaneous I (216-221)</td>
<td>Abstract session: Late outcome after thoracic endovascular aortic repair: justifying or preventing a more liberal use? (199-203)</td>
<td>08:30–18:00 TEVAR pre-case planning course with OsirX</td>
<td>08:30–16:30 TEVAR for TAA and type B-dissection with the valiant captivia stent graft</td>
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<td>09:45–10:15</td>
<td>Break, Visit Exhibition</td>
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<tr>
<td>10:15–11:45</td>
<td>Abstract session: oncology IV: staging and lymph node involvement (255-260)</td>
<td>Abstract session: lung transplantation (261-266)</td>
<td>Focus session: Does it matter which cardiopulmonary bypass and myocardial protection techniques we use?</td>
<td>Abstract session: Infectious aortic complications: Orthotopic full-fix or heterotopic trade-off (250-254)</td>
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<td>11:45–11:55</td>
<td>Award Ceremony: Fontan Prize, Thoracic Prize, Leonardo da Vinci Award for Training Excellence</td>
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<tr>
<td>11:55–12:30</td>
<td>Lunch, Visit Exhibition, Satellite Symposia</td>
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<tr>
<td>12:45–14:00</td>
<td>Lunch, Visit Exhibition, Satellite Symposia</td>
<td>Cardiovascular Simulator Award</td>
<td>Resident’s Luncheon</td>
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<td>15:45–16:15</td>
<td>Break, Visit Exhibition</td>
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<tr>
<td>16:15–17:45</td>
<td>Focus session: malignant pleural mesothelioma</td>
<td>Aortic valve and left ventricular outflow tract (171-176)</td>
<td>Focus session: my good and my bad aortic experience and how this influenced my future practice</td>
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### Wednesday 9 October 2013 – Advanced Techniques

#### Hall D | Hall I | Hall H | Room 1 | Room 24 | Rondo
---|---|---|---|---|---
**Acquired Cardiac Disease**

<table>
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<th>Time</th>
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<td>09:30–13:00</td>
<td>Valve sparing aortic root replacement (wetLab)</td>
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<tr>
<td>08:30–13:00</td>
<td>Controversies and catastrophes in cardiac surgery</td>
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<tr>
<td>08:30–11:30</td>
<td>Direct aortic access</td>
</tr>
<tr>
<td>09:00–10:30</td>
<td>Right ventricular failure</td>
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<td>09:00–13:00</td>
<td>Mitral valve repair (wetLab)</td>
</tr>
<tr>
<td>09:00–10:30</td>
<td>How to perform a mitraclip procedure (Wetlab)</td>
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#### Hall G | Room 14 | Room 23 | Hall P | Room 33
---|---|---|---|---
**Acquired Cardiac and Thoracic Disease** | **Thoracic Disease** | **Congenital Disease** | **Vascular Disease** | **Timing / Events**

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<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>09:00–12:30</td>
<td>How to do it, with live-in-a-box?</td>
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<tr>
<td>09:00–11:15</td>
<td>Learning from experience (335-343)</td>
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<tr>
<td>09:00–10:30</td>
<td>Chest wall resection and sleeve resection (wetLab)</td>
</tr>
<tr>
<td>09:00–12:00</td>
<td>Valve sparing aortic root replacement – LVAD insertion techniques (wetlab)</td>
</tr>
<tr>
<td>09:00–12:15</td>
<td>Invasive and non invasive milestones in optimising outcomes – followed by demonstration of percutaneous vascular closure devices</td>
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Council

President: José Luis Pomar, Barcelona, Spain
Vice President: Paul E. Van Schil, Antwerp, Belgium
Secretary General: A Pieter Kappetein, Rotterdam, Netherlands
Editor in Chief: Friedhelm Beyersdorf, Freiburg, Germany
Treasurer: Ralph A. Schmid, Zurich, Switzerland
Past President: Ludwig K. von Segesser, Lausanne, Switzerland

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- Domain of Thoracic Disease: Franca Melfi, Pisa, Italy
- Domain of Congenital Heart Disease: William J. Brawn, Birmingham, UK
- Domain of Vascular Disease: Martin Czerny, Zurich, Switzerland

Councillors
- Volkmar Falk, Zürich, Switzerland
- Chuen Neng Lee, Singapore, Singapore
- Douglas Mathisen, Boston, USA
- Domenico Pagano, Birmingham, UK
- Jörg Seeburger, Leipzig, Germany

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Fax: +44 (0)1753 620407
Email: info@eacts.co.uk
www.eacts.org
### Past Presidents

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<tr>
<th>Year</th>
<th>Location</th>
<th>President</th>
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<tbody>
<tr>
<td>1987</td>
<td>Vienna</td>
<td>Francis Fontan</td>
</tr>
<tr>
<td>1988</td>
<td>Bordeaux</td>
<td>Keyvan Moghissi</td>
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<td>1989</td>
<td>Munich</td>
<td>Fritz Sebening</td>
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<td>1990</td>
<td>Naples</td>
<td>Hans Huysmans</td>
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<td>London</td>
<td>Maurizio Cotrufo</td>
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<td>Geneva</td>
<td>Ramiro Rivera</td>
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<td>Jaroslav Stark</td>
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<td>Armand Piwnica</td>
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<td>1995</td>
<td>Paris</td>
<td>Hans Borst</td>
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<td>Antoon Lerut</td>
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<td>Ernst Wolner</td>
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<td>Brussels</td>
<td>Eugène Baudet</td>
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<td>Glasgow</td>
<td>David Wheatley</td>
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<td>Frankfurt</td>
<td>Joachim Hasse</td>
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<td>Marcos Murtra</td>
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<td>Marko Turina</td>
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<td>James Monro</td>
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<td>Torkel Åberg</td>
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<td>Stockholm</td>
<td>Tom Treasure</td>
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<td>2007</td>
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<td>Paul Sergeant</td>
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<td>Lisbon</td>
<td>Ottavio R. Alfieri</td>
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<tr>
<td>2012</td>
<td>Barcelona</td>
<td>Ludwig K. von Segesser</td>
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### Honorary Members

- John R. Benfield, Los Angeles, USA
- Eugene H. Blackstone, Cleveland, USA
- Aldo Castaneda, Guatemala
- Denton A. Cooley, Houston, USA
- Tirone David, Toronto, Canada
- Vincent L. Gott, Baltimore, USA
- Adib D. Jatene, São Paulo, Brazil
- Bruce E. Keogh, London, UK
- Floyd D. Loop, Cleveland, USA
- D. Craig Miller, Stanford, USA
- G. Alexander Patterson, St Louis, USA
- F. Griffith Pearson, Ontario, Canada
- Gaetano Thiene, Padova, Italy
- Stephen Spiro, London, UK
- Lucio Parenzan, Bergamo, Italy
- William Williams, Toronto, Canada
- Patrick Wouters, Genk, Belgium
- Peter Greene, Baltimore USA
Admission Badges
All pre-registered delegates will have been sent an e-badge prior to the event containing a barcode. This will enable you to print out your badge on site. For organisation and security reasons, name badges must be worn at all times at the congress venue. Changes to name badges on-site will be charged at €25. A fee of €100 will be charged for the replacement of lost badges.

ATM, Banks, Currency and Credit Cards
There is an ATM located in the Congress Centre at the main entrance dispensing Euros. Banking hours in general are Monday, Tuesday, Wednesday and Friday 08:00–12:30 and 13:30–15:00 and Thursday 08:00–12:30 and 13:30–17:30.

Certificates of Attendance
Certificates of attendance are available from the registration desks or alternatively via the EACTS user area.

Cloakroom
A manned cloakroom will be open throughout the opening hours of the Annual Meeting. Items may be left at a nominal charge of €2 per item, per day.

Continuing Medical Education
The 27th EACTS Annual Meeting has been approved for CME by the European Accreditation Council for Continuing Medical Education (EACCME). For further information please contact the registration desks.

Currency
The currency in Austria is the Euro (€). Most ATM’s accept VISA and MasterCard credit cards and usually offer favourable exchange rates, although a daily limit of €300 may be applied.

Delegate Bags
Please ensure that your bag is clearly labelled with your name.

Dress
The dress code for the Annual Meeting and associated events is informal with the exception of the Presidential Dinner for which a suit and tie is recommended.

Facilities for the Disabled
Exhibitors with any special needs who require details regarding the facilities available within the Centre should contact the Organisers.

First Aid/Emergency
Should you require first aid assistance, please contact the registration desk or any uniformed member of the Meeting staff.

Insurance and Liability
Participants are encouraged to make their own arrangements in respect of health and travel insurance. Neither EACTS nor any of its appointed agencies can be held responsible for any personal injury, loss, damage, accident to private property or additional expense incurred as a result of delays or changes in air, rail, sea, road or other services, strikes, sickness, weather and any other cause.

Language
The official language of the EACTS and the Annual Meeting is English.

Lost And Found
Lost and found enquiries should be directed to the Messages and Information Desks in the registration area. To minimise losses, please ensure that any personal items, including delegate bags, are properly labelled.

Lunch and Refreshments
Techno-College, Saturday 5 October
Lunch and refreshment breaks are included in the delegate fee and will be available from the Techno College foyer areas.

Postgraduate Courses, Sunday 6 October
A morning refreshment break is included in the delegate fee. Lunch is not included but can be purchased from the cash catering points on the Ground (Yellow) and Lower Ground (Blue) levels of the Centre.

Scientific Programme,
Monday 7 – Wednesday 9 October
Coffee and tea will be available in the exhibition area on Level -1 (Blue) during official programme breaks and is included in the registration fee. Lunch is not included, however there will be a cash catering point in the exhibition area where delegates may purchase food and drinks.
Meeting Hours

Techno-College:
08:00–18:00 on Saturday 5 October

Postgraduate Courses:
08:30–16:30 on Sunday 6 October

Main scientific programme:
08:15–17:45 Monday 7 October & Tuesday 8 October;
08:30–13:00 Wednesday 9 October.

Messages

Messages should be handed in to staff at the Messages and Information Desks in the registration area. Delegates are reminded to check for messages on a regular basis throughout the meeting.

Photography in Session Rooms

The use of any photographic or recording device in the scientific sessions is strictly prohibited. This includes, but are not limited to, mobile telephones, digital and still cameras, video and/or audio recording devices.

Post Office/Shops

There is a post office in the VIC – the campus and building complex hosting the United Nations Office in Vienna (UNOV; in German: Büro der Vereinten Nationen in Wien), colloquially also known as UNO City.

Public Telephones

There are no public telephones in the Austria Center.

Registration and Information Desks

Registration and Information Desks will be open on the Ground Level of the Congress Centre at the following times:

- Friday 4 October 14:00–18:00
- Saturday 5 October 07:00–19:00
- Sunday 6 October 07:00–19:00
- Monday 7 October 08:00–17:00
- Tuesday 8 October 08:00–17:00
- Wednesday 9 October 08:00–12:00

To avoid unnecessary delay, you are strongly recommended to register and collect meeting documentation on Friday 4 and Saturday 5 October if possible. Delegates who have registered prior to the event should report to the e-badge area where they will be able to print out their badge and other relevant documentation.

Trade Exhibition

The Exhibition will take place in Halls X and XL on the Ground Level of the Center and will be open as follows:

- Sunday 6 October 15:00–19:00
- Monday 7 October 09:00–17:00
- Tuesday 8 October 09:00–17:00

Training Village

The following organisations will be holding training sessions in the Training Village on Level 1 (Green) of the Centre. For further information regarding these, please contact the relevant organisations:

- Edwards Lifesciences
- Johnson & Johnson
- Medtronic International Trading Sàrl
- Sorin Group
- St Jude Medical

Disclaimer

The European Association for Cardio-Thoracic Surgery (EACTS) cannot accept any liability for death, injury, or any loss, cost or expense suffered or incurred by any person if such loss is caused or results from the act, default or omission of any person other than an employee or agent of EACTS. In particular, the EACTS cannot accept any liability for losses arising from the provision or non-provision of services provided by hotel companies or transport operators. Nor can EACTS accept liability for losses suffered by reason of war including threat of war, riot and civil strife, terrorist activity, natural disaster, weather, flood, drought, technical, mechanical or electrical breakdown within any premises visited by delegates and/or partners in connection with the Annual Meeting, industrial disputes, governmental action, regulation or technical problems which may affect the services provide in connection with the Annual Meeting. EACTS is not able to give any warranty that a particular person will appear as a speaker or panel list.

NO-SMOKING POLICY

Smoking is strictly prohibited in all meeting, catering and foyer area AT ALL TIMES.
Welcome Reception  
Sunday 6 October, from 17:00  
An informal reception at which drinks and canapés will be served. The reception will be held in the Exhibition areas and is open to registered delegates, exhibitors and exhibition visitors.

Presidential Dinner  
Tuesday 8 October, from 19:30  
The Presidential Dinner will be held in the Festsaal of the Vienna Rathaus (City Hall). The Rathaus, situated on Vienna’s Ringstraße, was erected between 1872 and 1833. Its façade is a splendid example of secular architecture in neo-Gothic style but also features individual Renaissance elements. The many rooms of the Vienna City Hall include the office of the Mayor and the Council Chamber where the Vienna City Council convenes.

Admission will be by invitation only which must be purchased in advance. Price €80 per person (subject to availability).

Coach transfers will be provided to and from the venue. Please refer to the timetable at the Socials Desk for further information.
### Location of Session Rooms and other Meeting Activities

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<thead>
<tr>
<th>Activity</th>
<th>Location</th>
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<td><strong>Saturday 5 October</strong></td>
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<tr>
<td>Techno-College: Acquired Cardiac Disease</td>
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<td>2 (Red)</td>
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<tr>
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<td>Techno-College: Thoracic Disease</td>
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<td>Thoracic Disease</td>
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<td>Vascular Disease</td>
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<td><strong>Scientific Sessions – Monday 7 – Wednesday 9 October</strong></td>
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<td>(refer to programme for details)</td>
<td>Halls E1 E2, F1, F2, Rondo</td>
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<td>Simulation Sessions (Monday &amp; Tuesday)</td>
<td>Halls D, G, H, I, K, P, Rooms 1, 12, 14, 33, Rooms Y7, Y8, Y10</td>
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<td><strong>EACTS General Assembly</strong></td>
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<td>Monday 7 October, 18:00–19:00</td>
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<td><strong>Other Activities</strong></td>
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<tr>
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<td>Training Village</td>
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<tr>
<td>Registration &amp; Information Desks</td>
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<td>Exhibition Desk</td>
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<td>Cloakroom</td>
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Acknowledgements

EACTS is grateful to the following organisations for their educational grants in respect of this year’s Techno-College

Abbott Vascular International BVBA
Aesculap AG
AtriCure Europe bv
Berlin Heart GmbH
CardioKinetix, Inc.
Edwards Lifesciences
Heartware Inc
JenaValve Technology GmbH
Medtronic International Trading Sàrl
NeoChord Inc
Philips Healthcare
Siemens AG Healthcare Sector
St Jude Medical
Sorin Group
Symetis SA
Valtech Cardio
Vascutek Ltd
Ablative maze surgery normalises left ventricular function in patients with lone atrial fibrillation
A. Pozzoli, M. Taramasso, G. Coppola, M. Kamami, G. La Canna, P. Della Bella, O. Alfiieri, S. Benussi (Italy)


Comparative study of different left ventricular assist device outflow graft placement on patient haemodynamics
M.V. Caruso, M. Rossi, G. Fragomeni, G.F. Serraino, A. Renzulli (Italy)

Relationship Disclosure: This study was co-funded by the European Commission, European Social Fund and “Regione Calabria”. Authors had full control of the design of the study, methods used, outcome parameters and results, analysis of data and production of the manuscript.

Performance of the Euroscore II in a large us database and implications for patient selection in clinical trials

Relationship Disclosure: A. Speir is a consultant for, and advisory board member of Medtronic; A. Pieter Kappetein is a member of the Steering Committee of the SURTAVI trial sponsored by Medtronic.

Endovascular therapy in patients with genetically triggered thoracic aortic disease: applications and short- and mid-term outcomes

Relationship Disclosure: O. Preventza discloses receipt of travel expenses from Cook and Gore; J.S. Coselli is a Consultant for Gore, Medtronic, Cook and Terumo. None of the other authors has any relevant disclosures.

Coronary artery bypass graft-related bleeding complications in real-life acute coronary syndrome patients treated with Clopidogrel or Ticagrelor
E.C. Hansson, H. Rexius, M. Dellborg, P. Albertsson, A. Jeppsson (Sweden)

Relationship Disclosure: Anders Jeppsson has received consultancy fees and research grants from AstraZeneca.

Clinical benefits twelve months after less invasive ventricular restoration operations without ventriculotomy
A.S. Wechsler, J. Sadowski, B. Kapelak, K. Bartus, G. Kalinauskas, K. Rucinskas, R. Samalavicius, L.S. Annest (United States of America, Poland, Lithuania)

Relationship Disclosure: I, Lon S. Annest, MD, MBA, am an employee of the sponsoring company. My role was to train and proctor the surgeons for the procedure. All procedures and data collection were conducted solely by the investigators (co-authors) independently at their sites.
A biocompatible perfusion strategy is safe and is associated with excellent clinical outcomes and reduced blood transfusions in a contemporary series of patients undergoing coronary artery bypass grafting: a two-centre study

O. Shapira, A. Korach, F. Pinaud, A. Dabah, Y. Bao, J.J. Corbeau, J.L. de Brux, C. Baufreton (Israel, France)

Relationship Disclosure: The study was funded in part by Medtronic, Inc.
O.M. Shapira and C. Baufreton received speaking honoraria from Medtronic, Inc.

Ex vivo evaluation of blood coagulation and thrombo-resistance of two extracorporeal circuit coatings under low and full Heparin dose

C. Baufreton, L. Teligui, E. Dalmayrac, G. Mabileau, L. Macchi, A. Godon, J.J. Corbeau, C. Boer (France, Netherlands)

Relationship Disclosure: Medtronic Europe provided all the sources of funding for this experimental work. C. Baufreton and C. Boer give lectures as consultants at different Medtronic workshops.

Mini-thoracotomy direct aortic self-expanding transcatheter aortic valve implantation: a single-centre experience

G. Bruschi, L. Botta, F. De Marco, P. Colombo, A. Barosi, M. Mondino, S. Klugmann, L. Martinelli (Italy)

Relationship Disclosure: G. Bruschi is a consultant for Medtronic Inc;
F. De Marco is a consultant for Direct Flow.

Applications of glutaraldehyde-fixed pericardium in complex mitral valve repair

J.G. Castillo, F. Milla, A.C. Anyanwu, D.H. Adams (United States of America)

Relationship Disclosure: Dr Adams is a consultant, inventor and speaker for Medtronic and Edwards Lifesciences and receives royalties.

Transcatheter valve implantation for native mitral valve disease: another milestone by the heart team

I. Manoly, S. McAnelly, V. Mahadevan, B. Clarke, R. Hasan (United Kingdom)

Relationship Disclosure: Please consider the enclosed abstract “Transcatheter valve implantation in mitral valve disease... Lessons learnt from the Heart Team for 27th EACTS meeting in Vienna. We are reporting an interesting case of successful transcatheter implantation .

Intrathecal injection of human umbilical cord blood stem cells attenuates spinal cord ischaemic compromise in rats


Relationship Disclosure: Financial support for the research was received from São Paulo Research Foundation (FAPESP).

Calcified lesions in degenerative mitral valve disease: characteristics, surgical strategies, and mid-term outcomes


Relationship Disclosure: D.H. Adams is the co-inventor of the Edwards Lifesciences Carpentier-McCarthy-Adams IMR ETlogix Annuloplasty Ring, the Carpentier-Edwards Physio II ring, and the Medtronic Tri-Ad Adams Tricuspid Annuloplasty Ring. All other authors have no disclosures.
187 Quicker and safer: skeletonisation of internal mammary arteries with harmonic technology in 910 patients with 1533 mammary arteries
T. Kieser, M.S. Rose, U. Aluthman, K. Narine (Canada)

Relationship Disclosure: T. Kieser became a consultant for Ethicon Endosurgery in October 2012; her principal role as consultant is to instruct cardiac surgeons in the use of the Harmonic Hook Blade to skeletonise the internal mammary artery.

219 Experience with the surgical treatment of atroventricular septal defect with left ventricular outflow tract obstruction
T. Tlaskal, R. Gebauer, J. Gillik, V. Tomek (Czech Republic)

Relationship Disclosure: The study was supported by the Project for Conceptual Development of Research Organisation 00064203.

227 Differences in clinical outcomes after contemporary coronary artery bypass grafting in the United States and Europe: insights from the syntax randomised trial and registry

Relationship Disclosure: This study was funded by Boston Scientific. K. Dawkins is a full-time employee of Boston Scientific. P.W. Serruys, T. Feldman, M.-C. Morice and A.P. Kappetein have received institutional research grant support from Boston Scientific.

235 An expansible aortic ring to preserve root dynamics after aortic valve repair
M. Wulija, A. Berrebi, D. Czitrom, L. Mankoubi, M. Noghin, M.C. Malergue, I. Di Centa, E. Lansac (France)

Relationship Disclosure: E. Lansac has Consultant agreements with Coroneo, Inc. (www.coroneo.com), in connection with the development of an aortic ring (ExtraAortic)

238 Single-centre experience with second-generation devices for transapical transcatheter aortic valve implantation
H. Treede, M. Seiffert, L. Conradi, P. Diemert, J. Schirmer, R. Schnabel, S. Blankenberg, H. Reichenspurner (Germany)

Relationship Disclosure: H. Treede is Proctor for Symetis and JenaValve.

247 Resources and cost evaluation of a destination therapy ventricular assist device programme
A. Barbone, D. Pini, A. Basciu, A. Cappai, F. Alemanno, E. Vanni, D. Ornaghi, G. Tarelli, M. Lettino, E. Vitalli (Italy)

Relationship Disclosure: Dr. Barbone discloses a consultant agreement with Micromed Ind. and a lecturer agreement with CircuLite GmB.

268 Cerebral embolisation during transcatheter aortic valve implantation compared with surgical aortic valve replacement
A. Alassar, D. Roy, O. Valencia, S. Brecker, M. Jahangiri (United Kingdom)

Relationship Disclosure: S. Brecker is a consultant for Medtronic.
Long-term results (18 years) of the Ross operation: a single-institutional experience

Relationship Disclosure: F.D.A. da Costa is a paid consultant for Tissue Regenix and has a patent in decellularisation technique. However, this should have no influence on the results here presented.

Prophylactic tricuspid annuloplasty in patients with dilated tricuspid annulus undergoing mitral surgery for degenerative mitral regurgitation: a prospective randomised study
M. De Bonis, M.C. Calabrese, G. La Canna, E. Lapenna, T. Nisi, G. Di Giannuario, E. Alati, O. Alfieri (Italy)

Relationship Disclosure: The authors disclose that the study has been partially supported by a grant from Edwards Lifesciences.

Survival of patients on extracorporeal life support after subsequent left ventricular assist device implantation
D. Schibilsky, C. Haller, T. Krüger, T. Walker, C. Schlensak (Germany)

Relationship Disclosure: The author received sponsored travel from Thoratec Ltd.

Current results of endovascular repair of thoracoabdominal aneurysms
M. Iafrancesco, A. Ranasinghe, M. Claridge, J. Mascaro, D. Adam (United Kingdom)

Relationship Disclosure: D. Adam is a European preceptor for Cook Medical’s fenestrated/branch EVAR device and has received unrestricted research funding from Cook Medical.

Transapical aortic valve implantation: predictors of five-year survival in 679 patients
A. Unbehaun, M. Pasic, T. Drews, A. Penkalla, S. Dreysse, M. Kukucka, R. Hetzer, S. Buz (Germany)

Relationship Disclosure: A. Unbehaun, M. Pasic, S. Dreysse, S. Buz, and T. Drews have been proctors to Edwards Lifesciences.
Acquired Cardiac Disease Domain Programme

Chair: John Pepper, London  
Michele De Bonis, Milan  
Christoph Huber, Berne  
Robert Klautz, Leiden  
Jolanda Kluin, Utrecht  
Thomas Modine, Lille  
J. Rafael Sádaba, Pamplona  
Sacha Salzberg, Zurich  
David Taggart, Oxford

Ex officio: Jose L. Pomar, Barcelona  
A. Pieter Kappetein, Rotterdam

Saturday 5 October 2013  
Techno College

Sunday 6 October 2013  
Plenary: Life is short and the art long

Postgraduate Education  
Acquired Cardiac Disease Domain Programme  
Perfusion Programme  
Nurses, Nurse Practitioners and Physician Assistants Programme  
Basic Science Programme

Professional Development  
Teach the teacher  
Circulating viewpoints

Monday 7 October 2013  
Scientific Abstract Sessions  
How to handle the ischemic mitral valve  
Blood management  
Arrhythmia I  
Extracorporeal membrane oxygenation/extracorporeal life support I: Risk prediction, salvage and bridging  
Basic science regeneration  
Left ventricular assist devices I – improving outcome  
Aortic valve replacement long term outcomes  
Risk scores and outcome reporting  
Coronary artery bypass graft I  
Reflections on aortic valve repair  
Ventricular remodelling  
Cardiopulmonary bypass – improving outcome in marginal patients  
Transcatheter aortic valve implantation: Expanding indications and techniques  
Film I  
Cardiac pot pouri  
Complications: Escape routes I  
Professional Challenge Session  
Controversies in coronary artery surgery

Focus Sessions  
How to handle the ischemic mitral valve  
Surgery for prognosis. Part I – mitral valve disease  
Is transcatheter aortic valve implantation now a routine procedure for the cardiac surgeon?  
Percutaneous mitral valve repair: a standard of care for mitral regurgitation  
Work-in-progress abstract session  
Surgery for prognosis. Part II – aortic valve disease  
Aviation and cardiac surgery  
Treatment of rheumatic valve disease. Repair vs. replacement  
Hot news from on-going trials  
End-stage heart failure – long term / permanent support  
Challenges of cardio-vascular surgery in the developing economies
Anatomy
Clinical anatomy of the coronary arteries
Clinical anatomy of the aortic and mitral valves

Professional Development
Leadership
Non-technical skills for surgeons

Plenary:
The Presidential Address:
J. L. Pomar, Barcelona
“Talent or training”

Tuesday 8 October 2013
Scientific Abstract Sessions
Degenerative mitral disease
Arterial revascularisation
Complications: Escape routes II
Heart transplantation
The bicuspid aortic valve and ventricular function
Coronary artery bypass graft II
Decision making in aortic valve repair
Transcatheter aortic valve implantation: The real-world experience
Left ventricular assist devices II: Long-term support
Complex aortic surgery:
The tricuspid enigma
Unpopular problems
Extracorporeal membrane oxygenation – extracorporeal life support II: in combination with other devices
Minimally invasive aortic valve surgery
Film II
Arrhythmia II

Professional Challenge Session
Transcatheter aortic valve implantation: crossing the chasm

Focus Sessions
Acute support heart and lung
Mastering concomitant valve procedures
Atrial fibrillation
All you want to know about percutaneous mitral valve repair
Advanced hemodynamic management in high-risk cardiac surgery
Bench to bedside, a tricky journey to clinical translation
Nightmares in cardiothoracic surgery

Professional Development
How to sell your research
Optimising training for better patient outcome
Anatomy
Functional and applied anatomy of the cardiac valves

Plenary:
The Honoured Guest Lecture:
V. Fuster, New York
“Evolving trends in the cardiovascular field: technological and non-technological aspects”

Wednesday 9 October 2013
Advanced techniques
Direct Aortic Access
Right ventricular failure
Controversies and catastrophes in cardiac surgery
How to do it, with live-in-a-box?
How to perform a mitraclip procedure (Wetlab)
Aortic valve repair – re-implantation and remodelling (Wetlab)
Mitral valve repair (WetLab)
08:00–10:55 Session 1: Transcatheter and sutureless aortic valves
Moderators: S. Ensminger, Bad Oeynhausen; M. J. Mack, Plano; N. Moat, London; C. Ruiz, New York; T. Walther, Bad Nauheim

Welcome
V. Falk, Zurich; J. L. Pomar, Barcelona

Image fusion and overlay for structural valve disease
R. Corti, Zurich

Interventional paravalvular leakage closure
C. Ruiz, New York

Transapical access for aortic stenting
R. Heijmen, Nieuwegein

Transcarotid transcatheter aortic valve implantation
T. Modine, Lille

Percutaneous transapical transcatheter aortic valve implantation
T. Walther, Bad Nauheim

Live-in-a-Box video presentations
Transaortic transcatheter aortic valve implantation
N. Moat, London

Transfemoral transcatheter aortic valve implantation with cerebral protection device
H. Treede, Hamburg

Transcatheter aortic valve implantation in pure aortic valve insufficiency
H. Treede, Hamburg

Automatic aortic suturing device for aortic and left atrial closure
B. Gersak, Ljubljana

Live Surgery
Transapical aortic valve replacement using a closure device
J. Kempfert, Bad Nauheim

Sutureless aortic valve replacement right mini-thoracotomy (+/- mitral valve replacement)
M. Glauber, Massa

10:55–12:35 Session 2: Heart failure
Moderators: T. A. Folliguet, Nancy; J. F. Gummert, Bad Oeynhausen; H. Treede, Hamburg

External intrapericardial left ventricular compression
N. Moat, London

Artificial muscle for left ventricular support
P. Tozzi, Lausanne

Temporary left ventricular assist device in cardiogenic shock
P. Leprince, Paris

Monitoring oxygen delivery and CO2 production
M. Ranucci, Milan

Live-in-a-Box video presentations
Endoventricular interventional remodelling
M. Mack, Plano

Subvalvular remodelling for secondary mitral valve regurgitation
G. Esposito, Bergamo
Off-pump left ventricule assist device implantation in a re-do case
M. Strüber, Leipzig
Transvenous transseptal left ventricular assist device implantation
G. Schuler, Leipzig

12:35  Lunch and visit exhibits

13:25
Techno-College Innovation Award Presentation

13:35
Keynote Lecture: The road to the unknown
H. Vanermen, Aalst

14:05–16:20 Session 3: Aortic surgery
Moderators: R. Di Bartolomeo, Bologna; M. Grabenwöger, Vienna; M. Shrestha, Hannover

Live-in-a-Box video presentations
Supra-aortic debranching in acute Type A dissection
M. Murzi, Massa
Open hybrid frozen elephant trunk
J. F. Verhoeve, Rennes
Sutureless graft for supra-aortic vessel rebranching
J. Bavaria, Philadelphia
Total aortic arch replacement with trifurcated graft and frozen elephant trunk 3D M. Shrestha, Hannover
Transaortic transcatheter aortic valve replacement
V. Bapat, London

Live surgery:
Hybrid revascularisation – minimally invasive direct coronary artery bypass plus percutaneous coronary intervention
S. Jacobs, Leipzig
Aortic valve reconstruction 3D M. Misfeld, Leipzig

16:20–18:10 Session 4: Percutaneous and endoscopic mitral valve surgery
Moderators: M. Borger, Leipzig; V. Falk, Zurich; E. Ferrari, Lausanne

Left atrial appendage closure
W. Cohn, Houston
Transcatheter mitral valve in valve
H. Treede, Hamburg

Live-in-a-Box video presentations:
Percutaneous transseptal mitral ring implantation
F. Maisano, Zurich
Motor driven articulating instruments for minimally invasive cardiac surgery mitral valve repair
O. Jegaden, Lyon

Live surgery:
Transapical beating heart mitral valve repair
J. Seeburger, Leipzig
Mitral valve replacement with external left atrial appendage closure 3D T. Kuntze, Bad Berka

Saturday 5 October 2013
Acquired Cardiac Disease
Life is short and the art long
Moderators: J. L. Pomar, Barcelona; T. Sundt, Boston

08:30
Attention to detail in a dumbed-down world
P. Sergeant, Leuven

08:45
Discussion

08:50
Over-regulation or anarchy?
D. Barron, Birmingham

09:10
Discussion

09:15
Training is broken and there is no quick fix
M. Dusmet, London

09:30
Discussion

09:35
Wire or knife? Not to go where the puck is but to go where the puck will be
M. Czerny, Zurich

10:30-16:30 Postgraduate Education
Hall D

Acquired Cardiac Disease Programme

10:30–12:00 Session 1: Imaging in mitral valve repair
Moderators: J. Pepper, London; V. Delgado, Leiden

Learning objectives
• The theme of the Adult Cardiac Programme will be the impact of modern imaging techniques on the practice of adult-acquired cardiac surgery. As surgeons we need to understand the possibilities and limitations of current and emerging technologies. How does this help us before, during and after our operations?
• This session is designed to assist those interested in setting up a minimal invasive mitral programme. By the end of the session delegates should have an idea of how to assemble a strategy, be able to confidently discuss MRI and 3D ECHO images with their cardiologist, and be able to develop an algorithm for complex valve repair.

10:30
Does 3D chocardiography enhance decision making?
J. Kluin, Utrecht

10:45
Discussion

10:50
How do we get the best out of magnetic resonance imaging
P. Kiiner, London
11:05 Discussion
11:10 Direct view or video-scopic imaging
   L. Müller, Innsbruck
11:25 Discussion
11:30 Image-based decision making in complex mitral valve repair
   P. Perier, Bad Neustadt/Saale
11:45 Discussion
12:30-14:30 Session 2: Imaging in transcatheter valve interventions
   Moderators: C. Ruiz, New York; F. Beyersdorf, Freiburg

Learning objectives
• This session is designed for those already involved in a TAVI programme, who want to understand imaging of both the aortic and mitral valves in depth, and who wish to have a portfolio of plans for dealing with unexpected problems. The current status of transcatheter mitral interventions will be discussed in detail.

12:30 Planning transcatheter aortic valve implantation procedures: the role of imaging
   P. Wenaweser, Berne
12:45 Discussion
12:55 Intra-operative guidance in transcatheter aortic valve implantation procedures
   J. Kemplert, Bad Nauheim
13:10 Discussion
13:20 Intracardiac and intravascular ultrasound
   E. Ferrari, Lausanne
13:30 Discussion
13:40 Image-guided transseptal puncture
   A. Vahanian, Paris
13:55 Discussion
14:05 Image-guided decision making for mitral interventions
   J. Seeburger, Leipzig
14:20 Discussion
14:30−16:30 Session 3: Imaging in coronary artery surgery
   Moderators: T. A. Folliguet, Nancy; A. Vahanian, Paris
Learning objectives
• How do we ensure that discussion by the heart team results in the best decision for the patient? Is there a place for bold decisions in marginal patients? How do we prevent delay and procrastination in consensual decision making? These and other challenges will be discussed with reference to the “Heart Team”.

14:30
Catheter-based imaging (Optical coherence tomography; Intravascular ultrasound)
S. Davies, London

14:40
Discussion

14:50
Assessment of viability (magnetic resonance imaging, positron emission tomography)
R. Sádaba, Pamplona

15:00
Discussion

15:10
Myocardial assessment: Echocardiography
V. Delgado, Leiden

15:20
Discussion

15:30
Graft assessment: intra-operative imaging
S. Rehman, Oxford

15:40
Discussion

15:50
Imaging for the hybrid approach
R. Yadav, London

16:00
Discussion

16:10
Role of the heart team approach
S. Salzberg, Zurich

16:20
Discussion

This session is generously supported by an unrestricted educational grant from St. Jude Medical.

14:00-15:00  Circulating viewpoints  Hall E2

14:00
Introduction
A.P. Kappetein, Rotterdam

14:05
Pride and Prejudice in cardio-thoracic surgery
B.E. Keogh, London

14:35
Tales of a travelling surgeon in Africa
P. Simon, Vienna
Perfusion Programme

10:25
Welcome
J. L. Pomar, Barcelona

10:30–12:30 Session 1: Improving perfusion
Moderators: F. Merkle, Berlin; A. Liebold, Ulm

10:30
Antegrade and retrograde autologous priming with conventional bypass systems
K. Vandewiele, Ghent

10:50
Clinical experience with minimised bypass systems in aortic surgery: the Hammersmith technique
J. Mulholland, London

11:10
Cell savers during cardiopulmonary bypass: saving blood and reducing inflammation
A. Jeppsson, Gothenburg

11:30
How to prevent air embolism during valve surgery
M. Antunes, Coimbra

11:50
To clamp or to inflate: the handling of myocardial perfusion in minimally invasive cardiac surgery
J. Bonatti, Abu Dhabi

12:10
Simultaneous brain, heart and body perfusion in aortic arch surgery
C. Benk, Freiburg

12:30–12:50 Session 2: Safety in perfusion
Moderators: A. Jeppsson, Gothenburg; C. Hamilton, Vogtareuth

12:30
Failure during cardiopulmonary bypass: how to handle difficult situations
G. Gerosa, Padua

13:50–15:10 Session 3: Transplant/mechanical assist
Moderators: J. Mulholland, London; G. Gerosa, Padua

13:50
Cardiac transplantation with non-heart-beating heart donors: future strategy or fantasy
T. Carrel, Berne

14:10
Long term support with left ventricular assist device in elderly patients
B. Meyns, Leuven

14:30
Donor extracorporeal life support for improved organ preservation
G. Lebreton, Paris
14:50 The organ care system: a multicentre study
M. Strüber, Hannover

15:10–16:15 Session 4: Pro/Con:
Use of intra-aortic balloon support during extracorporeal membrane oxygenation/extracorporeal life support
Moderators: T. Carrel, Berne; G. Lebreton, Paris

15:10
Pro A. Fiane, Oslo

15:30
Con Peter F. Nielsen, Aarhus

15:50
European Perfusion Registry: A platform for perfusion quality improvement
L. Puis, Brussels

08:45-16:30 Postgraduate Education

Nurses, Nurse Practitioners and Physician Assistants Programme

08:45–11:15 Session 1
Moving Borders
Moderators: T Bartley, Birmingham; D Bordinggaard, Odense

08:45
Welcome
L. Hamilton¹, R. Van Valen²; ¹Newcastle upon Tyne, ²Rotterdam

08:55
Nursing in Austria
M. Bürscher, Vienna

09:05
Video assisted thoracoscopic lobectomy enhances recovery and reduces the need for physiotherapy interventions compared to thoracotomy
P. Agostini, Birmingham

09:25
Patient understanding and experience of their sternotomy and the promotion of wound healing
L. Nolan, Swansea

09:45
The patient, the general practitioner, the primary care team: their relationship, adherence to treatment and the implications for research
J. Cook, Oxford

10:05
Postoperative mobilisation
C. Brun Thorup, Aalborg

10:25
Transcather aortic valve implantation, the European perspective
B. Kjeldsen, Odense

Acquired Cardiac Disease 33 Sunday 6 October 2013
The transcatheter aortic valve implantation debate; the view from the allied professionals
B. Kjeldsen\(^1\), N. Van Mieghem\(^2\), J. Cook\(^3\); \(^1\)Odense, \(^2\)Rotterdam, \(^3\)Oxford

11:15–13:00 Session 2
Moving borders
\textit{Moderators: C. Bannister, Southampton; M. Hoffmann, Kalsruhe}

11:15
Physician assistants in the USA, their role in cardiac surgery
\textit{D. Lizotte, President, APACVS}

12:00
Introducing physician assistant’s in Germany an evolving role
\textit{C. Matthews, Ostfildern}

12:20
Post lung surgery rehabilitation
\textit{P. Mikkelsen, Odense}

12:40
Education: Thoracic: Morbus Gorhan
\textit{M. Brunott, Rotterdam}

13:00–14:00
Lunch and update on European Quality Improvement Programme
\textit{D. Pagano; T Bartley, Birmingham}

14:00–17:00 Session 3: Non surgical skills for teams in theatre
\textit{Faculty: S. Paterson-Brown, N. Maran; Edinburgh}

\textbf{Learning objectives}

- High performing teams in the operating room: introducing the role of human factors and non-technical skills to improve outcome and reduce error. This three hour interactive workshop will use short lectures, small group discussions, video scenarios and an audience response system to discuss the role of Human factors in adverse events in the operating room. It will go on to show how improving the non-technical skills of the operating team can reduce errors and improve outcome.

14:00
Non surgical skills for teams in theatre

10:30–16:30 Postgraduate Education

Basic Science

10:30–11:50 Session 1: The enemy from within
\textit{Moderators: K. T. Preissner, Giessen; J. Vaage, Oslo}

10:30
Mitochondrial DNA: a dangerous signal in the heart?
\textit{M. Bliksoen, Oslo}

11:10
Damaging nature of endogenous ribonucleic acid in cardiac ischaemia/reperfusion injury.
\textit{K. Preissner, Giessen}

13:00–14:40 Session 2: A look into the future
\textit{Moderators: P. Dohmen, Leipzig; J. Vaage, Oslo}
10:00-16:30  Professional Development

10:00-13:00 Session 1: Teach the teacher

Learning objectives
• An important part of every surgeon’s life is the ability to take on the teaching role in a number of different capacities to support others to achieve and create a better service for their patients. Teaching others is a skill which many aspire to, but don’t always fulfil. The aim of this programme is to give the tools and techniques to ensure teachers are competent to deliver first class education in a practical way.
• By the end of this programme, delegates can: Describe the five stages of the teaching process. Present their learning objectives with performance and measures. Explain the need for texture and structure in teaching. Deliver a validated learning session using at least three trainer behaviours.
• Before the course, each delegate will be asked to identify a topic they can use to deliver a five-minute teaching session, or alternatively bring along material for a session they currently teach but would like to approach in a different way.

10:00  Introductions: Who you are. Your teaching experience. What you want to gain from the day
10:30  Learning styles and teaching: Learning styles. Overcoming barriers to learning
11:15  Break
11:30  The Teaching Process: Why learning objectives are important. Designing your session to engage your learners. Texture of content. Delivering for optimal impact. Your platform skills. Measuring your teaching effectiveness – validation

14:00-16:30 Session 2: Teach the teacher

14:00  What have you learned? Short observed training sessions and feedback. Actions for personal development
16:15  Final remarks and close
08:45–09:45 Session 1: Controversies in coronary artery surgery

Moderators: M. Sousa Uva, Lisbon; T. Kieser, Calgary; A. Apaydin, Izmir

08:15
Bilateral internal mammary grafting; state of the art
P. Kolh, Liege (Belgium)

08:35
A computational fluid dynamics simulation study of coronary blood flow affected by graft placement
J. Lassaline1, B. Moon2; 1Toronto (Canada), 2Ontario (Canada)

08:50
Searching for the second best graft for coronary artery bypass surgery: a network meta-analysis of randomised controlled trials
U. Benedetto, M. Codispoti; Cambridge (United Kingdom)
Discussant: M. Sousa Uva, Lisbon

09:05
Continuous perfusion of saphenous vein by oxygenated blood during beating heart coronary surgery
F. Roshanali, M. H. Mandegar; Tehran (Iran)
Discussant: H. Reichenspurner, Hamburg

09:20
How to recycle a misused left internal thoracic artery: tips and tricks
M. Contino, A. Mangini, C. Romagnoni, P. Vanelli, G. Gelpi, C. Antona, M. Lemma; Milan (Italy)
Discussant: A. Ahlsson, Örebro

10:15-11:45 Session 2: Controversies in coronary artery surgery

Moderators: H. Reichenspurner, Hamburg; M. Jahangiri, London

10:15
Should off-pump coronary artery bypass grafting be abandoned?
H. L. Lazar, Boston

10:35
Discussion

10:45
Hybrid surgery in patients with concomitant critical coronary and carotid artery lesions
A. Edemský, A. Chemiyansky; T. Vinogradova, M. Chemiyansky; Novosibirsk (Russian Federation)

11:00
Simultaneous hybrid carotid stenting and coronary bypass surgery versus concomitant open carotid and coronary bypass surgery: a pilot feasibility study
S. Miović, D. Sagic, S. Bošković, D. Radak, P. Milojević, D. Nežić, O. Đokić, B. Dukanović; Belgrade (Serbia)

11:15
Advanced hybrid closed chest coronary revascularisation: an innovative strategy for the treatment of complex multivessel coronary artery disease
N. Bonaros1, T. Schachner1, M. Kofler1, E. Lehr2, J. Lee3, M. Vesely3, D. Zimrin3, G. Friedrich1, J. Bonatti4; 1Innsbruck (Austria), 2Seattle (United States of America), 3Baltimore (United States of America), 4Abu Dhabi (United Arab Emirates)
Iatrogenic aortic root and left main dissection in coronary artery bypass graft surgery: an unconventional fix
T. Kieser, R. Kowalewski, F. Spence; Calgary (Canada)

How to handle the ischaemic mitral valve
Moderators: R. Klautz, Leiden; P. Perier, Bad Neustadt/Saale; M. Thielmann, Essen

Learning objectives
• Understand the pros/cons of different treatment.
• Techniques for repair.

Is mitral valve replacement a valuable option in the treatment of ischaemic mitral regurgitation?
J. Karunanantham1, U. Benedetto2, A. Page2, E. Pavlushkov2, M. Codispoti2; 1London (United Kingdom), 2Cambridge (United Kingdom)
Discussant: P. Perier, Bad Neustadt/Saale

Mitrail valve annuloplasty versus mitral valve replacement for ischaemic mitral regurgitation: haemodynamic and functional capacity comparison
C. Fino1, D. Cugola1, M. Merlo1, A. Miceli2, M. Senni1, A. Iacovoni1, P. Ferrero1, J. Magne3; 1Bergamo (Italy), 2Bristol (Italy), 3Liège (Belgium)
Discussant: M. Misfeld, Leipzig

Restrictive mitral annuloplasty does not limit exercise capacity
M. Deja, A. Ząk, P. Pysz, M. Turski, E. Gaszewska-Żurek, M. Malinowski, P. Janusiewicz, K. Wita; Katowice (Poland)
Discussant: M. Thielmann, Essen

Should mild-to-moderate ischaemic mitral regurgitation be corrected in patients with impaired left ventricular function undergoing simultaneous coronary revascularisation?
E. Prifti1, M. Bonacchi2, G. Giunti2, E. Kajo1, K. Krakull1, A. Fagu1, A. Baboci1; 1Tirana (Albania), 2Florence (Italy)
Discussant: K. M. J. Chan, Kuala Lumpur

“Tailored” valvular and subvalvular repair of chronic ischaemic mitral regurgitation: midterm follow-up
G. Esposito, S. Bichi, G. Cappabianca, P. Pellegrino, D. Patrini, M. Redaelli, C. Poloni, B. Passeretti, E. Perlasca; Bergamo (Italy)
Discussant: M. Bitner, Lodz

Minimally invasive mitral valve restrictive annuloplasty: standard of care for functional mitral regurgitation
D. Ricci1, M. Boffini1, C. Barbero2, S. El Qarra2, G. Marchetto2, F. Ivaldi2, M. Rinaldi1; 1Turin (Italy), 2Torino (Italy)
Discussant: J. Seeburger, Leipzig
08:15-09:45 Abstracts

**Blood management**

*Moderators: J. B. Grau, Ridgewood; A. Jeppsson, Gothenburg; M. Kaljusto, Oslo*

**Learning objectives**

- The optimal peri operative blood management.

08:15 017*

Increased perioperative mortality following aprotinin withdrawal: a real-world analysis of blood management strategies in adult cardiac surgery

G. Walkden¹, R. Goudie¹, V. Verheyden², G. Murphy²; ¹Bristol (United Kingdom), ²Leicester (United Kingdom)

Discussant: D. Pagano, Birmingham

08:30 018

Influence of red cell rejuvenation, beyond elimination of storage lesions with cell washing, on post-red cell transfusion-related acute lung injury

S. Qureshi¹, N. Patel¹, A. Abedoye², P. Nielsen², K. Brithford¹, R. Cardigan³, V. Verheyden², G. Murphy²; ¹Bristol (United Kingdom), ²Leicester (United Kingdom), ³Brentwood (United Kingdom)

Discussant: S. Asopa, Plymouth

08:45 019

Blood conservation strategies in cardiac surgery: more is better

D. Avgerinos¹, W. DeBois², A. Salemi²; ¹Athens (Greece), ²New York (United States of America)

Discussant: A. Jeppsson, Gothenburg

09:00 020

Miniaturised extracorporeal cardiopulmonary bypass does not reduce blood transfusion in isolated coronary artery bypass graft surgery

S. Asopa, M. Bennett, G. Webb, C. Lloyd; Plymouth (United Kingdom)

Discussant: W. Harringer, Braunschweig

09:15 021*

Impact of training on post-operative bleeding and the need for blood transfusions

A. Page, U. Benedetto, E. Wlodeck, M. Codispoti; Cambridge (United Kingdom)

Discussant: J. Vojacek, Hradec Kralove

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08:15-09:45 Abstracts

**Arrhythmia I**

*Moderators: S. Benussi, Milan; T. Hanke, Luebeck; A. Weber, Berne*

08:15 022

Rhythm course over five years following surgical ablation for atrial fibrillation

N. Ad, S. Holmes, L. Stone, G. Pritchard, L. Henry; Falls Church (United States of America)

Discussant: T. Hanke, Luebeck

08:30 023

Comparison of left and biatrial ablation techniques in non-mitral patients with atrial fibrillation: a randomised study

A. Bogachev-Prokophiev, S. Zheleznev, A. Pivkin, E. Pokusalov, A. Romanov, A. Karaskov; Novosibirsk (Russian Federation)

Discussant: O. Alfieri, Milan
Continuous event recorder monitoring to compare efficacy of left versus biatrial lesion sets in patients undergoing concomitant surgical ablation for atrial fibrillation
S. Pecha, T. Schäfer, T. Ahmadzade, H. Reichenspurner, F. Wagner; Hamburg (Germany)  
Discussant: E. van Aarnhem, Utrecht

Ablative maze surgery normalises left ventricular function in patients with lone atrial fibrillation
A. Pozzoli, M. Taramasso, G. Coppola, M. Kamami, G. La Canna, P. Della Bella, O. Alfieri, S. Benussi; Milan (Italy)  
Discussant: T. Folliguet, Nancy

Thoracoscopic stand-alone left atrial appendage amputation in long-standing non-valvular atrial fibrillation
T. Ohtsuka, M. Ninomiya, T. Nonaka, M. Hisagi; Tokyo (Japan)  
Discussant: S. Benussi, Milan

Two-stage hybrid treatment of persistent atrial fibrillation: short-term single-centre results
V. Kurfirst, A. Mokráček, A. Bulava, J. Haniš, J. Canadyová, L. Pešl; Ceske Budejovice (Czech Republic)  
Discussant: S. Salzberg, Zurich

Extracorporeal membrane oxygenation/extracorporeal life support I: Risk prediction, salvage and bridging
Moderators: F. Beyersdorf, Freiburg; S. Cicek, Istanbul

Extracorporeal membrane oxygenation system as salvage treatment for patients with refractory cardiogenic shock
A. Loforte¹, E. Pilato¹, S. Martin-Suarez¹, A. Montalto², P. Lilla Della Monica², L. Potena¹, F. Grigioni², G. Marinelli², G. Frascaroli², A. Menichetti², F. Musumeci², G. Arpesella¹; ¹Bologna (Italy), ²Rome (Italy)  
Discussant: M. Strüber, Hannover

Extracorporeal membrane oxygenation for bridge to heart transplantation in adult recipients: single-centre, seven-year experience
C. D’Alessandro, D. Barreda, G. Lebreton, M. Laali, P. Farahmand, A. Pavie, P. Leprince; Paris (France)  
Discussant: A. Montero, Valencia

Pre-operative patient optimisation using extracorporeal membrane oxygenation support improves outcomes of INTERMACS level 1 patients receiving a permanent ventricular assist device
J. Riebandt, S. Mahr, T. Haberl, G. Laufer, A. Rajek, H. Schima, D. Zimpfer; Vienna (Austria)  
Discussant: S. J. Park, Seoul

Blood lactate level during extracorporeal life support as a surrogate marker for survival
Discussant: P. Leprince, Paris
Overall five-year results of an extracorporeal membrane oxygenation programme in a university hospital

E. Flecher, P. Rouault, V. Desriac, A. Ingels, Y. Le Tulzo, Y. Malledant, A. Leguerrier; Rennes (France)
Discussant: R. Lorusso, Brescia

Risk factors associated with adverse outcome following extracorporeal membrane oxygenation support: analysis from 360 consecutive patients

N. Papadopoulos, A. El-Sayed Ahmad, S. Marinos, A. Moritz, A. Zierer; Frankfurt am Main (Germany)
Discussant: G. Laufer, Vienna

Basic science regeneration


Paracrine factors and regeneration

H. J. Ankersmit, Vienna (Austria)

Co-transplantation of induced pluripotent stem cell-derived cardiomyocytes with mesenchymal stem cells reduces the infarct scar size and improves the recovery of left ventricular function

K. Neef¹, F. Drey¹, V. Lepperhof¹, A. Fatima¹, T. Wittwer¹, O. Liakopoulos¹, C. Stamm², T. Saric¹, T. Wahlers¹, Y. Choi¹; ¹Cologne (Germany), ²Berlin (Germany)
Discussant: G. Steinhoff, Rostock

CD133 positive bone marrow-derived stem cells are lost within minutes after intramyocardial injection

A. Martens, A. Rotaermel, S. Rojas, H. Baraki, M. Shrestha, U. Martin, A. Haverich, I. Kutschka; Hannover (Germany)
Discussant: Y. Choi, Cologne

Adult bone marrow-derived mesenchymal stem cell therapy complements cardioprotection afforded by ischaemic preconditioning

M. Yasin, London (United Kingdom)

Cardiomyogenic differentiation signals conveyed by decellularised human myocardial extracellular matrix

B. Oberwallner, P. Anic, M. Haag, R. Hetzer, C. Stamm; Berlin (Germany)
Discussant: U. Stock, Frankfurt am Main

Is transcatheter aortic valve implantation now a routine procedure for the cardiac surgeon?

Moderators: H. Reichenspurner, Hamburg; T. Walther, Bad Nauheim
Introduction and learning objectives

What have we learned with ten years of clinical practice?
O. Wendler, London

Why, when and how to perform the transapical approach
L. Van Garsse, Maastricht

Why, when and how to perform a transaortic approach
R. Cocchieri, Amsterdam

ROUTE – the transaortic registry (baseline/first data)
M. Romano, Massy

Technological evolution and future perspectives (S3, Percutaneous approach)
T. Walther, Bad Nauheim

Discussion

Conclusion and take home messages
H. Reichenspurner, Hamburg

This session is supported by an unrestricted educational grant from Edwards Lifesciences SA.

08:15-11:45 Professional Development

08:15-09:45 Leadership – Introduction to Myers Briggs
Faculty: G. Kitchingman; P. Newman, London

Learning objectives

• Getting results from your team members – and in turn your team – is vital to the success of any leader. This leadership programme has been designed to help and support doctors to achieve the organisational needs and develop skills and techniques which they can take back into the work-place and use in a practical fashion, the programme gives plenty of opportunities for delegates to understand and then develop their skills through effective learning, open discussions and practical, hands-on awareness.

• These two 90-minute introductory sessions will focus on two modules within the Leadership and Management Programme, linking together the Myers Briggs Personality Profile and Developing Leadership Capability. Session one will provide a platform where each delegate can build their understanding of their working style and how this impacts on their relationships with others in the clinical environment. Building on the first session, in session two, the fundamentals of creating a high performance environment are explored. The delivery style will be tutor-led discussion, with group activities.

08:15 Introductions

08:35 Introduction to the Myers Briggs Type Indicator (MBTI)
08:50 The different preferences of MBTI
09:30 What MBTI might say about your leadership style

10:15–11:45 Session 2
Leadership – Developing leadership capability
10:15 Agenda
10:20 What gets the best from others?
10:50 Creating a high performance environment
11:15 Using feedback to enhance performance
11:40 Final Q&A

08:15-09:45 Professional Development  Room 1

Non-technical skills for surgeons
Faculty: N. Maran, S. Paterson-Brown; Edinburgh,

Learning objectives
• High performing teams in the operating room: introducing the role of human factors and non-technical skills to improve outcome and reduce error. This three-hour interactive workshop will use short lectures, small group discussions, video scenarios and an audience response system to discuss the role of human factors in adverse events in the operating room. It will go on to show how improving the non-technical skills of the operating team can reduce errors and improve outcome.

08:15 Introducing the NOTSS (non-technical skills for surgeons) system for understanding, observing and rating surgeons non-technical skills in the operating room. This 90-minute interactive session will introduce the NOTSS taxonomy of non-technical skills for surgeons and demonstrate how these skills can be observed, rated and used to provide constructive feedback. The faculty are all part of the Royal College of Surgeons of Edinburgh ‘NOTSS’ training team.

10:15-11:45 Abstracts  Hall E2

Left ventricular assist devices. I: Improving outcome
Moderators: G. Laufer, Vienna; J. Lahpor, Utrecht

10:15 058*
Mitrail regurgitation and its influence on long-term outcome in patients with ventricular assist devices
A. Bernhardt, F. Wagner, D. Biermann, M. Klusmeier, K. Muellerleil, S. Blankenberg, T. Deuse, H. Reichenspurer; Hamburg (Germany)
Discussant: G. Gerosa, Padua
Efficacy and safety of paravertebral block analgesia versus general anaesthesia for ventricular assist device implantation: a single-centre experience
T. Bottio, J. Bejko, G. Bortolussi, M. Comisso, M. Carrozzini, R. Bianco, V. Tarzia, G. Gerosa; Padua (Italy)
Discussant: P. Tozzi, Lausanne

Comparison of post-transplantation outcomes in patients bridged with the Thoratec paracorporeal ventricular assist device versus the Heartmate II ventricular assist device
M. Urban, J. Pirk, O. Szarszoi, I. Netuka; Prague (Czech Republic)
Discussant: D. Loisance, Paris

Institutional approach to minimise the invasiveness of ventricular assist device implantation
T. Haberl, J. Riebandt, S. Mahr, G. Laufer, A. Rajek, H. Schima, D. Zimpfer; Vienna (Austria)
Discussant: G. Rabago, Pamplona

Comparative study of different left ventricular assist device outflow graft placement on patient haemodynamics
M. Rossi, M. V. Caruso, G. Fragomeni, G. F. Serraino, A. Renzulli; Catanzaro (Italy)
Discussant: L. Von Segesser, Lausanne

Minimally-invasive left ventricular assist device implantation improves outcome in reoperative cases
J. Hanke, S. Rojas, D. Malehsa, M. Avsar, A. Haverich, J. Schmitto; Hannover (Germany)
Discussant: A. Miralles, Barcelona

Aortic valve replacement: long-term outcomes
Moderators: A. P. Kappetein, Rotterdam; J. L. Pomar, Barcelona; M. Taramasso, Milan

Learning objectives
• Understanding durability of different procedures.
• Influence of technique and drugs on outcome.

Ten-year results of redo aortic valve surgery in current practice: results from the multicentre European Redo Cardiac Operations Research Database (RECORD) initiative
F. Onorati1, F. Biancari2, M. De Feo3, G. Mariscalco4, A. Messina5, G. Santarpino6, F. Santini7, G. Faggian1; 1Verona (Italy), 2Oulu (Finland), 3Naples (Italy), 4Varese (Italy), 5Brescia (Italy), 6Schwanstetten (Germany), 7Genoa (Italy)
Discussant: S. Thelin, Uppsala

A propensity-matched analysis of outcomes and long-term survival in stented versus stentless valves for aortic valve replacement
B. Shultz, T. Timek, A. Davis, J. Heiser, E. Murphy, L. Patzelt, C. Willekes, R. Hooker; Grand Rapids (United States of America)
Discussant: B. Bridgewater, Manchester
Aortic valve leaflet repair: a single-centre ten-year experience
A. Mangini, M. Contino, C. Romagnoni, G. Gelpi, M. Lemma, P. Vanelli, A. Cialfi, C. Antona; Milan (Italy)
Discussant: D. Ngaage, Leeds

Bioprosthetic valve durability following stentless aortic valve replacement: the effect of implantation technique
S. Mohammadi, J. Perron, D. Kalavrouziotis, P. Voisine, D. Doyle, R. Baillot, J. Metras, F. Dagenais; Quebec City (Canada)
Discussant: O. Stanger, Salzburg

Twenty-year durability of the aortic Hancock II bioprosthesis in young patients: is it durable enough?
D. Une1, S. Armstrong2, M. Ruel1, T. David2; 1Ottawa (Canada), 2Toronto (Canada)
Discussant: M. Taramasso, Milan

Statins and long-term survival after isolated valve surgery: the importance of valve type, position and procedure
M. Pullan, J. Chalmers, N. Mediratta, M. Shaw, M. Poullis; Liverpool (United Kingdom)
Discussant: H. Klein, Duesseldorf

Risk scores and outcome reporting
Moderators: K. Lobdell, Charlotte; D. Pagano, Birmingham; S. Head, Rotterdam

Learning objectives
• Understanding risk score.
• Outcome analysis.

Mortality morbidity and long term outcome
F. Edwards, Jacksonville (United States of America)

Trends and outcomes of valve surgery: Sixteen-year results of the Netherlands Adult Cardiac Surgery Database
S. Siregar1, F. de Heer1, R. Groenwold1, M. Versteegh2, J. Bekkers3, M. Bots1, Y. van der Graaf1, L. van Herwerden1; 1Utrecht (Netherlands), 2Leiden (Netherlands), 3Rotterdam (Netherlands)
Discussant: J. Gummert, Bad Oeynhausen

Performance of the Euroscore II in a large US database and implications for patient selection in clinical trials
R. Osnabrugge1, A. Speir2, S. Head1, C. Fonner3, E. Fonner2, A. P. Kappetein1, J. Rich1; 1Rotterdam (Netherlands), 2Falls Church (United States of America), 3San Mateo (United States of America), 4Norfolk (United States of America)
Discussant: W. Brinkman, Dallas
11:00 072*
Frailty is a predictor of short- and mid-term mortality after elective cardiac surgery independently from age
S. Sündermann¹, A. Dademasch², H. Rodriguez¹, C. Starck¹, S. Jacobs¹, F. Mohr², V. Falk¹; ¹Zurich (Switzerland), ²Leipzig (Germany)
Discussant: S. Nashef, Cambridge

11:15 073
Enhancing quality control and performance monitoring in thoracic aortic surgery: a ten-year single-institution experience with 753 procedures
M. Murzi, A. Miceli, P. Farneti, A. Cerillo, M. Glauber; Massa (Italy)
Discussant: M. Czerny, Zurich

10:15-11:45 Focus Session

Percutaneous mitral valve repair: a standard of care for mitral regurgitation?
Moderator: L. Menicanti, Milan

Learning objectives
• List MR treatment options and identify MitraClip patient population.
• Understand positive impact of MitraClip on surgeons’ activity.
• Understand why surgeons should be on board and/or start.

10:15
Case 1: MitraClip converted to surgery
H. Treede, Hamburg

10:20
MitraClip converted to surgery – How would you treat? (Debate)
Pro F. Maisano, Zurich
Con R. Dion, Genk

10:30
MitraClip converted to surgery – How would you treat? (Discussion)
A. Vahanian¹, R. Rosenhek², S. von Bardeleben³; ¹Paris, ²Vienna, ³Mainz

10:40
MitraClip converted to surgery – How the patient was treated
H. Treede, Hamburg

10:45
Case 2: Surgery failed then converted to MitraClip
H. Treede, Hamburg

10:50
Surgery failed then converted to MitraClip – How would you treat? (Debate)
Pro F. Maisano, Zurich
Con R. Dion, Genk

11:00
Surgery failed then converted to MitraClip – How would you treat? (Discussion)
A. Vahanian¹, R. Rosenhek², S. von Bardeleben³; ¹Paris, ²Vienna, ³Mainz

11:10
Surgery failed then converted to MitraClip – How the patient was treated
H. Treede, Hamburg
11:15
Case 3: Patient referred for surgery but declined and treated by MitraClip
H. Treede, Hamburg

11:20
Patient referred for surgery but declined and treated by MitraClip – How would you treat? (Debate)
Pro F. Maisano, Zurich
Con R. Dion, Genk

11:30
Patient referred for surgery but declined and treated by MitraClip – How would you treat? (Discussion)
A. Vahanian¹, R. Rosenhek², S. von Bardeleben³; ¹Paris, ²Vienna, ³Mainz

11:40
Patient referred for surgery but declined and treated by MitraClip – How the patient was treated?
H. Treede, Hamburg

This session is supported by an unrestricted educational grant from Abbott Vascular International BVBA.

10:15-11:45 Focus Session Hall E1

Surgery for prognosis – Part I, mitral valve disease
Moderators: B. Bridgewater, Manchester; J. Kluin, Utrecht

10:15
Early interventions – Pro
J. Vanoverschelde, Brussels

10:25
Early interventions – Con
R. Rosenhek, Vienna

10:35
Discussion

10:40
Results. How to set up a program – pitfalls – from open to robotic assisted
F. Wells, Cambridge

10:50
Discussion

10:55
Rationale to alter my practice: What is the motivation from high volume centres to move to minimally invasive mitral surgery?
M. Mack, Plano

11:05
Discussion

11:10
Should the asymptomatic patient make me alter mitral valve approach?
P. Perier, Bad Neustadt/Saale

11:20
Discussion
Perfusion strategies in minimally invasive mitral surgery

P. Modi, Liverpool

10:15-11:45 Focus Session

Work-in-progress abstract session

Moderators: M. Siepe, Freiburg; A. Sihoe, Kowloon

Learning objectives

- Residents can present the projects that are working on and ask the audience for cooperation.

10:15

Robotic thymectomy: focus on the future

M. Keijzers, A. Dingemans, M. Hochstenbag, L. van Garsse, M. de Baets, R. Beets-Tan, A. Zur Hausen, J. Maessen; Maastricht (Netherlands)

10:30

Single stage endovascular wheat procedure: a CT-based feasibility study

B. Rylski, J. Bavaria, W. Szeto, W. Moser, R. Milewski; Philadelphia (United States of America)

10:45

A novel 4-dimensional model for morphologic and dynamic analyses of mitral valve

T. Noack1, R. Ionasec2, C. Mukherjee1, P. Kiefer1, M. Vollroth1, M. Misfeld1, F. Mohr1, J. Seeburger1; 1Leipzig (Germany), 2Princeton (United States of America)

11:00

Gastroepiploic artery without periarterial sympathetic nerve prevents vasospasm

Y. Yokoyama1, S. Matsushita1, T. Yamamoto1, H. Inaba1, K. Kuwaki2, S. Dohi2, A. Amano1; 1Tokyo (Japan), 28431 (Japan)

11:15

Role of human album in cardiac surgery

S. Pande, S. Agarwal, G. Majumdar; Lucknow (India)

11:50-12:30 The Presidential Address

Hall D

Talent or Training

J. L. Pomar, Barcelona

14:15-15:45 Abstracts

Coronary artery bypass graft 1

Moderators: P. Sardari Nia, Schoten; T. M. Sundt, Boston

14:15 092*

Coronary artery bypass graft-related bleeding complications in real-life acute coronary syndrome patients treated with clopidogrel or ticagrelor

E. Hansson, H. Rexius, M. Dellborg, P. Albertsson, A. Jeppsson; Gothenburg (Sweden)

Discussant: R. Sádaba, Pamplona
14:30 093
Long-term results of minimally invasive direct coronary artery bypass: ten-year experience and follow-up
A. Repossini, L. Di Bacco, F. Rosati, I. Kotelnikov, F. Nicoli, C. Muneretto; Brescia (Italy)
Discussant: A. Calafiore, Riyadh

14:45 094
Impact of coronary artery bypass surgery on long-term outcomes in patients with heart failure: from the CREDO-Kyoto percutaneous coronary intervention/coronary artery bypass graft Registry Cohort-2
A. Marui1, T. Kimura1, M. Hanyu2, T. Komiya3, H. Shiomi4, T. Kita4, R. Sakata1; 1Kyoto (Japan), 2Kitakyushu (Japan), 3Kurashiki (Japan), 4Kobe (Japan)
Discussant: M. Poullis, Liverpool

15:00 095
Long-term results of sequential vein coronary artery bypass grafting compared to totally arterial myocardial revascularisation: a propensity score-matched follow-up study
A. Garatti1, S. Castelvecchio2, A. Canziani1, L. Corain3, E. Mossuto2, P. Gagliardotto2, L. Salmaso4, L. Menicanti2; 1Milan (Italy), 2Milan (Italy), 3Vicenza (Italy)
Discussant: M. Lass, Hamburg

15:15
Is there a future for hybrid coronary revascularisation?
I. S. Modrau, Aarhus (Denmark)

14:15-15:45 Abstracts
Hall E2

Reflections on aortic valve repair
Moderators: R. Haaverstad, Bergen; U. Rosendahl, London

Learning objectives
• Lessons from different repair techniques.
• Durability of aortic valve repair.

14:15 096
Long-term outcome of valve-preserving root replacement for patients with aortic dissection: a propensity score-matched analysis
T. Kunihara, M. Franciulli, R. Gargiulo, H. Takahashi, D. Aicher, H. Schäfers; Homburg/Saar (Germany)
Discussant: J. Fragata, Lisbon

14:30 097*
Aortic valve reconstruction with a patch: indication, techniques and durability
Z. Mosala Nezhad, J. Hechadi, L. de Kerchove, D. Glineur, P. Noirhomme, J. Rubay, G. El Khoury; Brussels (Belgium)
Discussant: S. Thelin, Uppsala

14:45 098
Aortic valve repair in patients with unicuspid aortic valve by bicuspidization with augmentation using pericardium
H. Takahashi, D. Aicher, T. Kunihara, H. Schäfers; Homburg/Saar (Germany)
Discussant: Z. Al Halees, Riyadh

15:00 099*
Long-term results of aortic valve-sparing operations in patients with aortic valve insufficiency and aortic root aneurysm
N. Monsefi1, A. Zierer1, P. Primbs1, A. Miskovic1, A. Karimian-Tabrizi1, S. Folkmann2, A. Moritz1; 1Frankfurt am Main (Germany), 2Vienna (Austria)
Discussant: L. Guo, London
Pre-operative aortic annulus diameter affects valve durability in bicuspid aortic valve patients undergoing primary valve repair plus subcommissural annuloplasty for aortic insufficiency

P. Vallabhajosyula, C. Komlo, W. Szeto, N. Desai, J. Bavaria; Philadelphia (United States of America)

Discussant: G. El Khoury, Brussels

Aortic valve repair in acute type A aortic dissection

R. Saczkowski¹, T. Malas¹, G. El Khoury², T. Mesana¹, M. Boodhwani; ¹Ottawa (Canada), ²Brussels (Belgium)

Discussant: M. Pocar, Milano

Surgical ventricular restoration for ischaemic cardiomyopathy. Is there any difference in outcome between anterior and posterior dilatation?

A. Garatti², S. Castelvecchio², F. Bandera², M. Guazzi², L. Menicanti²; ¹Milan (Italy), ² Milan (Italy)

Discussant: M. Di Mauro, Lanciano

Personalised surgical repair of left ventricular aneurysm with computer-assisted ventricular engineering

I. Hartyanszky¹, A. Tóth¹, B. Berta¹, M. Pólos¹, G. Veres¹, B. Merkely¹, Z. Szabolcs¹, J. Pepper¹; ¹Budapest (Hungary), ²London (United Kingdom)

Discussant: R. Dion, Genk

Clinical benefits twelve months after less invasive ventricular restoration operations without ventriculotomy

A. Wechsler¹, J. Sadowski¹, B. Kapelak², K. Bartus², G. Kalinauskas³, K. Rucinskas³, R. Samalavicius³, L. Annest³; ¹Philadelphia (United States of America), ²Krakow (Poland), ³Vilnius (Lithuania), ⁴San Ramon (United States of America)

Discussant: D. Pededa, Barcelona

Non-heart transplant surgical approaches with left ventricular restoration and mitral valve operation for advanced ischaemic cardiomyopathy

Y. Cho¹, S. Shimura², A. Aki², H. Furuya², S. Odagiri², K. Okada², T. Ueda²; ¹Isehara (Japan), ²Kanagawa (Japan)

Discussant: L. Menicanti, Milan

Right ventricular function after surgical ventricular reconstruction in heart failure

S. Castelvecchio, M. Guazzi, F. Bandera, A. Garatti, M. Pellegrino, G. Generati; Milan (Italy)

Discussant: P. Ferrazzi, Bergamo

Left ventricular surgical restoration: is it a matter of shape or volume?

M. Di Mauro¹, A. Iacò², S. Bencivenga², C. Di Saverio³, A. Acitelli³, M. Asif², H. Al Amri², S. Romano², S. Gallina³, M. Penco³, A. Calafiore³; ¹Lanciano (Italy), ²Riyadh (Saudi Arabia), ³L’Aquila (Italy), ⁴Chieti (Italy)

Discussant: R. Klautz, Leiden
14:15–15:45  Abstracts  

Cardiopulmonary bypass – improving outcome in marginal patients  
Moderators: G. Steinhoff, Rostock; D. Wendt, Essen  

14:15  108  
Advanced heart and lung protection perfusion technique for valve surgery  
V. Pichugin, A. Medvedev, A. Gamzaev, N. Melnikov, E. Sandalkin, V. Chiginev; Nizhny Novgorod (Russian Federation)  
Discussant: D. Chambers, London  

14:30  109  
Real-time measurement of rectal mucosal microcirculation during cardiopulmonary bypass  
A. Kiessling, M. Philipp, U. Stock, A. Beiras-Fernandez, C. Reyher, A. Moritz; Frankfurt am Main (Germany)  
Discussant: K. Kvernebo, Oslo  

14:45  110  
A biocompatible perfusion strategy is safe and is associated with excellent clinical outcomes and reduced blood transfusions in a contemporary series of patients undergoing coronary artery bypass grafting: a two-centre study  
O. Shapira1, A. Korach1, F. Pinaud2, A. Dabah1, Y. Bao1, J. J. Corbeau2, J. L. de Brux2, C. Bauteront1; 1Jerusalem (Israel), 2Angers (France)  
Discussant: M. Kaljusto, Oslo  

15:00  111  
The influence of selective lung perfusion on the inflammatory response and clinical outcome of patients with chronic obstructive pulmonary disease undergoing cardiopulmonary bypass  
A. Kiessling, F. Guo, Y. Gökdemir, M. Thudt, A. Beiras-Fernandez, A. Moritz; Frankfurt am Main (Germany)  

15:15  112  
Ex vivo evaluation of blood coagulation and thrombo-resistance of two extracorporeal circuit coatings under low and full heparin dose  
C. Bauteront1, L. Teligui2, E. Dalmayrac1, G. Mabilleau1, L. Macchi2, A. Godon1, J. J. Corbeau1, C. Boer2; 1Angers (France), 2Amsterdam (Netherlands)  
Discussant: K. Brehm, Freiburg  

15:30  113  
A positive influence of pulsatile cardiopulmonary bypass on renal function in elderly patients undergoing aortic valve surgery  
M. Dodonov1, A. Milano1, W. Van Oeveren2, Y. J. Gu2, M. Tessari1, T. Monon1, F. Onorati1, G. Faggian1; 1Verona (Italy), 2Groningen (Netherlands)  
Discussant: P. Deleuze, Le Plessis Robinson  

14:15–15:45  Focus Session  
Hall H  

Aviation medicine and cardiac surgery  
Moderators: J. Pepper, London; T. Syburra, Sion /London  

Learning objectives  
• Prophylactic coronary surgery in high risk professions has serious implications if not fully considered
The size of the problem: why should we be interested?
S. Mitchell, Gatwick

Flying after cardiac surgery
T. Syburra, Sion /London

Adjusting the operation to the occupation
U. Rosendahl, London

Cardiology in military aircrew
E. Nicol, London

Personal stories from pilots
D. Bron, Berne

Panel Discussion

14:15-15:45 Focus Session

Surgery for prognosis – Part II, aortic valve disease
Moderators: T. Graham, Birmingham; D. Pousios, Eastleigh

The significance of myocardial fibrosis as a prognostic factor in aortic stenosis
J. Baksi, London

Discussion

Effect of prosthesis on long-term outcome
J. J. M. Takkenberg, Rotterdam

Discussion

Randomised trial of surgery in asymptomatic patients with aortic stenosis; early surgery vs. watchful waiting
A. P. Kappetein, Rotterdam

Discussion

Valve disease in child-bearing-age women
M. Jahangiri, London

Discussion

Assessment of asymptomatic aortic valve
J. Vanoverschelde, Brussels

Discussion
14:15-15:45  Focus Session
Room 1

Treatment of rheumatic valve disease. Repair vs replacement

Moderators: M. J. Antunes, Coimbra; C. Yankah, Berlin

14:15
Repair of mitral valve regurgitation: Predictability of outcome
Z. Al Halees, Riyadh

14:35
The challenges of valve replacement
M. Antunes, Coimbra

14:55
Treatment of mitral stenosis – balloon or closed mitral commissurotomy
F. Smit, Bloemfontein

15:15
Management of aortic and mitral disease
T. Chotivatanapong, Nonthaburi

15:30
Discussion

14:15-17:45  Clinical Anatomy Session
Rondo

14:15–15:45 Session 1: Clinical anatomy of the coronary arteries

H. Muresian, Bucharest

Clinical anatomy of the coronary arteries

Horia Muresian, The University Hospital of Bucharest, Romania

ABSTRACT. The coronary arterial system of the human heart comprises three elementary coronary trunks: the anterior interventricular artery (LAD), the circumflex branch (Cx) and the right coronary artery (RCA), with the first two generally originating from a common trunk (the left coronary artery). The coronary arteries run a subepicardial and respectively, an intramyocardial course. While exhibiting numerous anastomoses, the coronary trunks target however particular regions of the heart. The normal coronary arterial patterns, the vascularization of specific regions such as the septum, the aortic and pulmonary roots, the papillary muscles, the conduction system, the atria and the ventricles – is presented in detail, combining images of dissected human heart specimens and a wet-lab session. The most clinically and surgically significant variations are also presented. Different from the epicardial disposition, the coronary arterial dominance and typology is defined by the amount of myocardial mass and the target regions vascularized by each of the three elementary coronary trunks. This significant notion is underscored and demonstrated with particular reference to cardiac revascularization. The cardiac veins include the coronary sinus system, the small cardiac veins and particular channels among which the most important are the Thebesian vessels. The disposition of the cardiac veins and the anatomical variations are presented, with particular emphasis on surgical and electrophysiologic procedures. Accordingly, an integrated image of the arterial and venous vascularization of the human heart is offered to all specialists who diagnose and treat cardiac disorders.

16:15–17:45 Session 2: Clinical anatomy of the aortic and mitral valves

H. Muresian, Bucharest

Clinical anatomy of the mitral and aortic valves for surgeons and interventionalists

Horia Muresian: The University Hospital of Bucharest, Bucharest, Romania
ABSTRACT. The atrioventricular and the ventriculoarterial junctions together with the corresponding valves lie in close contact, as readily apparent in short axis views of the heart. However, only three of the four structures share common fibrous sustain. The centrally-located aortic root represents the anatomical element with which, the other cardiac structures share more or less, fibrous continuity. There is a notable difference between the left and the right ventricle and the corresponding arterial and atrioventricular valves. The left ventricle appears more conical in shape, with the inflow and the outflow compartments adjacent, almost superimposed, and only transitory and functionally separated by the anterior leaflet of the mitral valve. The anatomy of the mitral and aortic valves is presented in detail, combining images of dissected human heart specimens and a wet-lab session. Special features of the two heart valves – relevant to the surgical and percutaneous procedures are emphasized together with some notable anatomic variations. The mitral valvar complex depicts particularities of anatomy, of vascularization and a natural asymmetry. The aortic valve is a component of the aortic root complex sharing functional interdependence with adjacent elements. Details pertaining to surgical aortic and mitral valvar plasty, or percutaneous procedures such as mitral annuloplasty, TAVI, etc. – are extensively presented. A more complete image of the left-sided heart valves is offered to surgeons and interventionalists approaching these elements of the human heart in their day-to-day practice.

16:15-17:45 Abstracts

Transcatheter aortic valve implantation: Expanding indications and techniques

Moderators: J. Kempfert, Leipzig; T. Modine, Lille

Learning objectives
• To evaluate alternative approaches.
• To discuss expanding indications.

16:15 137*
Transcatheter aortic valve implantation in patients with ascending aortic dilatation: safety of the procedure and mid-term follow-up of 100 patients
B. Rylski, W. Szeto, J. Bavaria, E. Walsh, S. Anwaruddin, N. Desai, H. Herrmann, R. Milewski; Philadelphia (United States of America)
Discussant: G. Weiss, Vienna

16:30 138
Transapical aortic valve implantation in patients with and without severe calcification of the ascending aorta: different preoperative characteristics but no difference in outcome
S. Buz, M. Pasic, T. Drews, S. Dreyssse, M. Kukucka, A. Mladenow, R. Hetzer, A. Unbehaun; Berlin (Germany)
Discussant: A. Maitland, Calgary

16:45 139
Transcatheter aortic valve implantation combined with coronary artery stenting: a simultaneous approach
A. Penkalla, M. Pasic, T. Drews, S. Buz, S. Dreyssse, M. Kukucka, A. Mladenow, R. Hetzer, A. Unbehaun; Berlin (Germany)
Discussant: W. Wisser, Vienna

17:00 140
Transcatheter aortic valve implantation reduces grade of concomitant mitral and tricuspid valve regurgitation and pulmonary hypertension
M. Wilbring, S. Tugtekin, M. Ritzmann, T. Schmidt, K. Matschke, U. Kappert, K. Alexiou; Dresden (Germany)
Discussant: S. Salizzoni, Torino
Mini-thoracotomy direct aortic self-expanding transcatheter aortic valve implantation: A single-centre experience

G. Bruschi, L. Botta, F. De Marco, P. Colombo, A. Barosi, M. Mondino, S. Klugmann, L. Martinelli; Milan (Italy)

Discussant: G. Wimmer-Greinecker, Bad Bevensen

Transcatheter aortic valve implantation through carotid artery access under local anaesthesia

A. Azmoun, N. Amabile, R. Ramadan, S. Ghostine, P. Brenot, C. Caussin, P. Deleuze, R. Nottin; Le Plessis Robinson (France)

Discussant: T. Walther, Bad Nauheim

Applications of glutaraldehyde-fixed pericardium in complex mitral valve repair

J. G. Castillo¹, F. Milla², A. C. Anyanwu¹, D. H. Adams¹; ¹New York (United States of America), ²New York City (United States of America)

Discussant: J. Seeburger, Leipzig

Surgical approach to a huge cardiac hydatid cyst of the interventricular septum

M. Koudieh, Riyadh (Saudi Arabia)

Discussant: J. Cremer, Kiel

Repair of bicuspid aortic valve with autologous pericardium: preventing pericardial tears

P. Urbanski, S. Frank; Bad Neustadt (Germany)

Discussant: G. El Khoury, Brussels

Aortic root and intervalvular fibrous body reconstruction for active prosthetic valve endocarditis

E. Suenaga, H. Fumoto, K. Jinnouchi, S. Yoshitake; Nagasaki (Japan)

Discussant: M. Grabenwöger, Vienna

Transcatheter aortic valve and valve-in-valve implantation in a beating stenotic bicuspid and tricuspid porcine aortic valve: intracardiac endoscopic view

G. Gelpi, C. Romagnoni, R. Vismara, A. Leopaldi, A. Mangini, M. Contino, C. Antona; Milan (Italy)

Discussant: T. Walther, Bad Nauheim
Cardiac potpourri

Moderators: A. Jeppsson, Gothenburg; O. J. Liakopoulos, Cologne; M. Misfeld, Leipzig

16:15  148
Low-dose warfarin throughout pregnancy in patients with mechanical heart valve prostheses: a meta-analysis
A. Hassouna, H. Allam; Cairo (Egypt)
Discussant: K. Brehm, Freiburg

16:30  149-I
Transcatheter valve implantation for native mitral valve disease: another milestone by the heart team
I. Manoly, S. McAnelly, V. Mahadevan, B. Clarke, R. Hasan; Manchester (United Kingdom)

16:45  150
In vivo tissue-engineered small diameter “biotube”
K. Kanda¹, T. Watanabe¹, M. Yamanami¹, O. Sakai¹, H. Yaku¹, Y. Nakayama²; ¹Kyoto (Japan), ²Osaka (Japan)
Discussant: J. Kluin, Utrecht

17:00  151
Comparison of intermittent cold versus intermittent warm blood cardioplegia in 2200 adult cardiac surgery patients
K. Trescher¹, A. Gleiss², M. Boxleitner², W. Dietl², H. Kassal², C. Holzinger³, B. Podesser¹;
¹St. Pölten (Austria), ²Vienna (Austria)
Discussant: L. Noyez, Nijmegen

17:15  152*
Global trends in mortality from thoracic aortic disease from 1995 to 2010 and correlations with cardiovascular risk factors
A. Meduoye, E. Choke, D. Sidloff, M. Bown, R. Sayers, G. Murphy; Leicester (United Kingdom)
Discussant: P. Kolh, Liege

16:15-17:45  Abstracts  Hall F2

Complications: Escape routes I

Moderators: J. S. Coselli, Houston; M. Josa, Barcelona

16:15  154-I
Transapical aortic valve (JenaValve) implantation for severe aortic insufficiency and aortic aneurysm
F. Schlingloff, C. Frerker, T. Thielsen, U. Schaefer, R. Bader; Hamburg (Germany)
Discussant: L. Van Garsse, Maastricht

16:30  155-I
Transcathether aortic valve implantation for pure severe native aortic valve regurgitation in an inoperable patient
A. Rastan¹, J. Graff¹, H. Koehler¹, B. Abt¹, C. Vallbracht¹, W. Knake¹, M. Ferrari²; ¹Rotenburg (Germany), ²Jena (Germany)
Discussant: O. Wendler, London
Minimally invasive catheter-based mitral valve replacement: hybrid strategy for high-risk patients
C. Haller, T. Krueger, D. Schibilsky, J. Kobba, C. Schlensak; Tuebingen (Germany)
Discussant: J. Kempfert, Leipzig

Pseudo-aneurysm of the right internal mammary artery in a patient with sternal wound infection
S. Datta, R. Hasan; Manchester (United Kingdom)
Discussant: M. Codispoti, Cambridge

Giant aneurysms of saphenous vein grafts: presentation of two uncommon cases and surgical management
A. Zientara¹, O. Dzemali², D. Odavic², M. Genoni²; ¹Zürich (Switzerland), ²Zurich (Switzerland)
Discussant: M. Antunes, Coimbra

Repair of left main coronary occlusion and annular disruption following transcatheter aortic valve replacement
D. Watson, S. Yakubov; Columbus (United States of America)
Discussant: M. Versteegh, Leiden

Hot news from on-going clinical trials
Moderators: M. J. Mack, Plano; F. Mohr, Leipzig

Update on the Partner II trial: Sapien versus surgical aortic valve replacement for intermediate risk patients
W. Brinkman, Dallas

Update on the SurTAVI trial: Corevalve versus surgical aortic valve replacement for intermediate risk patients
P. Serruys, Rotterdam

EXCEL: non-inferiority for coronary artery bypass graft versus percutaneous coronary intervention in patients with left main disease?
A. P. Kappetein, Rotterdam

Syntax II: Syntax II score as basis for a new trial
P. Serruys, Rotterdam

Reshape: Mitraclip versus medical treatment in ischemic mitral regurgitation. The role of the surgeon
O. Alfieri, Milan

Synergy CircuLite: test of new generation assist devices
A. Simon, Harefield
17:27
HYSTORI (HYbrid vs Stenting optimal revascularization): European multicentre randomised trial
A. Repossini, Brescia

17:39
Wrap Up
M. Mack, Plano

16:15-17:45  Focus Session  Hall E1

End-stage heart failure – long term/permanent support
Moderators: M. De Bonis, Milan; J. Pepper, London

16:15
The size of the problem
N. Van Mieghem, Rotterdam

16:25
Discussion

16:30
Long-term counter-pulsation
A. Simon, Harefield

16:40
Discussion

16:45
Solution for right ventricle failure
G. Gerosa, Padua

16:55
Discussion

17:00
Future of long term support: Get rid of the driveline: Future of transcutaneous energy transfer
J. Lahpor, Utrecht

17:10
Discussion

17:15
Can long term support be cost-effective?
R. Osnabrugge, Rotterdam

17:25
Discussion

17:30
Results of long term support
G. Wieselthaler, San Francisco

17:40
Discussion
Challenges of cardio-vascular surgery in the developing economies

Moderators: W. J. Gomes, Sao Paulo; C. Mestres, Barcelona; O. Victal, Guadalajara Jalisco

16:15
Report of PASCaTS survey on cardio-thoracic surgery in sub-Sahara Africa (SSA)
C. Yankah, Berlin

16:30
New cardio-vascular services in Africa. Where and how?
P. Simon, Vienna

16:45
Training of cardiothoracic surgeons – need for standardisation
M. Guida, Valencia

17:00
New technologies in emerging countries. The cost factor
F. Jatene, Sao Paulo

17:15
Management of acute myocardial infarction in developing countries. An evidence-based expanded role for coronary artery bypass graft
W. Gomes, Sao Paulo
Degenerative mitral disease
Moderators: V. Falk, Zurich; A. P. Kappetein, Rotterdam

Learning objectives
• Best approach.
• Facilitated repairs.

08:15 177
Very long-term durability of edge-to-edge repair for isolated anterior mitral leaflet prolapse: up to 21 years’ clinical and echocardiographic results
M. De Bonis, E. Lapenna, G. La Canna, N. Buzzatti, M. Taramasso, F. Pappalardo, C. Calabrese, O. Alfieri; Milan (Italy)
Discussant: G. Speziale, Bari

08:30 178
Results of minimally invasive, video-assisted mitral valve repair in advanced Barlow’s disease with bileaflet prolapse
C. Muneretto, G. Bisleri, L. Bagozzi, A. Repossini, N. Berlinghieri, E. Chiari; Brescia (Italy)
Discussant: P. Perier, Bad Neustadt/Saale

08:45 179
Artificial chordae in the setting of complex mitral valve repair: early outcomes using the folding leaflet technique
R. Garcia Fuster1, E. Martin1, F. Paredes1, A. Mena1, S. Cánovas2, O. Gil1, F. Hornero1, J. Martínez-León1; 1Valencia (Spain), 2Murcia (Spain)
Discussant: O. Alfieri, Milan

09:00 180*
Mitraclip therapy in high-risk and elderly patients with degenerative mitral regurgitation: mid-term clinical and echocardiographic outcomes in a single-centre experience
M. Taramasso, P. Denti, N. Buzzatti, M. Cioni, G. La Canna, A. Colombo, O. Alfieri, F. Maisano; Milan (Italy)
Discussant: L. Muller, Innsbruck

09:15 181*
A simple way to treat mitral valve prolapse: chordal replacement using a new mitral leaflet retractor
N. Kashiyama1, T. Masai2, M. Yoshitatsu2, T. Yamauchi2, Y. Ogasawara3, Y. Matsunaga1, Y. Sawa1; 1Suita-city (Japan), 2Osaka-city (Japan)
Discussant: O. Jegaden, Lyon

09:30 182
Calcified lesions in degenerative mitral valve disease: characteristics, surgical strategies, and mid-term outcomes
Discussant: S. Lentini, Lecce

Arterial revascularisation
Moderators: T. A. Folliguet, Nancy; P. E. Mortensen, Odense

08:15 183*
The use of bilateral internal thoracic arteries increases long-term survival in elderly patients: a propensity-matched analysis
M. Pettinari, B. Meuris, P. Sergeant; Leuven (Belgium)
Discussant: F. Khaliel, Riyadh
Total arterial grafting is associated with improved clinical outcomes compared to conventional myocardial revascularization at 10-year follow-up

G. Bisleri, L. Di Bacco, A. Negri, A. Repossini, C. Muneretto; Brescia (Italy)
Discussant: D. Taggart, Oxford

Bilateral internal mammary artery for multi-territory myocardial revascularisation: fifteen-year follow-up of pedicled versus skeletonised

M. Di Mauro1, A. Iacò2, L. Filipponi3, E. Salustri2, G. Halasz3, C. De Luca3, G. D’Ambrosio3, S. Romano3, M. Penco3, A. Calafiore2; 1Lanciano (Italy), 2Riyadh (Saudi Arabia), 3L’Aquila (Italy)
Discussant: A. C. Hatemi, Istanbul

Bilateral internal thoracic artery use in patients with low ejection fraction: is there any additional long-term benefit?

S. Mohammadi, D. Kalavrouziotis, G. Cresce, F. Dagenais, J. Perron, E. Charbonneau, F. Voisine; Quebec City (Canada)
Discussant: J. Grau, Ridgewood

Quicker and safer: skeletonisation of internal mammary arteries with harmonic technology in 910 patients with 1533 mammary arteries

T. Kieser, M. S. Rose, U. Aluthman, K. Narine; Calgary (Canada)
Discussant: M. Contino, Milan

Clinical and angiographic comparison of bilateral internal thoracic artery configurations: Y composite grafting is superior to in situ

G. de Beco, G. El Khoury, P. Noirhomme, L. de Kerchove, P. Astarci, P. Etienne, D. Glineur; Brussels (Belgium)
Discussant: O. Viceral, Guadalajara Jalisco

Complications: Escape routes II

Moderators: M. Borger, Leipzig; G. Dellgren, Gothenburg; A. Gonzalez Pinto, Madrid

Introductory Lecture: Incidence and outcome from postoperative complications. Insights from the STS database

F. Edwards, Jacksonville (United States of America)

Why the intra-aortic balloon pump should not play aerobatics

T. Syburra, Sion /London (Switzerland)
Discussant: H. Najm, Riyadh

Reverse U aortotomy (Kirali incision) for aortic valve replacement after previous valve-sparing isolated aortic root replacement and coronary artery bypass grafting

K. Kirali, Sakarya (Turkey)
09:00  191-I
Infective endocarditis after transcatheter aortic valve implantation
M. Hidiroglu, A. Kucuker, K. E. Erdogan, H. Bayram, A. Bilgic, T. Durmaz,
E. Sener; Ankara (Turkey)
Discussant: T. Hanke, Luebeck

09:15  192-I
Emergency redo mitral valve replacement immediately after Caesarean section
M. Kurtoglu, I. Duvan, S. Ates, B. Onuk, P. Sungur, S. Karacan; Ankara (Turkey)
Discussant: K. Sarkar, Kolkata

08:00-18:10 Techno College
08:30-09:45 Abstracts
Hall H

Heart transplantation
Moderators: M. J. Antunes, Coimbra; W. Brinkman, Dallas; L. F. Caneo, Sao Paulo

08:15  193
High-emergency waiting list for cardiac recipients in France: single-centre experience
C. D’Alessandro, J. L. Golmard, G. Lebreton, M. Laali, D. Barreda, P. Farahmand, A. Pavie,
P. Leprince; Paris (France)
Discussant: J. Schmitto, Hannover

08:30  194
Heart retrieval from borderline patients benefits from early donor management
R. Abuanzeh, F. Hashmi, M. Khasati, R. Venkateswaran, N. Yonan; Manchester
(United Kingdom)
Discussant: G. Wieselthaler, San Francisco

08:45  195*
Recovery of hearts from non-heart beating donors with normothermic extracorporeal
machine perfusion
H. Tolboom, A. Makhro, B. Rosser, M. Bogdanov, M. Wilhelm, A. Bogdanova, V. Falk; Zurich
(Switzerland)
Discussant: M. Erasmus, Groningen

09:00  196
Pattern of resolution of pulmonary hypertension, long-term allograft right ventricular
function and exercise capacity in high-risk heart transplant recipients listed under
oral sildenafil
L. S. De Santo, C. Bancone, M. Buonocore, C. Amarelli, G. Romano, F. Agrusta, N. Galdieri,
C. Maiello; Naples (Italy)
Discussant: M. Urban, Prague

09:15  197
Left ventricular assist device versus heart transplantation in patients over 60 years: a
single-centre experience
L. Botta, A. Cannata, G. Bruschi, T. Colombo, C. Russo, R. Paino, E. Ammirati, M. Frigerio,
L. Martinelli; Milan (Italy)
Discussant: J. Lahpor, Utrecht

09:30  198
Left ventricle unloading by percutaneous trans-septal cannulation of the left atrium in
patients bridged to heart transplantation with peripheral venoarterial extracorporeal
membrane oxygenation
V. Poptsov, E. Spirina, S. Zacharevith, O. Eremeeva, V. Slobodjanik; Moscow
(Russian Federation)
Discussant: C. Huber, Berne
08:30-09:45  Focus Session  

Hall E1

Acute support heart and lung

Moderators: R. Lorusso, Brescia; P. E. van Schil, Edegem

08:15
Short term support for acute cardiogenic shock; weaning from modalities of implantation  
S. Price, London

08:30
Acute lung injuries – Acute respiratory distress syndrome  
T. Dominguez, London

08:45
Military aspects of extracorporeal membrane oxygenation: concepts and constraints  
A. Johnston, Birmingham

09:00
Extracorporeal membrane oxygenation support in high risk procedures; non-cardiac indications; ablation, liver, lungs, percutaneous transluminal coronary angioplasty  
F. Pappalardo, Milan

09:15
Extracorporeal CO2-Elimination  
T. Staudinger, Vienna

08:30-09:45  Focus Session  

Hall F1

Mastering concomitant valve procedures

Moderators: G. Dreyfus, Monte-Carlo; L. Labrousse, Pessac

Learning objectives

• Provide practical surgical techniques for complex patients who require multiple concomitant valves procedures.

08:15
Surgical techniques when a double valve replacement is necessary  
B. Podesser, St. Pölten

08:30
Challenges with long and complex procedures: how to handle patients requiring multiple valves procedures and multiple coronary artery bypass graft  
J. C. Roussel, Nantes Saint Herblain

08:45
Advantages of rapid deployment valve in concomitant procedures  
V. Gariboldi, Marseille

09:00
Tricuspid valve repair: is ring annuloplasty superior?  
R. Lange, Munich

09:15
Performing concomitant mitral and tricuspid repair by MIS: tips and tricks  
P. Perier, Bad Neustadt/Saale
Current indications for hybrid approach: surgical and transcatheter?
S. Ohri, Southampton

This session is supported by an unrestricted educational grant from Edwards Lifesciences SA.

08:15-09:45 Focus Session

How to sell your research
Moderators: A. Ahlsson, Örebro; J. Dunning, Middlesbrough

08:15
How to write a paper
F. Beyersdorf, Freiburg

08:30
How to review a paper
J. Dunning, Middlesbrough

08:45
How to present a paper
R. Lorusso, Brescia

09:00
Use and abuse of statistics
G. Sodeck, Vienna

08:30-11:45 Clinical Anatomy

08:15–09:45
Functional and Applied Anatomy of the Cardiac Valves.
Y. Taverne, Rotterdam

The session is repeated at 10:15-11:45 in the same room.

Functional and Applied Anatomy of the Cardiac Valves.
Yannick Taverne, Department of Anatomy - Cardiothoracic Surgery

Ever since the first cadaveric dissections by the Greek physicians Herophilus of Chalcedon and Erasistratus of Chios in the early part of the third century BC, the cardiovascular system has always been a topic of fascination. Many anatomical studies have been performed; however, it took until the 16th century to describe its ‘modus operandi’. The work of William Harvey, presented in his “de Motu Cordis”, initiated this new field of interest. Despite ongoing research on physiological principles, anatomy and physiology have never been fully integrated when describing morphology. Up until now, many see anatomy as the field of examining “that what is dead” and physiology as the study of “living things”, thereby missing a whole field of study and possibly misinterpreting or falsely deducing results.

Cardiac formation and each morphological adaptation is based on physiological principles, explained by the laws of physics, and derived from an evolutionary origin. One must keep in mind that our ‘human’ heart has been formed by a process over millions of years which resulted in the current shape, position and functionality.
As stated, there is still a discrepancy to implement functionality when examining the morphology of the heart. The relationship between form (anatomy) and functionality (physiology) has never been more pertinent than today. New surgical and interventional techniques dictate a refined anatomical analysis from a functional point of view.

This lecture will focus on the organogenesis and evolutionary aspects of the heart, more specific on the formation of the cardiac valves. Further, functionality and consequent morphological adaptations

10:15-11:45  Abstracts  

The bicuspid aortic valve and ventricular function  
*Moderators: R. Lange, Munich; H. Najm, Riyadh;*

**Learning objectives**
- Understand aetiology of aortic valve disease.
- Appreciate associated conditions.

**10:15  222**
The fate of bicuspid valve aortopathy after aortic valve replacement  
*E. Charitos, U. Stierle, T. Hanke, S. Klotz, H. Sievers; Luebeck (Germany)*  
*Discussant: P. Vallabhajosyula, Philadelphia*

**10:30  223**
Ventricular conduction defects after transcatheter aortic valve implantation  
*A. Kawaguchi¹, C. D’Alessandro², P. Cluzel², R. Makri², M. Laali², P. Leprince²; ¹Isehara (Japan), ²Paris (France)*  
*Discussant: N. Moat, London*

**10:45  224**
Aortic root replacement: comparison of clinical outcome between different surgical techniques  
*C. Badiu, M. Deutsch, C. Sideris, M. Krane, I. Hettich, B. Voss, D. Mazzitelli, R. Lange; Munich (Germany)*  
*Discussant: G. Stefanelli, Modena*

**11:00  225**
Impact of left ventricular diastolic dysfunction in patients with chronic severe aortic regurgitation undergoing aortic valve replacement  
*W. K. Kim¹, J. B. Kim¹, S. K. Ro², S. H. Jung¹, S. J. Choo¹, C. H. Chung¹, J. W. Lee¹; ¹Seoul (Korea), ²Guri-si (Korea)*  
*Discussant: J. Pepper, London*

**11:15  226**
Expectancy and quality of life in survivors of valve replacement for aortic stenosis performed in patients over 85 years match those of the healthy contemporary population  
*T. Regesta, S. Pansini, A. Salsano, G. Vigano, F. Rapetto, S. Boeddu, G. Passerone, F. Santini; Genoa (Italy)*  
*Discussant: A P Kappetein, Rotterdam*
Coronary artery bypass graft II

Moderators: M. K. Kolowca, Rzeszow; R. Sádaba, Pamplona; D. Taggart, Oxford

10:15 227*
Differences in clinical outcomes after contemporary coronary artery bypass grafting in the United States and Europe: insights from the Syntax randomised trial and registry
S. Head1, F. Mohr2, M. Mack3, P. Serruys1, M. Morice4, D. Holmes Jr5, T. Feldman6, K. Dawkins7, A. P. Kappetein1; 1Rotterdam (Netherlands), 2Leipzig (Germany), 3Plano (United States of America), 4Paris (France), 5Rochester (United States of America), 6Evaston (United States of America), 7Natick (United States of America)
Discussant: J. Börgermann, Bad Oeynhausen

10:30 228*
Minimally invasive direct coronary bypass grafting versus percutaneous coronary intervention for single-vessel disease: a systematic review with meta-analysis of 2731 patients
A. C. Deppe, O. Liakopoulos, E. Kuhn, I. Slottosch, M. Scherner, P. Rahmanian, Y. Choi, T. Wahlers; Cologne (Germany)
Discussant: N. Bonaros, Innsbruck

10:45 229
Major and unexplained variations in elective coronary revascularisation practices in England
S. Baig, D. Taggart, D. Altman; Oxford (United Kingdom)
Discussant: T. Graham, Birmingham

11:00 230
Chronic total occlusions: impact of incomplete surgical revascularisation on long-term survival
M. Zembala1, K. Filipiak1, D. Ciesla1, M. Tajstra1, J. Pacholewicz1, M. Garbacz1, R. Przybylsk1, T. Hrapkowicz2, M. Gasior1, M. Zembala2; 1Zabrze (Poland), 2Tarnowskie Góry (Poland)
Discussant: R. Ascione, Bristol

11:15 231
The off-pump technique reduced mortality and major morbidities in redo coronary artery bypass grafting: a propensity score analysis from a Japanese cardiovascular surgery database
M. Dohi1, K. Doi1, H. Miyata2, N. Motomura2, S. Ohira1, H. Kawajiri1, T. Yamamoto1, T. Watanabe1, K. Okawa1, S. Takamoto2, H. Yaku1; 1Kyoto (Japan), 2Tokyo (Japan)
Discussant: E. Wolner, Vienna

11:30
Review of evidence for off pump coronary surgery
J. Coselli, Houston (United States of America)
10:15 232
Early anticoagulation therapy after bioprosthetic aortic valve implantation: comparing warfarin versus aspirin
S. Rafiq, D. Steinbrüchel, C. Moeller, J. Lund, J. Thiis, L. Koeber, N. Lilleoer, P. Olsen; Copenhagen (Denmark)
Discussant: A. Eyjolfsson, Riyadh

10:30 233
Mortality characteristics of aortic root surgery in North America
M. Caceres, J. S. Rankin, P. Chaudhuri, J. Gammie, R. Suri, J. Puskas, L. Svensson; 1Nashville (United States of America), 2Durham (United States of America), 3Baltimore (United States of America), 4Rochester (United States of America), 5Atlanta (United States of America), 6Cleveland (United States of America)
Discussant: M. Boodhwani, Ottawa

10:45 234*
Fate of functional mitral valve regurgitation in patients undergoing aortic valve replacement with or without concomitant coronary artery disease
J. Afoke, M. Zakkar, O. Valencia, R. Karagasabay, M. Jahangiri; London (United Kingdom)
Discussant: J. Fragata, Lisbon

11:00 235
An expansible aortic ring to preserve root dynamics after aortic valve repair
M. Wulija, A. Berrebi, D. Czitrom, L. Mankoubi, M. Noggin, M. C. Malergue, I. Di Centa, E. Lansac; 1Paris (France), 2Suresnes (France)
Discussant: H. Schäfers, Homburg/Saar

11:15 236
Comparison between different risk scoring algorithms in isolated conventional or transcatheter aortic valve replacement
D. Wendt, P. Kahler, S. Kastner, F. Al-Rashid, P. Patsalis, R. Erbel, H. Jakob, M. Thielmann; Essen (Germany)
Discussant: V. Bapat, London

11:30 237
Towards an individualised approach to bicuspid aortopathy: different valve types have unique determinants of aortic dilatation
A. Della Corte, C. Bancone, G. Dialetto, F. Covino, S. Manduca, V. D’Oria, M. De Feo, G. Nappi; Naples (Italy)
Discussant: M. Kirsch, Paris

10:15-11:45 Abstracts

Transcatheter aortic valve implantation: The real-world experience

Learning objectives
- To challenge standard transcatheter aortic valve implantation practice.
- To assess value of transcatheter aortic valve implantation in every day practice.

10:15 238
Single-centre experience with second-generation devices for transapical transcatheter aortic valve implantation
H. Treede, M. Seiffert, L. Conradi, P. Diemert, J. Schirmer, R. Schnabel, S. Blankenberg, H. Reichenspurner; Hamburg (Germany)
Discussant: D. Wendt, Essen
10:30 239
Transapical transcatheter aortic valve implantation without prior balloon aortic valvuloplasty: feasible and safe
L. Conradi, M. Seiffert, J. Schirmer, D. Koschyk, S. Blankenberg, H. Reichenspurner, H. Treede, P. Diemert; Hamburg (Germany)
Discussant: V. Bapat, London

10:45 240
First experience without pre-ballooning in transapical aortic valve implantation: a propensity score-matched analysis
J. Kempfert, A. Meyer, W. Kim, A. Van Linden, M. Arsalan, J. Blumenstein, H. Möllmann, T. Walther; Bad Nauheim (Germany)
Discussant: T. Modine, Lille

11:00 241*
Elective use of femoro-femoral cardiopulmonary bypass during transcatheter aortic valve implantation
T. Drews, M. Pasic, S. Buz, S. Dreysse, M. Kukucka, A. Mladenow, R. Hetzer, A. Unbehaun; Berlin (Germany)
Discussant: P. Kiefer, Leipzig

11:15 242
Manual versus automatic detection of aortic annulus plane in computed tomography scan for transcatheter aortic valve implantation screening
A. Van Linden, J. Kempfert, J. Blumenstein, H. Möllmann, W. Kim, S. Alkaya, C. Hamm, T. Walther; Bad Nauheim (Germany)
Discussant: A. Hossien, Swansea

11:30 243
Quality of life as an integral aspect of transapical transcatheter aortic valve implantation outcome
D. Sterner, W. Schiller, A. Welz, C. Gessner, M. Sinnig, O. Dewald, D. Duerr, F. Mellert; Bonn (Germany)
Discussant: S. Sündermann, Zurich

10:15-11:45 Abstracts
Hall H

Left ventricular assist devices II: Long-term support
Moderators: J. A. Bekkers, Rotterdam; S. C. Clark, Newcastle

10:15 244
Natriuretic peptide dynamics in patients after ventricular assist device implantation
N. Maroz-Vadalazhskaya, I. Russkikh, I. Selin, D. Krachak, I. Vodolazhskii, M. Kaliadka, I. Ostrovskiy; Minsk (Belarus)
Discussant: H. Vetter, Wuppertal

10:30 245*
First experience with the Synergy micro-pump in patients with severe heart failure in INTERMACS levels 1-2: does it make sense?
A. Sabashnikov1, A. Popov2, P. Mohite1, C. Bowles1, B. Zych1, D. Garcia Saez1, M. Capoccia3, A. Simon1; 1Harefield (United Kingdom), 2Gottingen (Germany), 3Liverpool (United Kingdom)
Discussant: L. F. Caneo, Sao Paulo
10:45  246
A monitoring and physiological control system for determining aortic valve closing
S. Spiliopoulos¹, N. Greatrex², D. Guersoy³, R. Graefe³, U. Steinseifer², T. Schmitz-Rode²,
R. Koerfer¹, G. Tenderich¹; ¹Duisburg (Germany), ²Aachen (Germany)

11:00  247
Resources and cost evaluation of a destination therapy ventricular assist device programme
A. Barbone, D. Pini, A. Basciu, A. Cappai, F. Alemanno, E. Vanni, D. Ormighi, G. Tarelli,
M. Lettino, E. Vitali; Rozzano (Italy)
Discussant: R. Osnabrugge, Rotterdam

11:15  248
Long-term circulatory support with rotary blood pumps: is it worthwhile?
M. Capoccia¹, A. Sabashnikov⁴, P. Mohite⁵, D. Garcia Saez⁵, B. Zych⁵, R. Hards⁵,
C. Bowles⁵, A. Moza⁵, F. De Robertis⁵, T. Bahrami⁵, M. Amrani⁵, N. Banner⁵, A. Simon⁵;
¹Liverpool (United Kingdom), ²Harefield (United Kingdom)
Discussant: M. Slaughter, Louisville

11:30  249*
Minimally invasive left ventricular assist device implantation in the elderly: lower mortality and improved intra-hospital outcome
Hannover (Germany)
Discussant: M. Morshuis, Bad Oeynhausen

Atrial fibrillation

Moderators: M. Castella, Barcelona; J. Maessen, Maastricht; S. P. Salzberg, Zurich

10:15
Disease burden of atrial fibrillation, stroke cerebral haemorrhage
M. Emmert, Zurich

10:30
Left atrial appendage closure (need to do it, how to do it, who to do it)
S. Salzberg, Zurich

10:45
Role of concomitant atrial fibrillation ablation
S. Benussi, Milan

11:00
Is there a role for surgical isolated ablation? Surgeon’s view
M. Castella, Barcelona

11:15
Is there a role for surgical isolated ablation? Cardiologist’s view
N. Van Mieghem, Rotterdam

11:30
What is the effect of ablation on atrial transport?
N. Doll, Stuttgart

Tuesday 8 October 2013 68 Acquired Cardiac Disease
10:15-11:45 Focus Session

Optimising training for better patient outcome

Moderators: L. Hamilton, Newcastle upon Tyne; J. L. Pomar, Barcelona; M. Siepe, Freiburg;

10:15
Training – an inconvenient necessity
M. Siepe, Freiburg

10:30
The ideal training programme
S. Livesey, Southampton

10:45
What can I do to deliver better training?
S. Kendall, Middlesborough

11:00
The prospect of a common training programme in Europe
R. Sádaba, Pamplona

11:15
Understanding better patient outcome
B. Bridgewater, Manchester

11:45-11:55 Award Ceremony

Hall D

Fontan Prize, Thoracic Prize, Leonardo da Vinci Award for Training Excellence

11:55-12:30 The Honoured Guest Lecture

Hall D

Evolving trends in the cardiovascular field: technological and non-technological aspects
V. Fuster, New York

12:45-14:00 Residents’ Luncheon

Crystal Lounge

The Clash of the Titans

Table 1: Off-pump or on-pump
P. Sergeant, Leuven

Table 2: Port-access or conventional
F. Mohar, Leipzig, R. Dion, Genk

Table 3: TAVI or AVR
M. Borger, Leipzig, A.P. Kappetein, Rotterdam

Table 4: TEVAR or TAAA
J. Bachet, Paris, M. Czerny, Zurich
Table 5: EJCTS or Annals
F. Beyersdorf, Freiburg, H. Edmunds, Philadelphia

Table 6: VATS lobectomy or thoracotomy
Hansen, F. Wells, Cambridge

Table 7: Closing small congenital programs
W Brawn, Birmingham, C. Schlensak; Tuebingen

Table 8: Invasive staging or imaging only
tba

12:45-14:00  Cardiovascular Simulation Award  Room 24

Cardiovascular Simulation Award: The aortic root
Moderators: P. Sergeant, Leuven; M. Turina, Zurich

12:45
Welcome and overview of Cardiovascular Simulator Award initiative
P. Sergeant, Leuven

12:50
2013 “aortic root simulator” submissions by the submitters, discussion by jury and public, strictly defined according to the total number of submissions

13:45
My Virtual anastomosis – digital education platform (during Jury deliberation)
V. Zahorska, Prague

13:55
Winner announcement & close
P. Sergeant, Leuven

14:15-17:45  Professional Challenges  Hall E1

14:15-14:55 Session 1: Transcatheter aortic valve implantation: crossing the chasm I
Moderators: F. Mohr, Leipzig; S. Senay, Istanbul; N. Van Mieghem, Rotterdam

Learning objectives

- To put transcatheter aortic valve implantation in perspective.
- To get insights in expert experience.

14:15
My personal most challenging transcatheter aortic valve implantation procedures
T. Walther, Bad Nauheim (Germany)

14:30 267
First registry results from the newly approved transapical Acurate transcatheter aortic valve implantation device
J. Kempfert1, D. Holzhey2, S. Hoffmann3, E. Girdauskas4, H. Treede5, H. Schroefel6, M. Thiemmann7, T. Walther8, 1Bad Nauheim (Germany), 2Leipzig (Germany), 3Bad Rothenfelde (Germany), 4Bad Berka (Germany), 5Hamburg (Germany), 6Karlsruhe (Germany), 7Essen (Germany)
Discussant: O. Wendler, London
Cerebral embolisation during transcatheter aortic valve implantation compared with surgical aortic valve replacement
A. Alassar, D. Roy, O. Valencia, S. Brecker, M. Jahangiri; London (United Kingdom)
Discussant: C. Huber, Berne

Paravalvular regurgitation after transcatheter aortic valve implantation is a non-predictable complication: a cusum analysis study
A. G. Cerillo, M. Murzi, E. Kallushi, A. Miceli, M. Mariani, S. Bevilacqua, S. Berti, M. Glauber; Massa (Italy)
Discussant: L. Hamilton, Newcastle upon Tyne

Radiation dose during transapical transcatheter aortic valve implantation
T. Drews, M. Pasic, R. Juran, A. Unbehaun, S. Dreysse, M. Kukucka, A. Mladenow, R. Hetzer, S. Buz; Berlin (Germany)
Discussant: N. Van Mieghem, Rotterdam

The economic impact of transcatheter aortic valve implantation – my personal appraisal
M. Mack, Plano (United States of America)

The value of repositioning transcatheter aortic valves
D. Holzhey, Leipzig (Germany)

Expanding the limits: transapical transcatheter aortic valve implantation for severe aortic regurgitation
D. Wendt, P. Kahlert, K. El Chilali, F. Al-Rashid, K. Tsagakis, R. Erbel, H. Jakob, M. Thielmann; Essen (Germany)
Discussant: T. Folliguet, Nancy

Transapical aortic valve implantation: predictors of five-year survival in 679 patients
A. Unbehaun, M. Pasic, T. Drews, A. Penkalla, S. Dreysse, M. Kukucka, R. Hetzer, S. Buz; Berlin (Germany)
Discussant: A. Rastan, Rotenburg

Emergency sternotomy during transcatheter aortic valve implantation: a single-centre analysis of more than 1800 consecutive patients
P. Kiefer, J. Seeburger, D. Holzhey, M. Vollroth, T. Noack, A. Linke, F. Mohr; Leipzig (Germany)
Discussant: T. Walther, Bad Nauheim

The impact of transcatheter aortic valve implantation on an ageing population – my personal appraisal
A. Vahanian, Paris

Transcatheter aortic valve implantation wrap up from a critical non-transcatheter aortic valve implantation surgeon
M. Antunes, Coimbra
Complex aortic valve surgery

Moderators: D. Fullerton, Aurora; H. Vetter, Wuppertal

Learning objectives

• Does complexity improve outcome?
• Durability of different techniques.

14:15 271
The Ross procedure enables similar long-term survival compared to a matched standard population and is superior to mechanical aortic valve replacement
M. Andreas1, D. Wiedemann1, G. Seebacher2, C. Rath1, R. Rosenhek1, A. Moritz3, G. Laufer1, A. Kocher1; 1Vienna (Austria), 2Krems (Austria), 3Frankfurt am Main (Germany)
Discussant: F. Costa, Sao Paulo

14:30 272
Does the Ross procedure provide the best biological option in young adults with severe aortic stenosis? Quebec City experience with 20-year follow-up
S. Mohammadi, D. Kalfa, D. Kalavrouziotis, M. Kharroubi, D. Doyle, J. Metras, J. Perron; Quebec City (Canada)
Discussant: H. Schäfers, Homburg/Saar

14:45 273
Long-term results (18 years) of the Ross operation: a single-institutional experience
F. Costa, C. Colatusso, S. Lopes, A. Ferreira, D. Fomazari, F. Farias, A. B. Costa, A. C. Costa; Curitiba (Brazil)
Discussant: S. Mohammadi, Quebec

15:00 274
Clinical outcomes and lessons learned with aortic valve repair in 508 patients
E. Chantos1, U. Stierle1, C. Tietze2, A. Karlüß1, T. Hanke1, M. Misfeld2, H. Sievers1; 1Luebeck (Germany), 2Leipzig (Germany)
Discussant: K. Vural, Ankara

15:15 275*
Early prosthetic valve degeneration with Mitroflow aortic valves: determination of incidence and risk factors
V. Joshi, K. Prosser, D. Richens; Nottingham (United Kingdom)
Discussant: J. Pepper, London

15:30 276
Mid-term results of the Freestyle aortic bioprosthesis in adults 60 years old or less
C. Willekes, L. Patzelt, J. Heiser, E. Murphy, T. Timek, R. Hooker; Grand Rapids (United States of America)
Discussant: S. Westaby, Oxford

The tricuspid enigma

Moderators: O. Alfieri, Milan; F. Casselman, Aalst

14:15 277
Seventeen-year experience of tricuspid ring annuloplasty: durability and risk factors for failure
Discussant: C. Huber, Berne
14:30 278
Undersized tricuspid annuloplasty allows right ventricular remodelling in patients with mitral disease
G. F. Serraino1, M. Rossi1, R. Lorusso2, A. Renzulli1; 1Catanzaro (Italy), 2Brescia (Italy)
Discussant: M. De Bonis, Milan

14:45 279
Prophylactic tricuspid annuloplasty in patients with dilated tricuspid annulus undergoing mitral surgery for degenerative mitral regurgitation: a prospective randomised study
M. De Bonis, M. C. Calabrese, G. La Canna, E. Lapenna, T. Nisi, G. Di Giannuario, E. Alati, O. Alfieri; Milan (Italy)
Discussant: S. Demertzis, Lugano

15:00 280
Surgical results of reoperative tricuspid surgery: analysis from the Japan Cardiovascular Surgery Database
N. Umehara, S. Saito, H. Tsukui, K. Yamazaki, N. Motomura, H. Miyata; Tokyo (Japan)
Discussant: M. Antunes, Coimbra

15:15 281*
Long-term outcomes (up to 16 years) of tricuspid valve replacement after previous left-sided heart surgery
N. Buzzatti, G. Iaci, M. Taramasso, T. Nisi, E. Lapenna, M. De Bonis, F. Maisano, O. Alfieri; Milan (Italy)
Discussant: G. Dreyfus, Monte-Carlo

15:30 282
Tricuspid valve replacement: propensity score-matched analysis between mechanical and bioprosthesis valves
H. Y. Hwang, K. Kim, K. Kim, H. Ahn; Seoul (Korea)
Discussant: F. Barili, Cuneo

14:15-15:45 Abstracts
Hall F2

Unpopular problems
Moderators: A. Apaydin, Izmir; T. Kieser, Calgary; M. Sousa Uva, Lisbon;

14:15 283
Practice changes in blood glucose management following open heart surgery: from a prospective randomized study to everyday practice
N. Ad, L. Halpin, A. Rongione, A. Speir, G. Pritchard, S. Holmes; Falls Church (United States of America)
Discussant: J. J. M. Takkenberg, Rotterdam

14:30 284
The impact of preoperative neurological events in patients suffering from native infective valve endocarditis
M. Wilbring, K. Matschke, S. Tugtekin; Dresden (Germany)
Discussant: R. Klautz, Leiden

14:45 285
Impact of vacuum-assisted closure therapy on outcome of sternal wound dehiscence
V. Tarzia, M. Carrozzini, G. Bortolussi, J. Bejko, M. Comisso, M. De Franceschi, T. Bottio, G. Gerosa; Padua (Italy)
Discussant: S. Datta, Manchester
Extracorporeal membrane oxygenation – extracorporeal life support II: in combination with other devices

Moderators: F. Collart, Marseille; N. Khaladj, Munich

14:15 288*

Let it beat. Extracorporeal membrane oxygenation in primary graft failure after heart transplantation: how to maximise the weaning rate and survival with a multidisciplinary and integrated approach
G. Raffa, M. Pilato, S. Sciacca, M. Turrisi, G. D’Ancona, V. Stringi, A. Armaro, G. Santise; Palermo (Italy)
Discussant: T. Carrel, Berne

14:30 289

Extracorporeal membrane oxygenation in primary cardiogenic shock: the impact of acute versus chronic aetiology on outcome
V. Tarzia, G. Bortolussi, R. Bianco, A. Marzari, L. Cacciavillani, S. Iliceto, T. Bottio, G. Gerosa; Padua (Italy)
Discussant: F. Beyersdorf, Freiburg

14:45 290*

Left ventricular assist device implantation with extracorporeal membrane oxygenator support in INTERMACS level 1 patients
Discussant: M. Kirsch, Paris

15:00 291*

Survival of patients on extracorporeal life support after subsequent left ventricular assist device implantation
D. Schibisky, C. Haller, T. Krüger, T. Walker, C. Schlensak; Tuebingen (Germany)
Discussant: M. Rossi, Catanzaro

15:15 292

Percutaneous extracorporeal life support for patients in therapy-refractory cardiogenic shock
N. Khaladj, M. Fischer, S. Guenther, I. Kaczmarek, H. Theiss, S. Massberg, F. Born, C. Hagl; Munich (Germany)
Discussant: A. Mortiz, Frankfurt

15:30 293*

Extracorporeal life support for cardiogenic shock: influence of concomitant intra-aortic balloon counterpulsation
S. K. Ro¹, J. B. Kim², S. H. Jung², S. J. Choo², C. H. Chung², J. W. Lee²; ‘Guri-si (Korea), Seoul (Korea)
Discussant: P. Achouh, Paris
14:15-15:45  Focus Session

All you want to know about percutaneous mitral valve repair
*Moderators: H. Reichenspurner, Hamburg*

14:15  
Introduction  
O. Alfieri, Milan

14:20  
Procedural overview and key steps  
S. von Bardeleben, Mainz

14:30  
Treating patients with heart failure and functional mitral regurgitation  
H. Reichenspurner, Hamburg

14:40  
Combining live x-ray and echo guidance for mitral valve procedures with EchoNavigator  
S. von Bardeleben, Mainz

14:55  
How percutaneous mitral valve repair therapy impact the cardiac surgical activity  
F. Maisano, Zurich

15:15  
Take home message  
H. Reichenspurner, Hamburg

This session is supported by an unrestricted educational grant from Abbott Vascular International BVBA and Philips Healthcare.

14:15-15:45  Focus Session

Nightmares in cardiothoracic surgery
*Moderators: L. Hamilton, Newcastle upon Tyne; M. Scarci, Cambridge*

14:15  
Nightmares in cardiothoracic surgery  
S. Nashef, Cambridge

14:35  
Nightmares in cardiothoracic surgery  
P. Van Schil, Edegem

14:55  
Nightmares in cardiothoracic surgery  
J. Seeburger, Leipzig

15:15  
Nightmares in cardiothoracic surgery  
A. Sihoe, Kowloon
Minimally invasive aortic valve surgery

Moderators: M Glauber, Massa; O. Wendler, London;

Learning objectives

• Any benefits.
• Role of sutureless valves.

16:15 315
Benefits of minimally invasive over full sternotomy aortic valve replacement surgery: a propensity-matched comparison
D. Merk, S. Lehmann, P. Dohmen, D. Holzhey, M. Misfeld, F. Mohr, M. Borger; Leipzig (Germany)
Discussant: M Glauber, Massa

16:30 316*
Ministernotomy versus conventional sternotomy for aortic valve replacement: propensity score analysis of 808 patients
N. Furukawa1, A. Aboud1, M. Schönbrodt1, A. Renner1, K. Hakim1, T. Becker1, A. Zittermann1, K. Oliver2, J. Gummert1, J. Börgermann1; 1Bad Oeynhausen (Germany), 2Halle (Germany)
Discussant: M. Rinaldi, Turin

16:45 317
Comparison of anterolateral minithoracotomy versus hemisternotomy in minimally invasive aortic valve replacement: a single-centre study
S. Semsroth, A. Heinz, J. Dumfarth, L. Mueller, M. Grimm, E. Ruttmann-Ulmer; Innsbruck (Austria)
Discussant: E. Brinkman, Amsterdam

17:00 318*
Minimally invasive aortic valve replacement with the Perceval S sutureless valve: early outcomes and mid-term survival from two European centres
A. Miceli1, G. Santarpino2, S. Pfeiffer3, M. Murzi1, D. Gilmanov1, G. Concistré3, M. Ferrari1, M. Solinas1, T. Fischlein3, M. Glauber1; 1Massa (Italy), 2Schwanstetten (Germany), 3Nuremberg (Germany)
Discussant: M. Schmoeckel, Hamburg

17:15 319
Monitoring the learning curve and quality of care during re-engineering towards right minithoracotomy Perceval S sutureless bioprosthesis implantation: a single-institution experience with 135 patients
M. Murzi, A. Miceli, D. Gilmanov, P. Farneti, A. Cerillo, M. Solinas, M. Glauber; Massa (Italy)
Discussant: R. Almeida, Cascavel
Film II

Moderators: C. K. C. Choong, Melbourne; J. T. Cremer, Kiel; P. Kolh, Liege

16:15 320-I
Aortic valve and root "restoration" for aortic root aneurysm
D. Mazzitelli1, C. Nöbauer1, J. S. Rankin2, A. Wagner1, C. Schreiber1, R. Lange2;1Munich (Germany), 2Nashville (United States of America)
Discussant: T. Carrel, Berne

16:30 321-I
Video-assisted minithoracotomy sutureless aortic valve replacement with the Enable I® device
M. Vola, J. F. Fuzellier, S. Campisi, J. B. Bouchet, M. Faure; St Etienne (France)
Discussant: D. Wendt, Essen

16:45 322-I
Looking for a better way to reconstruct the bicuspid aortic valve by tricuspidisation with autologous pericardium
I. Kawase1, S. Ozaki2, H. Yamashita3, S. Uchida3, Y. Nozawa3, M. Takatoh3, S. Hagiwara4;1Adachi-ku (Japan), 2Tokyo (Japan)
Discussant: P. Urbanski, Bad Neustadt

17:00 323-I
Stand-alone minimally invasive maze surgery with bipolar radiofrequency
S. Benussi, A. Pozzoli, A. Fumero, D. Schiavi, O. Alfieri; Milan (Italy)
Discussant: T. Hanke, Luebeck

17:15 324-I
Intracardiac endoscopic and angiographic view of step-by-step transcatheter aortic valve implantation in a beating porcine heart: transcatheter valve platform
G. Gelpi, C. Romagnoni, R. Vismara, A. Leopaldi, A. Mangini, M. Contino, C. Antona; Milan (Italy)
Discussant: F. Mohr, Leipzig

Arrhythmia II

Moderators: M. Mariani, Groningen; S. P. Salzberg, Zurich; O. Victal, Guadalajara Jalisco

16:15 325
Totally endoscopic surgical epimyocardial ablation in patients turned down for catheter treatment due to persistent lone atrial fibrillation and significant atrial dilatation
F. Wagner, L. Conradi, B. Hofmann, S. Willems, H. Reichenspurner; Hamburg (Germany)
Discussant: C. Muneretto, Brescia

16:30 326
Endoscopic ablation by a unilateral approach (left chest) for lone atrial fibrillation: a single-centre experience in 100 consecutive patients
J. Mei, Shanghai (China)
Discussant: N. Doll, Stuttgart

16:45 327
The safety and feasibility of surgical ablation of atrial fibrillation in patients with severely reduced left ventricular ejection fraction
16:15-17:45 Focus Session

Bench to bedside: a tricky journey to clinical translation!


16:15
Pre-/Post-conditioning: powerful experimental protection but questionable surgical efficacy!
D. Chambers, London

16:35
Why haven’t stem cells fulfilled their clinical potential?
P. Menasche, Paris

16:55
Tissue engineered valves/conduits: future clinical reality or experimental fantasy?
A. Haverich, Hannover

17:15
A personalised, engineered sleeve for the ascending aorta
J. Pepper, London

17:35
Discussion
Advanced hemodynamic management in high-risk cardiac surgery

Moderators: M. Loebe, Houston; S. Maltais, Nashville

16:15
Global surgical perspective on advanced hemodynamic management
A.P. Kappetein, Rotterdam

16:25
What’s the problem? The right ventricle is the new left ventricle
M. Loebe, Houston

16:35
What is advanced hemodynamic management?
S. Roth, New York

16:45
Live-in-a-Box Video Presentation: Post-Operative Advanced hemodynamic management of the LVAD Patient
S. Maltais, Nashville

17:00
Live-in-a-Box Video Presentations: Proactive Management of the right ventricle – The Washington University Experience
S. Silvestry, St. Louis

17:15
Live-in-a-Box Video Presentations: ECMO weaning protocol for ventricular recovery
H. Hirose, Philadelphia

17:30
Post-Operative heart failure in complex CT surgery patients
F. Vanhuyse, Nancy

17:40
Summary Remarks (Moderators)

This session is generously supported by an unrestricted educational grant from ImaCor Inc.
08:30–11:00 Session 1: Controversies and catastrophes in cardiac surgery
Moderators: D. Aicher, Homburg/Saar; G. Dahle, Oslo; E. M. Delmo Walter, Berlin

08:30
Introduction, welcome address
M. Shrestha, Hannover

08:35
Edge to edge repair for Mitral valve insufficiency, all smoke and no fire?
O. Alfieri, Milan

08:55
Is there a place for suture-less aortic valves after Partner trial?
G. Fontana, New York

09:15
Completion coronary angiography after coronary artery bypass graft: why bother?
J. Bauersachs, Hannover

09:35
Thoracic endovascular aortic repair is the future for ascending aortic diseases
A. Khoynezhad, Los Angeles

09:55
Thoracic endovascular aortic repair, a new disease complex
D. Pacini, Bologna

10:15
Lack of cardiac surgery residents. Is the surgical training to blame?
C. Munsch, Leeds

10:35
Easy compliance to the EU’s working time directive as a strategic advantage in recruiting high potentials
T. Schilling, Hannover

10:55 Break

11:20–13:00 Session 2: CPB Simulator (in co-operation with Medtronic)
E. Beckmann, Hannover

13:00
Closing remarks
M. Shrestha, Hannover

08:30–11:00 Advanced Techniques
Implantation techniques of transcatheter aortic valve implantation: Practical approach
Moderators: L H. Amrane, Leeuwarden; T Modine, Lille

08:30
Results of direct aortic access implantation of transcatheter heart valves
G Bruschi, Milan

08:50
Alternative approaches for transcatheter self-expanding aortic valves: when, why and how to choose an access?
T. Modine, Lille
Ministernotomy or mini-thoracotomy: How to choose, advantages and technical aspects
V. Bapat, London

Technique of direct aortic access implantation of transcatheter heart valves; tips and tricks, video of the procedure
H. Amrane, Leeuwarden

Transapical aortic valve implantation: tips, tricks and review of the current devices
H. Treede, Hamburg

Wrap up

This session is generously supported by an unrestricted educational grant from Medtronic.

09:00-10:30 Advanced Techniques

Right ventricular failure
Moderators: J. Lahpor, Utrecht; J. Pepper, London

09:00 Film: A different approach to right ventricular failure
G. Gerosa, Padua

09:15 How to avoid right ventricular failure
S. Tsui, Cambridge

09:30 How to treat right ventricular failure
A. Simon, Harefield

09:45 332 Minimally invasive right ventricular assist device implantation technique improves the outcome of patients with perioperative right ventricular failure
D. Saeed, A. Albert, B. Maxhera, H. Kamiya, A. Lichtenberg; Dusseldorf
Discussant: J. Dunning, Cambridge

09:55 333 Benefit of concomitant tricuspid valve repair in patients undergoing left ventricular assist device implantation
T. Fujita¹, H. Hata², O. Seguchi², M. Yanase², Y. Murata², Y. Shimahara², S. Sato², T. Nakatani², J. Kobayashi²; ¹Suita, ²Osaka
Discussant: J. Kluin, Utrecht

10:05 334 Selective reduction of afterload in right heart assist therapy
J. Unterkofler, A. Goetzenich, P. L. Hsu, C. Egger, T. Schmitz-Rode, U. Steinseifer, R. Autschbach; Aachen
Discussant: A Simon, Harefield

10:15 Results of biventricular assist device
T. Krabatsch, Berlin
09:00-18:10 Techno College

How to do it, with Live-in-a-Box?

Moderators: J. L. Pomar, Barcelona; P. Sardari Nia, Schoten

09:00
How to do a VATS lobectomy
A. Sihoe, Kowloon

09:20
How to do a Nuss procedure
H. K. Pilegaard, Aarhus

09:40
How to do a total arterial revascularization
P. Sardari Nia, Schoten

10:00
How to do a Bentall procedure
C. Mestres, Barcelona

10:30 Break

11:00
How to do an aortic valve repair
G. El Khoury, Brussels

11:20
How to do a tricuspid valve repair
O. Alfieri, Milan

11:40
How to do a Maze IV procedure
F. Casselman, Aalst

12:00
How to do a Redo-operation
F. Bakhtiar, Leipzig

09:00-13:00 Advanced Techniques Wetlab

Valve sparing aortic root replacement

Moderator: R Sádaba, Pamplona

Lecture: Introduction to the techniques
Remodelling technique: E. Lansac, Paris
Reimplantation technique: Mark Redmond, Dublin

Wet lab:
Remodelling technique:
E. Lansac, Paris
J. Vojacek, Hradec Kralove

Reimplantation technique:
M. Redmond, Dublin
L. Nölke, Dublin

The course is restricted to 80 registered Annual Meeting delegates.
Registration on a first-come, first-served basis.

Registration: Fee €20.00 including VAT.
09:00-10:00 Session 1: Introduction to mitral valve repair
Moderators: D. Pagano, Birmingham

09:00
Anatomy of the mitral valve. Pathophysiology of mitral regurgitation – Carpentier classification – leaflet pathologies. Essential echo for the surgeon
S. Livesey, Southampton

09:20
Approaches to the mitral valve; surgical exposure; valve analysis; principles of valve repair; role of annuloplasty rings
J. I. Saez De Ibarra, Palma de Mallorca

09:40
Surgical techniques – leaflet resection; artificial chords; ring sizing and implantation; the water test; complications of mitral valve repair
S. Cánovas, Murcia

10:30–13:00 Session 2: Wetlab – Mitral valve repair
Moderators: S. Livesey, Southampton

10:30
Orientation and anatomy
10:50
Triangular resection
11:10
Implantation of artificial chords
11:30
Ring implantation

The course is restricted to 40 registered Annual Meeting delegates. Registration on a first-come, first-served basis.
How to perform a MitraClip procedure

Learning objectives
During this wetlab, the attendees will be able to:

• learn all procedure steps
• interact with PMVR device
• obtain answers on technical & clinical questions.

09:00
Welcome
F. Alamanni; P Denti, Milan

09:10
Deep dive in understanding the PMVR procedure
F. Alamanni; P Denti, Milan

09:55
Hands-on PMVR
F. Alamanni; P Denti, Milan

The course is restricted to 25 registered Annual Meeting delegates. Registration on a first-come, first-served basis

This session is supported by unrestricted educational grant from Abbott Vascular International BVBA.
Thoracic Disease Domain Programme

Chair: Franca Melfi, Pisa
Cliff K. C. Choong, Victoria
Jose Ribas Milanez De Campos, Sao Paulo
Godehard Friedel, Gerlingen
Marcelo F. Jimenez, Salamanca
Peter B. Licht, Odense
Douglas J. Mathisen, Boston
Pala Babu Rajesh, Birmingham
Marcin Zielinski, Zakopane

Ex officio: Jose L Pomar, Barcelona
A. Pieter Kappetein, Rotterdam
Ralph A. Schmid, Berne
Paul E. Van Schil, Antwerp

Saturday 5 October 2013
Techno College

Sunday 6 October 2013
Plenary: Life is short and the art long
Postgraduate Education
Thoracic Disease Programme
Nurses, Nurse Practitioners and
Physician Assistants Programme
Professional Development
Teach the teacher

Monday 7 October 2013
Scientific Abstract Sessions
Oncology Session I: VATS /sleeve
resections
Non-Oncology Session I
Oncology Session II: Adenocarcinoma
Thoracic experimental: Translational
research in thoracic surgery
Chest wall
Mediastinum
Non-Oncology Session II
Professional Development
Leadership
Non-technical skills for surgeons
Focus Sessions
Work-in-progress abstract session
Plenary: The Presidential Address:
J. L. Pomar, Barcelona
"Talent or training"

Tuesday 8 October 2013
Scientific Abstract Sessions
Oncology Session III: Lung resections
Thoracic miscellaneous
Oncology Session IV: Staging and
lymph nodes involvement
Lung transplantation
Oesophagus
Focus Sessions
Nightmares in cardiothoracic surgery
Malignant pleural mesothelioma
How to sell your research
Optimising training for better
patient outcome
Plenary: The Honoured Guest
Lecture: V. Fuster
“Evolving trends in the cardiovascular
field: technological and non-
technological aspects”

Wednesday 9 October 2013
Advanced Techniques
Learning from experience, challenging
cases, advanced techniques
How to do it, with live-in-a-box?
Chest wall resection and sleeve
resection (WetLab)
Session 1: Thoracic oncology – from minimally to maximally invasive surgery – I

Moderators: P. B. Licht, Odense; G. Rocco, Naples; R. Schmid, Berne

09:30
Current role of positron emission tomography – computed tomography in mediastinal staging of non-small-cell lung carcinoma
Dr Duccio Volterrani, Pisa

10:00
Endobronchial ultrasound-guided transbronchial needle aspiration for lung cancer staging
F. Herth, Heidelberg

10:30
Extended mediastinoscopy (video-assisted mediastinoscopic lymphadenectomy)
M. Huertgen, Koblenz

11:00
Transcervical extended mediastinal lymphadenectomy
M. Zielinski, Zakopane

11:30
Surgical lymph node staging prior to and at the time of major lung resection for non-small-cell lung carcinoma
M. Dusmet, London

12:00
3D image guided surgery for small pulmonary nodules
H. Isringhaus, Voelklingen

12:15
Discussion

Live surgery – live Ebus broncoscopy
J. Guarize, Milan

Live surgery – extended mediastinoscopy
R. Rami-Porta, Barcelona

13:00
Lunch

14:30–17:00 Session 2: Thoracic oncology – from minimally to maximally invasive surgery – II

Moderators: P. B. Licht, Odense; G. Rocco, Naples; R. Schmid, Berne

14:30
Minimally invasive segmentectomy
W. Walker, West Lothian

15:00
Limit of minimally invasive technique
P. B. Licht, Odense
15:30
Extended resection by bypass
P. Dartevelle, Le Plessis Robinson

16:00
Extended laryngeal tracheal resection
D. Mathisen, Boston

16:30
Discussion

Live surgery – video-assisted thoracic surgery segmentectomy
D. Gossot, Paris

Live surgery – video-assisted thoracic surgery lobectomy
P. Solli, Milan

Live surgery – extended resections
L. Spaggiari, Milan
08:30-10:00  Plenary

Life is short and the art long
Moderators: J. L. Pomar, Barcelona; T Sundt, Boston

08:30  
Attention to detail in a dumbed-down world
P. Sergeant, Leuven

08:45  
Discussion

08:50  
Over regulation or anarchy?
D. Barron, Birmingham

09:10  
Discussion

09:15  
Training is broken and there is no quick fix
M. Dusmet, London

09:30  
Discussion

09:35  
Wire or Knife? Not to go where the puck is but to go where the puck will be
M. Czerny, Zurich

09:50  
Discussion

10:30-16:30  Postgraduate Education

10:30–12:00 Session 1: Interactive session on the management of challenging mediastinal cases
Moderators: F Melfi, Pisa; P. E. van Schil, Edegem

10:30  
Illustrative cases will be presented by each speaker and discussed in an interactive way
C. K. C. Choong, Melbourne

10:50  
Illustrative cases will be presented by each speaker and discussed in an interactive way
J. Rückert, Berlin

11:10  
Illustrative cases will be presented by each speaker and discussed in an interactive way
P. Rajesh, Birmingham

11:30  
Illustrative cases will be presented by each speaker and discussed in an interactive way
A. Sihoe, Kowloon
12:30–14:00 Session 2: Challenging infectious diseases
Moderators: M. Lucchi, Pisa; D. Subotic, Belgrade;

12:30
Complex tuberculosis cases
P. Yablonskii, Saint-Petersburg

12:50
From an easy to treat tuberculosis to nightmare
A. Sihoi, Kowloon

13:10
Lung hydatidosis
D. Subotic, Belgrade

13:30
Descending necrotizing mediastinitis – from odontogenic infection to peritonitis
D. Stojakov, Belgrade

14:00–15:15 Session 3: Controversies in sympathetic surgery
Moderators: E. Belcher, Oxford; D. Mathisen, Boston

14:00
Illustrative cases will be presented by each speaker and discussed in an interactive way
G. Rocco, Naples

14:20
Illustrative cases will be presented by each speaker and discussed in an interactive way
H. Covelliers, Amsterdam

14:40
Illustrative cases will be presented by each speaker and discussed in an interactive way
P. B. Licht, Odense

15:15–16:30 Session 4: Major complications after thoracic surgery
Moderators: P. B. Rajesh, Birmingham; D. Mathisen, Boston

15:15
American experience (major airway)
D. Mathisen, Boston

15:30
European experience (major airway and lung)
P. Dartelle, Le Plessis Robinson

15:45
United Kingdom experience (pleura, chest wall and bronchus)
M. Kalkat, Birmingham

16:00
Australian experience (airways, lung and mediastinum)
C. K. C. Choong, Melbourne
14:00-15:00  Circulating viewpoints  

Hall E2

14:00  
Introduction  
*A.P. Kappetein, Rotterdam*

14:05  
Pride and Prejudice in cardio-thoracic surgery  
*B.E. Keogh, London*

14:35  
Tales of a travelling surgeon in Africa  
*P. Simon, Vienna*

10:30-16:30  Postgraduate Education  

Hall H

Nurses, Nurse Practitioners and Physician Assistants Programme  
See programme page 32 for details

10:00-16:30  Professional Development  

Room 1

Teach the Teacher  
*Faculty: G. Kitchingman, London; P. Newman, London*

See programme page 34 for details
Oncology I: video-assisted thoracoscopic surgery/sleeve resections

Moderators: W. Klepetko, Vienna; P. B. Rajesh, Birmingham;

08:15 034
Video-assisted thoracoscopic surgery sleeve lobectomy with bronchoplasty: an improved operative technique
Y. Li, Beijing (China)
Discussant: P. Rajesh, Birmingham

08:30 035
Robotic lobectomy for lung cancer: evolution in technique and technology
F. Melfi, O. Fanucchi, F. Davini, C. Zirafa, S. Korasidis, A. Musi; Pisa (Italy)
Discussant: R. Milton, Leeds

08:45 036*
Bronchial sleeve resection after induction therapy for treatment of non-small-cell lung cancer: effect on bronchial healing
M. Schiavon, A. Rebusso, G. Marulli, A. Zuin, E. Verderi, G. M. Comacchio, M. Loy, F. Rea; Padua (Italy)
Discussant: D. Mathisen, Boston

09:00 037
Should males ever undergo wedge resection for stage 1 non-small-cell lung cancer? A propensity analysis
N. Mediratta, M. Shackcloth, M. Shaw, J. McShane, M. Poullis; Liverpool (United Kingdom)
Discussant: P. Ciriaco, Milan

09:15 038
Does sleeve lobectomy really lead to a better perioperative outcome than pneumonectomy in the treatment of non-small-cell lung cancer?
A. Zuin, L. Andriolo, G. Marulli, M. Schiavon, C. Breda, S. Nicotra, G. Cibin, F. Rea; Padua (Italy)
Discussant: P. De Leyn, Leuven

09:30 039
Laser resection in the treatment of lung metastases: analysis of our first 100 cases and review of the literature
S. Sanna, M. Taurchini, M. Monteverde, M. Mengozzi, D. Argnani, D. Dell’Amore; Forli (Italy)
Discussant: K. Athanassiadi, Athens

Non-oncology I

Moderators: A. Sihoe, Kowloon; T. Walles, Wuerzburg

08:15 040
Vacuum-assisted closure therapy in thoracic surgery: a preliminary report
S. Sanna, M. Monteverde, M. Taurchini, M. Mengozzi, D. Argnani, D. Dell’Amore; Forli (Italy)
Discussant: G. Kocher, Berne

08:30 041
Surgery in pulmonary tuberculosis
R. Santosham, R. Santosham; Chennai (India)
Discussant: D. Subotic, Belgrade
08:45 042
The association of body mass index and outcomes after major lung resection
M. Ferguson, H. K. Im, S. Watson, E. Johnson, W. Vigneswaran; Chicago (United States of America)
Discussant: tba

09:00 043
Comparison of 102 patients with complicated and intact pulmonary hydatid cysts: comprehensive evaluation of specifications and surgical methods with long-term results
A. Balci1, M. Özyurtkan1, M. akmak2; 1Elazig (Turkey), 2Diyarbakir (Turkey)
Discussant: A. Sihoe, Kowloon

09:15 044*
A new surgical procedure for palmar hyperhidrosis: is it possible to perform endoscopic sympathectomy under intravenous anaesthesia without intubation?
H. Tang, L. Xue, Z. Xu, B. Li, X. Zhao, B. Wu; Shanghai (China)
Discussant: G. Rocco, Naples

09:30 045*
The role of preoperative intrathecal diamorphine injection in thoracic surgery: single-unit experience
M. Zakkar, C. Tan, I. Hunt; London (United Kingdom)
Discussant: C. K. C. Choong, Melbourne

08:15-11:45  Professional Development  
Room 33

Leadership
Faculty: P. Newman, London; G. Kitchingman, London

See page 41 for programme details

08:15-09:45  Professional Development  
Room 1

Non-technical skills for surgeons
Faculty: S. Paterson-Brown, N. Maran; Edinburgh

See page 42 for programme details

10:15-11:45  Abstracts  
Hall I

Oncology II: Adenocarcinoma
Moderators: K. Athanassiadi, Athens; P. E. van Schil, Edegem;

10:15 080
Limitations of Cox regression for survival analysis in thoracic surgery
M. Poullis, Liverpool (United Kingdom)
Discussant: M. Lucchi, Pisa

10:30 081*
In the new adenocarcinoma classification, the histopathological finding "invasion" reflects the presence of isolated tumour cells
S. Funaki, N. Sawabata, M. Okumura; Suita, Osaka (Japan)
Discussant: C. K. C. Choong, Melbourne
10:45 082*
Surgical management of pulmonary adenocarcinoma presenting as pure ground-glass nodule
S. H. Choi, S. Park, D. K. Kim, Y. Kim, H. R. Kim, G. D. Lee, H. J. Sim, E. Chae; Seoul (Korea)
Discussant: P. van Schil, Edegem

11:00 083
Prognostic factors and clinical outcome of patients with peripheral N0 adenocarcinoma
L. Luzzi¹, G. Marulli², A. De Palma³, F. Meniconi¹, F. Stocca², M. Loizzi³, F. Rea³, G. Gotti¹; ¹Siena (Italy), ²Padua (Italy), ³Bari (Italy)
Discussant: M. Dusmet, London

11:15 084
Adenosquamous carcinoma of the lung: prognostic factors and outcomes
D. Galetta, A. Borri, R. Gasparri, F. Petrella, A. Tessitore, M. Casiraghi, L. Spaggiari; Milan (Italy)
Discussant: F. Melfi, Pisa

11:30 085
The feasibility of segmental resection in lung cancer with ground glass opacity
H. Iwata, K. Shirahashi, Y. Mizuno, M. Matsui, H. Takemura; Gifu (Japan)
Discussant: R. Schmid, Berne

10:15-11:45 Abstracts

Thoracic experimental

Moderators: R. Schmid, Berne; T. Walles, Wuerzburg;

Learning objectives
• Translational research in thoracic surgery.
• To discuss laboratory research to clinical application.

10:15 086*
A new strategy in the treatment of chemoresistant lung adenocarcinoma via siRNA specific silencing of SRF, E2F1, SURVIVIN, HIF and STAT 3
M. G. Stoleriu, V. Steger, M. Mustafi, W. Schneider, H. P. Wendel, T. Walker, C. Schlensak; Tuebingen (Germany)
Discussant: T. Walles, Wuerzburg

10:30 087
Can sympathetic nerve damage be reversed?
M. Erol, H. Salci, S. Peker, H. Melek, A. Bayram, C. Gebitekin; Bursa (Turkey)
Discussant: G. Rocco, Naples

10:45 088
Transfected autologous fibroblasts on an acellular dermal scaffold proliferate in host bronchial tissue and enhance bronchial anastomotic healing in a rodent model
E. Roessner, M. Vitaclonna, A. Schulmeister, C. Tsagogiorgas, M. Brockmann, P. Hohenberger; Mannheim (Germany)
Discussant: G. Kocher, Berne

11:00 089
Mesenchymal stem cells in the treatment of chronic fistula of the main bronchus
I. Polyakov, V. Porhanov, A. Kovalenko, V. Kononenko, A. Selvashuk; Krasnodar (Russian Federation)
Discussant: H. J. Ankersmit, Vienna
Significant increase in circulating tumour cells in pulmonary venous blood during surgical manipulation in patients with primary lung cancer

M. Hashimoto1, F. Tanaka2, K. Yoneda1, T. Takuwa1, S. Matsumoto1, N. Kondo1, Y. Okumura1, S. Hasegawa1; 1Nishinomiya (Japan), 2Kitakyusyu (Japan), 3Itami (Japan)

Discussant: G. Friedel, Gerlingen

Human isolated perfused lung models demonstrate compensation of pulmonary vasoconstriction in response to reoxygenation

P. Ariyaratnam, R. Bennett, A. Morice, S. Griffin, M. Chaudhry, M. Cowen, A. Cale, L. Guvendik, M. Loubani; Cottingham (United Kingdom)

Discussant: K. Hotzenecker, Vienna

11:50-12:30 The Presidential Address

Hall D

Talent or Training

J. L. Pomar, Barcelona

14:15-15:45 Abstracts

Hall I

Chest wall

Moderators: H. K. Pilegaard, Aarhus; M. Yuksel, Istanbul

14:15 119 Primary chest wall chondrosarcomas: results of surgical resection and analysis of prognostic factors

G. Marulli1, U. Pastorino1, G. Cardillo2, L. Luzzi3, L. Duranti4, L. Carbone4, G. Gotti4, F. Rea1; 1Padua (Italy), 2Milan (Italy), 3Rome (Italy), 4Siena (Italy)

Discussant: E. Fadel, Le Plessis Robinson

14:30 120 Minimally invasive repair of pectus carinatum

M. Yuksel, K. Bostanci, O. Ermerak, A. Issaka, H. Ozalper; Istanbul (Turkey)

Discussant: tba

14:45 121 Management of malignant chest wall tumours: a multidisciplinary approach improves outcomes

V. Rogers, D. Eaton, P. Rajesh, R. Steyn, E. Bishay, B. Naidu, H. Khalil, M. Djearaman, M. Kalkat; Birmingham (United Kingdom)

Discussant: tba
15:00 122
Rib tumours: a 15-year experience
T. Sakellaridis, S. Gaitanakis, A. Piyis; Athens (Greece)
Discussant: tba

15:15 123
Treatment alternatives for traumatic rib fractures: comparison of operative fixation and conservative approach
A. Balci1, M. Özyurtkan1, M. akmak2; 1Elazig (Turkey), 2Diyarbakir (Turkey)
Discussant: M. Samano, Sao Paulo

15:30 124*
Chest wall tumours and prosthetic reconstruction: a comparative analysis of functional outcome
G. Leuzzi, D. Nachira, P. Novellis, A. Cesario, L. Petracca-Ciavarella, V. Porziella, S. Margaritora, P. Granone; Rome (Italy)
Discussant: F. Rea, Padua

14:15-15:45 Abstracts

14:15 125
Thymectomy in myasthenia gravis: proposal for a predictive score of postoperative myasthenic crisis
S. Margaritora1, E. Meacci1, G. Leuzzi1, M. Chiappetta1, V. Dall’Armi1, G. Cusumano2, M. Pastina1, P. Granone1; 1Rome (Italy), 2Catania (Italy)
Discussant: M. Lucchi, Pisa

14:30 126
Comparison between trans-sternal and video-assisted thoracoscopic thymectomy for thymoma
I. Manoly1, K. Amer2, E. Woo2, G. Casali3, R. Whistance4, R. Sreekumar2, S. Khawaja2, J. Thorpe2; 1Manchester (United Kingdom), 2Southampton (United Kingdom), 3Bristol (United Kingdom), 4Leeds (United Kingdom)
Discussant: G. Marulli, Padua

14:45 127*
18-fluorine fluorodeoxyglucose positron emission tomography in the pretreatment evaluation of thymic epithelial neoplasms: a “metabolic biopsy” confirmed by Ki-67 expression
A. Viti, L. Bertolaccini, A. Cavallo, A. Bianchi, M. Fortunato, A. Terzi; Cuneo (Italy)
Discussant: K. Athanassiadi, Athens

15:00 128*
Is sacrificing the phrenic nerve during thymoma resection worthwhile?
S. Hamdi1, O. Mercier1, E. Fadel1, S. Mussot1, D. Fabre1, B. Besse2, T. Le Chevallier2, P. Darteevelle1; 1Le Plessis Robinson (France), 2Villejuif (France)
Discussant: R. Schmid, Berne

15:15 129
Transcervical thymectomy with partial sternal split in the treatment of myasthenia gravis
A. Oliaro, E. Ruffini, P. L. Filosso, A. Sandri; Turin (Italy)
Discussant: D. Subotic, Belgrade

15:30 130
Treatment strategies in the management of severe complications following slide tracheoplasty in children
J. L. Anton-Pacheco, J. V. Comas, C. Luna, I. Benavent, M. Lopez, V. Ramos; Madrid (Spain)
Discussant: D. Mathisen, Boston
Non-oncology II

**Moderators:** G. Rocco, Naples; W. Weder, Zurich

**16:15** 165

Uniportal thoracoscopic bullectomy for recurrent primary spontaneous pneumothorax: is uniportal surgery without the use of special devices feasible?

S. H. Kim, K. N. Han, C. H. Kang, I. K. Park, Y. T. Kim; Seoul (Korea)

Discussant: G. Rocco, Naples

**16:30** 166

An emphysema multidisciplinary team is an integral part of a successful lung volume reduction surgery programme

I. Oey, S. Rathinam, M. Steiner, M. Morgan, D. Waller; Leicester (United Kingdom)

Discussant: P. van Schil, Edegem

**16:45** 167*

The usefulness of three-dimensional computed tomography simulation for port-access thoracoscopic surgery in children and adolescents

H. Kato, H. Oizumi, M. Nakamura, H. Ota, T. Inoue, H. Watarai, M. Sadahiro; Yamagata (Japan)

Discussant: tba

**17:00** 168*

Inception of a full robotic, totally endoscopic thoracic surgery programme in a European unit and initial results

J. Baste, F. Nouhaut, M. Bubenheim, P. Rinieri, J. Melki, C. Peillon; Rouen (France)

Discussant: F. Melfi, Pisa

**17:15** 169

Extracorporeal membrane oxygenator support for complex tracheobronchial procedures

G. Lang¹, B. Ghanim², T. Klikovits², K. Hötzenecker², J. Matilla², C. Aigner¹, S. Taghavi¹, W. Klepetko¹; ¹Vienna (Austria), ²Wien (Austria)

Discussant: H. J. Ankersmit, Vienna

**17:30** 170*

Pulmonary hypoplasia

T. Eshmuratov, P. Lukyanchenko, M. Sundetov, N. Zharykapov, N. Zhunisov, A. Eleusizov, R. Kasenbaev, B. Akimniyazova; Almaty (Kazakhstan)

Discussant: D. Mathisen, Boston
Oncology III: extended resections
Moderators: M. Dusmet, London; L. Spaggiari, Milan

08:15  204*
Short- and long-term survival according to the extent of pulmonary resection in geriatric lung cancer patients
Discussant: W. Weder, Zurich

08:30  205
Resection of mediastinal malignoma with the use of cardiopulmonary bypass
R. Arif, A. Ruhpamwar, H. Dienemann, K. Kallenbach, M. Karck; Heidelberg (Germany)
Discussant: S. Margaritora, Rome

08:45  206
Outcome and prognostic factors of resected non-small cell lung cancer invading the diaphragm
D. Galetta, A. Borri, M. Casiraghi, R. Gasparri, F. Petrella, A. Tessitore, L. Spaggiari; Milan (Italy)
Discussant: M. Jimenez, Salamanca

09:00  207
Standard versus extended pneumonectomy: what really matters?
D. Subotic, N. Atanasijadis, M. Gajic, J. Stojicic, V. Milenkovic, M. Popovic, Z. Garabinovic; Belgrade (Serbia)
Discussant: A. Oliaro, Turin

09:15  208
Pneumonectomy with cardiopulmonary bypass for left lung cancer extending to the pulmonary artery: techniques and results
N. Salley¹, E. Sage¹, P. Puyo¹, J. F. Fourure², A. Chapelier¹; ¹Suresnes (France), ²Vannes (France)
Discussant: F. Rea, Padua

09:30  209*
Rehabilitation for operated lung cancer programme: 18-month outcomes
A. Kerr¹, R. Wotton¹, E. Bishay¹, M. Kalkat¹, P. Rajesh¹, R. Steyn¹, B. Naidu¹; ¹Birmingham (United Kingdom), ²5SS (United Kingdom)
Discussant: D. Mathisen, Boston

Thoracic miscellaneous
Moderators: P. Sardari Nia, Schoten; T. Schmid, Innsbruck

08:15  210
Surgical treatment of pulmonary thromboembolism: indications and results
A. Medvedev, V. Pichugin, S. Nemirova, O. Demarin, I. Shumakov; Nizhny Novgorod (Russian Federation)
Discussant: L. Luzzi, Sienna

08:30  211
UK specialist cardiothoracic management of thoracic injuries in military casualties sustained in the wars in Iraq and Afghanistan
E. Senanayake, H. Poon, M. Midwinter, T. Graham; Birmingham (United Kingdom)
Discussant: M. Dusmet, London
Diagnostic surgical lung biopsies for suspected interstitial lung disease: a retrospective study of 226 patients
S. Sanna, M. Monteverde, M. Taurchini, D. Argnani, M. Mengozzi, D. Dell’Amore; Forli (Italy)
Discussant: G. Kocker, Berne

Post-thoracotomy pain: videothoracoscopic versus minithoracotomy approach
C. Menna, C. Andreetti, M. Ibrahim, A. D’Andrilli, A. Ciccone, G. Maurizi, C. Poggi, E. Rendini; Rome (Italy)
Discussant: T. Walles, Wuerzburg

Simulation of crisis management in thoracic emergencies
T. Tsitsias¹, R. Annamaneni¹, M. Molyneux¹, M. Kalkat², S. Rathinam¹; ¹Leicester (United Kingdom), ²Birmingham (United Kingdom)
Discussant: G. Marulli, Padua

Early reoperation for the management of complications in patients undergoing general thoracic surgical procedures in an academic cardiothoracic department
C. Foroulis, A. Kleontas, P. Tossios, K. Anastasiadis; Kalamaria (Greece)
Discussant: M. Lucchi, Pisa

How to sell your research
Moderators: J. Dunning, Middlesbrough; A. Ahlsson, Örebro
See page 63 for programme details

Acute support heart and lung
Moderators: R. Lorusso, Brescia; P. E. van Schil, Edegem
See page 62 for programme details

Thoracoscope and European Society Objective Score fail to predict mortality in a United Kingdom multicentre study
A. Sharkey¹, P. Ariyaratnam², E. Belcher³, S. Kendall⁴, B. Naidu⁵, W. Parry⁶, M. Loubani²; ¹Hull (United Kingdom), ²Cottingham (United Kingdom), ³Oxford (United Kingdom), ⁴Middlesborough (United Kingdom), ⁵Birmingham (United Kingdom), ⁶Norwich (United Kingdom)
Discussant: M. Lucchi, Pisa
Early detection of lung cancer in an asymptomatic high-risk population by low-dose computed tomography scan and molecular markers: validation of a personalised risk model to optimise the scanning interval

G. Cardillo¹, G. Veronesi², P. Maisonneuve², M. Bellomi², R. Bertolotti², S. Margaritora¹, A. Lococo³, R. Crisci⁴, A. Bertani⁴, P. Ialongo⁴, P. P. Di Fiore⁴, L. Spaggiari⁵, F. Bianchi⁶; ¹Rome (Italy), ²Milan (Italy), ³Pescara (Italy), ⁴L’Aquila (Italy), ⁵Palermo (Italy)

Discussant: K. Athanassiadi, Athens

Negative predictive value of positron emission tomography for mediastinal lymph node staging in a cohort of patients who underwent direct thoracotomy for non-small-cell lung cancer

J. C. Trujillo, S. Call, C. Obiols, R. Rami-Porta, J. M. Gonzalez, M. Ysamat, G. Gonzalez-Pont, J. Belda-Sanchis; Terrassa (Spain)

Discussant: K. Al Kattan, Riyadh

The prognostic significance of metastasis to aortopulmonary lymph nodes (stations 5 and 6) in completely resected left lung carcinoma

N. Citak¹, A. Sayar², M. Metin², S. Büyükkale², A. Kök², O. Solak³, S. Yurt³, A. Gürses²; ¹Merkez (Turkey), ²Istanbul (Turkey), ³Afyon (Turkey)

Discussant: tba

Outcome and prognostic factors of non-small-cell lung cancer with lymph node involvement treated with induction therapy and surgical resection

G. Marulli, E. Verderi, A. Zuin, M. Schiavon, L. Battistella, D. Zampieri, P. Romanello, F. Rea; Padua (Italy)

Discussant: A. Chapelier, Suresnes

Long-term lung cancer survivors have permanently decreased quality of life following surgery

I. Ilonen, V. Rauma, J. Räsänen, J. Salo; Helsinki (Finland)

Lung transplantation

Moderators: J. Dark, Newcastle upon Tyne; W. Klepetko, Vienna

The impact of advanced haemodynamic management on lung transplantation with concomitant cardiac surgery

M. A. R. Hoda, L. Hatos, P. Jaksch, C. Aigner, G. Lang, S. Taghavi, E. Wolner, W. Klepetko; Vienna (Austria)

Discussant: M. Erasmus, Groningen

Incidence and severity of primary graft dysfunction after lung transplantation using rejected grafts reconditioned with ex vivo lung perfusion

M. Boffini, D. Ricci, R. Bonato, V. Fanelli, M. Attisani, M. Ribezzo, V. M. Ranieri, M. Rinaldi; Turin (Italy)

Discussant: A. Haverich, Hannover

Lung transplantation from donors outside standard acceptability criteria: are they really marginal?

B. Zych, D. Garcia Saez, F. De Roberts, M. Amrani, T. Bahrami, M. Carby, A. Reed, A. Simon; Harefield (United Kingdom)

Discussant: J. Bekkers, Rotterdam
11:00  264
Extracorporeal membrane oxygenation as a bridge to lung transplantation
G. Dellgren, G. Riise, K. Swärd, M. Gilljam, M. Silverborn; Gothenburg (Sweden)
Discussant: D. Wood, Seattle

11:15  265
Urgent lung transplant programme in Italy: analysis of the first 14 months
M. Boffini\textsuperscript{1,}, F. Venuta\textsuperscript{2,}, F. Rea\textsuperscript{3,}, A. D’Armini\textsuperscript{4,}, A. Bertani\textsuperscript{5,}, F. Parisi\textsuperscript{2,}, A. Nanni Costa\textsuperscript{2,}, M. Rinaldi\textsuperscript{1,} \textsuperscript{1}Turin (Italy), \textsuperscript{2}Rome (Italy), \textsuperscript{3}Padua (Italy), \textsuperscript{4}Pavia (Italy), \textsuperscript{5}Palermo (Italy)
Discussant: J. Bekkers, Rotterdam

11:30  266
Lung transplantation for suppurative diseases
M. Samano, P. Pêgo-Fernandes, D. Ferronato, K. Turaça, L. Fernandes, L. Abdalla, S. Campos, R. Carraro, J. Afonso Jr, R. Teixeira, F. Jatene; Sao Paulo (Brazil)
Discussant: A. Haverich, Hannover

10:15-11:45  Focus Session
Optimising training for better patient outcome
Moderators: L. Hamilton, Newcastle upon Tyne; J. L. Pomar, Barcelona; M. Siepe, Freiburg;
See page 69 for programme details

11:45-11:55  Award Ceremony
Fontan Prize, Thoracic Prize, Leonardo da Vinci Award for Training Excellence

11:55-12:30  The Honoured Guest Lecture
Evolving trends in the cardiovascular field: technological and non-technological aspects
V. Fuster, New York

12:45-14:00  Residents’ Luncheon
The Clash of the Titans
See page 69 for programme details

12:45-14:00  Simulation Session
Cardiovascular Simulation Award: The aortic root
See page 70 for programme details

Tuesday 8 October 2013
Thoracic Disease
**Abstracts**

**Oesophagus**

Moderators: M. Dusmet, London; D. E. Wood, Seattle

14:15  **300**

Long-term survival after minimally invasive oesophagectomy for oesophageal cancer is comparable to open oesophagectomy: a propensity score-matched study

C. H. Kang, Y. H. Hwang, H. S. Kim, J. H. Jheon, K. N. Han, I. K. Park, Y. T. Kim; Seoul (Korea)

Discussant: G. Decker, Luxembourg

14:30  **301**

Clinical T1-T2N0M0 oesophageal cancer: accuracy of clinical staging and predictive factors for lymph node metastases

S. Shin¹, J. Jung¹, H. K. Kim¹, Y. S. Choi¹, K. Kim², Y. M. Shim¹; ¹Seoul (Korea), ²Gyeonggi-do (Korea)

Discussant: D. Wood, Seattle

302 – (Withdrawn)

14:45  **303**

Results of neoadjuvant therapy on the early side effects of oesophageal cancer surgery

R. Bagheri, M. T. Rajabi Mashhadi; Mashhad (Iran)

Discussant: tba

15:15  **304***

Retrosternal route gastrostomy feeding for patients undergoing oesophagectomy and receiving retrosternal gastric tube reconstruction: a retrospective pragmatic study

K. Huang, B. Wu, X. Ding, Z. Xu, H. Tang; Shanghai (China)

Discussant: tba

15:30  **305***

Semi-position: an optimised approach for thoracoscopic oesophagectomy?

H. Wang, W. Jiang, M. Feng, Z. Lin, Y. Shen, X. Chen, J. Li, L. Tan; Shanghai (China)

Discussant: tba

**Focus Session**

**Nightmares in cardiothoracic surgery**

Moderators: L. Hamilton, Newcastle upon Tyne; M. Scarci, Cambridge

See page 75 for programme details
Malignant pleural mesothelioma

Moderators: G. Cardillo, Rome; G. Friedel, Gerlingen

16:15
Surgical techniques for malignant pleural mesothelioma
W. Klepetko, Vienna

16:35
Trimodality therapy: the EORTC trial
F. Rea, Padua

16:50
Predictors of long-term survival following radical surgery for malignant pleural mesothelioma
A. Nakas, D. Waller; Leicester
Discussant: G. Friedel, Gerlingen

17:05
IASLC Mesothelioma database: initial analysis
D. Waller, Leicester

17:20
Beyond MARS trial
T. Treasure, Badlesmere
Learning from experience

**Moderators:** M. Dusmet, London; D. Mathisen, Boston; D. E. Wood, Seattle

09:00  335-I
Airway anastomotic stenosis following right upper sleeve lobectomy: rigid bronchoscopy laser-assisted mechanical resection  
*F. Petrella, L. Spaggiari; Milan (Italy)*

09:15  336-I
Subglottic neoplastic stenosis laser treatment  
*F. Petrella, L. Spaggiari; Milan (Italy)*

09:30  337-I
Thoracoscopic left atrial appendectomy  
*M. Guerra¹, J. Miranda², D. Martins², P. Neves², V. Gama², L. Vouga²; ¹Porto (Portugal), ²Vila Nova de Gaia (Portugal)*

09:45  338-I
Transternal resection of a T4N0 lung adenocarcinoma of the left upper lobe invading the anterior mediastinum using the harmonic scalpel  
*L. Luzzi, M. Ghisalberti, G. Capannini, V. Ialongo, L. Voltolini, R. Borrelli, F. Meniconi, G. Gotti; Siena (Italy)*

10:00  339-I
Laryngotraheal reconstruction with cartilage expansion  
*K. Hotzenecker¹, G. Marta¹, P. Monnier², W. Bigenzahn¹, W. Klepetko¹; ¹Vienna (Austria), ²Lausanne (Switzerland)*

10:15  340-I
Diaphragm surgery in chest wall neoplasms  
*A. Oliaro, E. Ruffini, P. L. Filosso, P. Lausi, P. Lyberis, A. Sandri, F. Guerrera; Turin (Italy)*

10:30  341-I
Mature teratoma of the posterior mediastinum: a case report  
*V. Drubbel¹, P. Lauwers², B. Hiddinga², M. Lambrechts³, P. Pauwels², P. Van Schil²; ¹Lier (Belgium), ²Edegem (Belgium), ³Mechelen (Belgium)*

10:45  342-I
Biological sternal reconstruction with iliac wing bone autograft and bioabsorbable plates  
*T. Lacin¹, J. Ready², M. DaSilva², S. Talbot³, R. Bueno², D. Sugarbaker², M. Jaklitsch²; ¹Istanbul (Turkey), ²Boston (United States of America)*

11:00  343-I
One-stage trans-sternal thymectomy and transpericardial mediastinal nodal dissection for thymic neoplasm and subcarinal adenopathy  
*D. Galetta, A. Tessitore, M. Casiraghi, R. Gasparri, A. Borri, F. Petrella, A. Pardolesi, L. Spaggiari; Milan (Italy)*
How to do it, with Live-in-a-Box?
*Moderators: J. L. Pomar, Barcelona; P. Sardari Nia, Schoten*

See page 82 for programme details

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Chest wall resection and sleeve resection
*Faculty: E Bishay, Birmingham; P Dartevelle, Paris; M Kalkat, P Rajesh, Birmingham*

At the end of this wetlab, the candidate will be able to:
- Explain the indications for chest wall resection and sleeve resection
- Describe the different operative steps of both techniques
- Perform the techniques in a wetlab environment

**Welcome**
*E Bishay, M Kalkat, P Rajesh; Birmingham*

Wetlab – chest wall resection & reconstruction
*M Kalkat, Birmingham*

Wetlab – sleeve and extended resections
*P Dartevelle, Paris*
Congenital Heart Disease Domain Programme

Chair: William, J. Brawn, Birmingham
Emile A. Bacha, New York
Emre Belli, Le Plessis-Robinson
Gaetano D. Gargiulo, Bologna
Mark G. Hazekamp, Leiden
Eero Jokinen, Helsinki
George V. Kirvassilis, Athens

Ex officio: Jose L Pomar, Barcelona
A. Pieter Kappetein, Rotterdam

Saturday 5 October 2013
Techno College

Sunday 6 October 2013
Plenary: Life is short and the art long
Postgraduate Education
Congenital Heart Disease Programme
Nurses, Nurse Practitioners and
Physician Assistants Programme
Professional Development
Teach the Teacher

Monday 7 October 2013
Scientific Abstract Sessions
Univentricular heart
Professional Challenge Session
The problem of tricuspid valve regurgitation in the bi-ventricular and univentricular heart
Focus Session
Aortic disease in infancy and adulthood
Professional Development
Leadership
Non-technical skills for surgeons
Work-in-progress abstract session
Plenary: The Presidential Address:
J. L. Pomar, Barcelona
“Talent or Training”

Tuesday 8 October 2013
Scientific Abstract Sessions
Congenital miscellaneous I
Congenital miscellaneous II
Aortic valve left ventricular outflow tract
Focus Session
Does it matter what cardiopulmonary bypass and myocardial protection we use
How to sell your research
Optimizing training for better patient outcome
Plenary: The Honoured Guest Lecture
V. Foster, New York
"Evolving trends in the cardiovascular field: technological and non-technological aspects”

Wednesday 9 October 2013
Advanced Techniques
Valve Sparing Aortic Root Replacement – LVAD insertion techniques (Wetlab)
Transplantation techniques and patient selection
Moderators: H. Akinturk, Giessen; C. Schreiber, Munich

Learning objectives
- To understand how the donor pool for hearts can be increased and highlight the present and future possibilities for long term cardiac mechanical support.

13:30
Increasing the donor pool and organ resuscitation
A. Hasan, Newcastle-Upon-Tyne

13:50
Candidacy and evaluation of patient with end stage congenital heart disease
S. Di Filippo, Lyon

14:10
Is infant pulmonary transplantation a viable option?
W. Klepetko, Vienna

14:30
Technical aspects of transplantation, ways round difficult anatomy
M. Kostolny, London

14:50
Current outcomes of heart and lung transplantation
M. Fenton, London

15:10
Conclusion

Mechanical support – outcome of destination therapy
Moderators: L. Di Chiara, Rome; A. Hasan, Newcastle-upon-Tyne; B. Meyns, Leuven

15:50
Mechanical support in 2013 and what are the hopes of the future?
T. Humpl, Toronto

16:10
Novel approaches for support of Fontan circulation
M. Rodefeld, Indianapolis

16:30
Evaluation of pediatric extracorporeal life support systems 2013 update: Is it possible to reduce mortality and morbidity with the new generation circuits?
A. Undar, Hershey

16:50
Assist device implantation techniques
M. Griselli, Newcastle-Upon-Tyne

17:10
Myocarditis: medical or mechanical support
R. Kirk, Newcastle-Upon-Tyne

17:30
Influence of long term ventricular assist device therapy on aortic valve function
P. Ganslmeier, Regensburg

17:45
Panel discussion
08:30–10:00 Plenary

Life is short and the art long

*Moderators: J. L. Pomar, Barcelona; T. Sundt, Boston*

08:30
Attention to detail in a dumbed-down world

*P. Sergeant, Leuven*

08:45
Discussion

08:50
Over-regulation or anarchy?

*D. Barron, Birmingham*

09:10
Discussion

09:15
Training is broken and there is no quick fix

*M. Dusmet, London*

09:30
Discussion

09:35
Wire or knife? Not to go where the puck is but to go where the puck will be

*M. Czerny, Zurich*

09:50
Discussion

10:30–16:30 Postgraduate Education

10:30–12:30 Session 1: Double outlet right ventricle

*Moderators: R. Jonas, Washington; B. Maruszewski, Warsaw*

**Learning objectives**
- To understand the complexities of double outlet right ventricle and how the heart can be successfully septated. To understand the long-term complications of double outlet right ventricle repair.

10:30
Morphology of double outlet right ventricle

*A. Cook, London*

10:45
Discussion

10:50
Classification and decision making

*D. Bonnet, Paris*

11:05
Discussion

11:10
Novel 3D imaging of double outlet right ventricle

*A. Taylor, London*

11:25
Discussion
11:30
Methods of surgical repair
E. Bacha, New York

11:45
Discussion

11:50
What are the limits of biventricular repair?
F. Lacour-Gayet, New York

12:05
Discussion

12:10
Long term outcome and re-operation
V. Lambert, Le Plessis-Robinson

12:25
Discussion

12:30
Lunch

13:30–15:00 Session 2: Rheumatic and congenital mitral valve disease
Moderators: C. Brizard, Melbourne; J. V. Comas, Madrid

Learning objectives
• To understand the morphology of rheumatic and congenital mitral valve disease and methods of repair, particularly aided by adult practice.

13:30
Morphology of rheumatic and congenital mitral valve disease
A. Cook, London

13:45
Surgery for congenital mitral valve stenosis
P. Del Nido, Boston

14:00
Surgery for congenital mitral valve regurgitation
E. Belli, Le Plessis-Robinson

14:15
Surgery for rheumatic mitral valve disease
K. Finucane, Auckland

14:30
What can we learn from the adult mitral valve surgeons?
R. Dion, Genk

14:45
General Discussion

15:30–16:30 Session 3: Complex surgery

Learning objectives
• To be acquainted with a wide variety of complex congenital surgical repairs.

15:30
Ross-Konno with arch repair
M. Hazekamp, Leiden

15:35
Discussion
Double outlet right ventricle with non committed ventricular septal defect
E. Belli, Le Plessis-Robinson

Discussion

Nikaido procedure
V. Hraska, Sankt Augustin

Discussion

The Senning procedure
D. Barron, Birmingham

Discussion

Aortic root restoration with a sub-aortic ring
D. Mazzitelli, Munich

Discussion

Balloon dilatation right ventricular outflow tract in Fallots repair
G. Stellin, Padua

Discussion

14:00-15:00 Circulating viewpoints

14:00 Introduction
A.P. Kappetein, Rotterdam

14:05 Pride and Prejudice in cardio-thoracic surgery
B.E. Keogh, London

14:35 Tales of a travelling surgeon in Africa
B.E. Keogh, London

10:30-16:30 Postgraduate Education

Postgraduate Education
Nurses, Nurse Practitioners and Physician Assistants Programme
See programme page 33 for details

10:00-16:30 Professional Development

Teach the teacher
Faculty: G. Kitchingman, London; P. Newman, London
See programme page 35 for details
08:15-09:45  Focus Session  Hall G

Aortic disease in infancy and adulthood

Moderators: W. Brawn, Birmingham; M. Czerny, Zurich

Learning objectives
• Towards a better understanding of cause and effect in aortic disease in different periods of life

08:15
Embryogenesis of the aorta – normal and abnormal developmental patterns
A. Gittenberger-de Groot, Leiden

08:35
Abnormalities of the aortic root and their management
J. Pepper, London

08:55
Bicuspid aortic valve syndrome
R. De Paulis, Rome

09:15
Management of the adult with coarctation and recoarctation
T. Resch, Malmö

09:35
Conclusion

08:15-11:45  Professional Development  Room 33

Leadership

Faculty: G. Kitchingman, London; P. Newman, London

See page 41 for programme details

08:15-09:45  Professional Development  Room 1

Non-technical skills for surgeons

Faculty: S. Paterson-Brown, N. Maran; Edinburgh

See page 42 for programme details

10:15-11:45  Abstracts  Hall K

The univentricular heart

Moderators: A. Amadeo, Rome; D. Anderson, London

10:15
Older age at the time of the Norwood procedure is a risk factor for early postoperative mortality
E. Sames-Dolzer, L. Hakami, M. Innerhuber, G. Tulzer, R. Mair; Linz (Austria)
Discussant: T. Jones, Birmingham
Worse early and late outcomes for hypoplastic left heart syndrome after the extracardiac conduit Fontan procedure in the Australia and New Zealand populations

A. Iyengar, D. Winlaw, J. Galati, G. Wheaton, T. Gentles, L. Grigg, R. Justo, D. Radford, R. Weintraub, A. Bullock, D. Celermajer, Y. d’Udekem; 1Melbourne (Australia), 2Sydney (Australia), 3Adelaide (Australia), 4Auckland (New Zealand), 5Brisbane (Australia), 6Perth (Australia)

Discussant: R. Ohye, Ann Arbor

Improving early outcomes following the hybrid procedure for high-risk hypoplastic left heart syndrome: defining risk factors

C. Pizarro, R. Davies, E. Woodford, D. Davis, M. Bhat; Wilmington (United States of America)

Discussant: D. Anderson, London

Does forward pulmonary blood flow influence the outcomes of the bidirectional Glenn procedure?

Q. Chen, M. Kia, M. Caputo, S. Stoica, R. Tulloh, A. Parry; Bristol (United Kingdom)

Discussant: L. Galletti, Bergamo

Management of early Fontan failure: a single-institution experience

M. Murphy, A. Glatz, D. Goldberg, L. Rogers, C. Ravishankar, S. Nicolson, J. Steven, S. Fuller, T. Spray, J. Gaynor; Philadelphia (United States of America)

Discussant: T. Ebels, Groningen

Technical challenges of heart transplantation in children after failed univentricular palliation

A. Iyengar, V. Sharma, R. Weintraub, A. Shipp, Y. d’Udekem, C. Brizard, I. Konstantinov; Melbourne (Australia)

Discussant: M. Griselli, Newcastle-Upon-Tyne

Work-in-progress abstract session

Moderators: M. Siepe, Freiburg; A. Sihoe, Kowloon

Learning objectives

- Residents can present the projects that are working on and ask the audience for cooperation

See page 47 for programme details

The Presidential Address

Talent or Training

J. L. Pomar, Barcelona
14:15–15:45 Session 1: The problem of tricuspid valve regurgitation in the biventricular and univentricular heart I

Moderators: E. Belli, Le Plessis-Robinson; G. Stellin, Padua

Learning objectives
- To understand the complex morphology of the tricuspid valve and methods of repair or the need for replacement in the current era

14:15
Morphology of the abnormal tricuspid valve
A. Cook, London

14:30
Clinical, echocardiography and non-invasive evaluation of the tricuspid valve and right ventricle
P. Ewert, Berlin

14:45 046
Ebstein’s anomaly in adults: modified cone reconstruction of the tricuspid valve carries promising outcome
M. Rabot, D. Kalfa, M. Vergnat, M. Ly, E. Garcia, M. Gouton, J. Petit, E. Belli; Le Plessis-Robinson (France)
Discussant: V. Tsang, London

15:00 047
Various repair techniques to correct tricuspid valve incompetence in Ebstein’s anomaly and their impact on long-term ventricular function and functional outcome
R. Hetzer1, P. Hacke1, A. Schulz1, M. Javier2, K. Schmitt1, E. M. Delmo Walter1; 1Berlin (Germany), 2Cambridge (United States of America)
Discussant: J. V. Comas, Madrid

15:15 048*
Mid-term outcome of neonatal tricuspid valve plasty for pulmonary atresia and intact ventricular septum: towards biventricular repair
H. Ito, N. Ota, M. Murata, Y. Tosaka, Y. Ide, M. Tachi, A. Sugimoto, H. Ogawa, K. Sakamoto; Shizuoka City (Japan)
Discussant: P. Vouhe, Paris

15:30 049
One and a half ventricle repair in association with tricuspid valve repair for Ebstein’s anomaly and failing right ventricle
E. Prifti1, A. Baboci1, A. Fagiu1, M. Bonacchi2, G. Giunti2, E. Dado1, V. Vaninip, E. Kajo1, A. Veshti1; 1Tirana (Albania), 2Florence (Italy), 3Bergamo (Italy)
Discussant: V. Hraska, Sankt Augustin
16:15–17:45 Session 2: The problem of tricuspid valve regurgitation in the biventricular and univentricular heart II

Moderators: P. Del Nido, Boston; E. Jokinen, Helsinki

Learning objectives
• To understand the complex morphology of the tricuspid valve and methods of repair or the need for replacement in the current era

16:15
When do we replace the tricuspid valve and with what?
R. Daly, Rochester

16:35
Management of tricuspid regurgitation in univentricular heart
R. Ohye, Ann Arbor

16:55
Has the cone repair for Ebsteins Anomaly relegated other repairs to history?
R. Lange, Munich

17:15
Indications and timing of surgery – are they changing in view of newer surgical repair options
V. Tsang, London

17:35
Round table discussion
Congenital miscellaneous I

**Moderators:** L. Galletti, Bergamo; Z. Al Halees, Riyadh

**08:15 216**
Mechanical cardiac support in children with congenital heart disease with intention to bridge to heart transplantation

_F. De Rita, E. Peng, S. Haynes, D. Crossland, R. Kirk, L. Ferguson, A. Hasan, M. Griselli; Newcastle upon Tyne (United Kingdom)_

_Discussant: E. Bacha, New York_

**08:30 217**
Pulmonary vascular remodelling after heart transplantation in patients with cavopulmonary connection

_A. Kaza, E. Kaza, E. Bullock, S. Reyna, A. Yetman, M. Everitt; Salt Lake City (United States of America)_

_Discussant: E. Jokinen, Helsinki_

**08:45 218**
Outcomes of a rehabilitative procedure for patients with pulmonary atresia, ventricular septal defect and hypoplastic pulmonary arteries, beyond the infant period

_S. Li, Y. Zhang, K. Ma, Z. Hua, K. Yang, H. Zhang, Q. Chen; Beijing (China)_

_Discussant: C. Brizard, Melbourne_

**09:00 219**
Experience with the surgical treatment of atrioventricular septal defect with left ventricular outflow tract obstruction

_T. Tlaskal, R. Gebauer, J. Gilik, V. Tomek; Prague (Czech Republic)_

_Discussant: J. V. Comas, Madrid_

**09:15 220**
Which type of conduit to choose for right ventricular outflow tract reconstruction in patients below one year of age?

_K. Vitanova, J. Cleuziou, J. Hörer, J. Kasnar-Samprec, M. Vogt, C. Schreiber, R. Lange; Munich (Germany)_

_Discussant: M. Hübler, Zurich_

**09:30 221**
Surgical treatment of arrhythmias in adult patients with congenital heart disease

_A. Giamberti¹, F. Pluchinotta², S. Foresti², M. Chessa², A. Micheletti², D. Negura², M. Carminati², A. Frigiola²; ¹Milan (Italy), ²Milan (Italy)_

_Discussant: T. Ebels, Groningen_

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**08:15-09:45 Focus Session**

**Room 1**

How to sell your research

**Moderators:** A. Ahlsson, Örebro; J. Dunning, Middlesbrough

See page 63 for programme details

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_Tuesday 8 October 2013_
**Focus Session**

Does it matter which cardiopulmonary bypass and myocardial protection techniques we use?

*Moderators: M. Hazekamp, Leiden; R. Jonas, Washington; T. Jones, Birmingham*

**Learning objectives**

- To highlight the variety of different ways cardiopulmonary bypass and cardioplegia are performed throughout the world and the impact of these methods on the timing of surgery and neurologic outcomes

**10:15**

How we do it and why

*P. Vouhe, Paris*

**10:30**

How we do it and why

*J. Gaynor, Philadelphia*

**10:45**

What do we really know about myocardial protection?

*D. Chambers, London*

**11:00**

Timing of surgery and brain maturation

*P. McQuillen, San Francisco*

**11:15**

Panel discussion

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**Focus Session**

Optimising training for better patient outcome

*Moderators: L. Hamilton, Newcastle upon Tyne; J. L. Pomar, Barcelona; M. Siepe, Freiburg*

*See page 69 for programme details*

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**Award Ceremony**

Fontan Prize, Thoracic Prize, Leonardo da Vinci Award for Training Excellence

**The Honoured Guest Lecture**

Evolving trends in the cardiovascular field: technological and non-technological aspects

*V. Fuster, New York*
12:45-14:00 Residents’ Luncheon
Crystal Lounge
The Clash of the Titans
See page 69 for programme details

12:45-14:00 Simulation Session
Room 24
Cardiovascular Simulation Award: The aortic root
See page 70 for programme details

14:15-15:45 Abstracts
Hall K
Congenital miscellaneous II
Moderators: S. Cicek, Istanbul; J. Hörer, Munich

14:15 306
Clinical outcomes of sliding tracheoplasty in congenital tracheal stenosis
S. Chung, J. Yang, T. Jun, Y. H. Kim, Y. H. Cho, W. S. Kim, I. Kang, J. Y. Song; Seoul (Korea)
Discussant: E. Le Bret, Paris

14:30 307
Long-term follow-up of tracheoplasty using autologous pericardial patch and strips of costal cartilage
A. Yazdanbakhsh¹, L. B. Rijssen¹, D. Koolbergen¹, A. Konig¹, M. Hazekamp²; ¹Amsterdam (Netherlands), ²Leiden (Netherlands)
Discussant: E. Le Bret, Paris

14:45 308
Surgical repair of anomalous aortic origin of a coronary artery: who should have it?
R. Mainwaring, V. Reddy, O. Reinhartz, E. Petrossian, F. Hanley; Stanford (United States of America)
Discussant: J. Hörer, Munich

15:00 309
Yasui operation for adequate-sized ventricles with ventricular septal defect associated with aortic arch and left ventricular outflow tract obstructions
T. Nakano, H. Kado, H. Tatewaki, K. Hinokiyama, D. Machida, Y. Ebuoka, H. Yasui; Fukuoka (Japan)
Discussant: R. Jonas, Washington

15:15 310
Repair of interrupted aortic arch: results up to 35 years
M. Burri, J. Hörer, J. Kasnar-Samprec, J. Cleuziou, M. Vogt, R. Lange, C. Schreiber; Munich (Germany)
Discussant: M. Kostolny, London

15:30 311
Long-term results of surgical treatment of transposition complex with pulmonary outflow tract obstruction
G. Perri, A. Polito, S. Albanese, E. Cetrano, A. Toscano, A. Carotti; Rome (Italy)
Discussant: D. Koolbergen, Amsterdam

Tuesday 8 October 2013
116 Congenital Heart Disease
Aortic valve and left ventricular outflow tract
Moderators: M. Castella, Barcelona; R. Ohye, Ann Arbor

16:15 171*
The Ross operation in children and young adults: 11-year results and trends from the United Kingdom National Database
C. Zebele, P. Chivasso, D. Bruno, C. Sedmakov, G. Angelini, M. Caputo, A. Parry, S. Stoica; Bristol (United Kingdom)
Discussant: A. Bogers, Rotterdam

16:30 172
Long-term results of the Ross/Ross-Konno operation in children below the age of 18 months
M. Lo Rito, B. Davies, W. Brawn, T. Jones, N. Khan, J. Stickley, D. Barron; Birmingham (United Kingdom)
Discussant: V. Hraska, Sankt Augustin

16:45 173*
Impact of bicuspid aortic valve on postoperative valve-related morbidity after conventional repair for interrupted aortic arch/coarctation of aorta with ventricular septal defect
A. Sugimoto, N. Ota, M. Murata, Y. Ide, M. Tachi, H. Ito, H. Ogawa, K. Sakamoto; Shizuoka City (Japan)
Discussant: V. Tsang, London

17:00 174
Mid-term results after aortic valve repair in paediatric patients
H. Takahashi, D. Aicher, T. Kunihara, H. Schäfers; Homburg/Saar (Germany)
Discussant: M. Pozzi, Ancona

17:15 175
Valve-sparing aortic root replacement and associated valve repair
D. Koolbergen¹, J. Manshanden¹, B. Bouma¹, N. Blom¹, B. de Mol¹, B. Mulder¹, M. Hazekamp²; ¹Amsterdam (Netherlands), ²Leiden (Netherlands)
Discussant: F. Santini, Genoa

17:30 176
Re-operation for neo-aortic root pathology after the arterial switch operation
D. Koolbergen¹, J. Manshanden¹, A. Yazdanbakhsh¹, B. Bouma¹, N. Blom¹, B. Mulder¹, M. Hazekamp²; ¹Amsterdam (Netherlands), ²Leiden (Netherlands)
Discussant: E. Belli, Le Plessis-Robinson
Valve Sparing Aortic Root Replacement – left ventricular assist device insertion techniques
Faculty: W.J Brawn, Birmingham; M Griselli, Newcastle upon Tyne; D Koolbergen, Leiden; D Mazzitelli, Munich

Welcome
W.J Brawn, Birmingham

Wetlab – Valve Sparing Aortic Root Replacement
D Koolbergen, Leiden; D Mazzitelli, Munich

Wetlab – LVAD insertion techniques
M Griselli, Newcastle

Target Audience
Surgeons performing congenital heart surgery in patients from infancy through to adulthood
Sunday 6 October 2013
Plenary: Life is short and the art long
Postgraduate Education
Vascular Disease Programme
EACTS /STS Circulation management-temperature and neuroprotection
Nurses, Nurse Practitioners and Physician Programme
Professional Development
Teach the teacher

Monday 7 October 2013
Scientific Abstract Sessions
Connective tissue disease and bicuspid aortic valves?
Proximal aortic surgery – extending to the descending aorta
Experimental Session – from bench to bedside
Focus Sessions
Aortic disease in infancy and adulthood
Work-in-progress abstract session
Professional Development
Leadership
Non-technical skills for surgeons
Simulation Sessions
TEVAR Pre-case planning course with OsiriX and case simulation
TEVAR Simulation Workshop

Tuesday 8 October 2013
Scientific Abstract Sessions
Late outcome after thoracic endovascular aortic repair: justifying or preventing a more liberal use
Infectious aortic complications: Orthotopic full-fix or heterotopic trade-off
Thoracoabdominal aortic surgery – proven concepts and new strategies
Focus Session
How to sell your research
My good and the my bad aortic experience and how this influenced my future practice
Professional Development
Optimizing training
Simulation Sessions
TEVAR Pre-case planning course with OsiriX and case simulation
TEVAR Simulation Workshop
Plenary: The Honoured Guest Lecture: V. Fuster, New York
“Evolving trends in the cardiovascular field: technological and non-technological aspects”

Wednesday 9 October 2013
Advanced Techniques
Invasive and non-invasive milestones in optimising outcomes – followed by demonstration of percutaneous vascular closure device
08:30-10:00  Plenary

Life is short and the art long

*Moderators: J. L. Pomar, Barcelona; T. Sundt, Boston*

08:30
Attention to detail in a dumbed-down world

*P. Sergeant, Leuven*

08:45
Discussion

08:50
Over regulation or anarchy?

*D. Barron, Birmingham*

09:10
Discussion

09:15
Training is broken and there is no quick fix

*M. Dusmet, London*

09:30
Discussion

09:35
Wire or Knife? Not to go where the puck is but to go where the puck will be

*M. Czerny, Zurich*

09:50
Discussion

10:30-16:30  Postgraduate Education

10:30–12:00 Session 1: Proximal thoracic aortic disease – variations on a theme

*Moderators: M. Borger, Leipzig; M. Grabenwöger, Vienna*

10:30
Embryology of the aorta – from cells to an organ

*A. Gittenberger-de Groot, Leiden*

10:45
Update on valve and aortic guidelines

*R. De Paulis, Rome*

11:00
Bicuspid aortic valve in aortic dissection

*C. D. Etz, Leipzig*

11:15
Aortic valve disease in connective tissue disorders

*D. Cameron, Baltimore*

11:30
The Ross operation – why, who, how and how not to

*A. Prat, Lille*

11:45
General Discussion
13:00–14:30 EACTS/STS aortic session I
Circulation management, temperature and neuroprotection

Moderators: J. E. Bavaria, Philadelphia; J. Bachet, Paris

Learning objectives
• Advancing together by unifying efforts and amplifying knowledge.

13:00
Temperature management and neuroprotection in aortic surgery
– The European perspective
T. Carrel, Berne

13:15 001
Visceral protection during surgery of the thoracic aorta: the safety of moderate hypothermia
D. Pacini, L. Di Marco, A. Pantaleo, G. Barberio, G. Murana, A. Leone, E. Pilato, R. Di Bartolomeo; Bologna
Discussant: C. D. Etz, Leipzig

13:30 002
Selective antegrade cerebral perfusion with different blood flow rates: are there differences in cerebral tissue oxygenation and mean cerebral blood flow velocity?
H. Jenni, R. Basciani, B. Eberle, E. Gygax, G. Erdös, M. Czerny, T. Carrel; Berne
Discussant: M. Luehr, Leipzig

13:45
Temperature management and neuroprotection in aortic surgery
– the American perspective
E. Chen, Atlanta

14:00 003*
A new indicator of postoperative delayed awakening after total aortic arch replacement
T. Shirasaka, K. Okada, H. Kano, T. Inoue, M. Matsumori, Y. Okita; Kobe
Discussant: R. Basciani, Berne

14:15 004
Aortic arch surgery for octogenarians: is it justified?
H. Kurazumi1, A. Mikamo1, T. Kudo1, R. Suzuki2, M. Takahashi1, B. Shirasawa1, N. Zempo2, K. Hamano1; 1Ube City, 2Hofu
Discussant: M. Di Eusanio, Bologna

15:00–16:30 EACTS/STS aortic session II
Circulation management, temperature and neuroprotection

Moderators: J. S. Coselli, Houston; C. Mestres, Barcelona

Learning objectives
• Advancing together by unifying efforts and amplifying knowledge.

15:00
Unilateral vs. bilateral perfusion for cerebral protection – the need for a prospective randomized trial
P. Urbanski, Bad Neustadt

15:15 005*
Y. Saiki1, K. Ito1, N. Motoyoshi2, K. Kumagai2, S. Saito2, M. Akiyama1, O. Adachi3, S. Kawamoto3; 1Sendai City, 2Sendai, 3Tokyo
Discussant: S. Zoli, Milan
15:30
Current practice of neuroprotection in Europe – The EACTS survey in Europe
R. De Paulis, Rome

15:45
Embolism is emerging as a major cause of spinal cord injury after descending and thoracoabdominal aortic repair with a contemporary approach
H. Tanaka\textsuperscript{1}, K. Minatoya\textsuperscript{2}, H. Matsuda\textsuperscript{2}, H. Sasaki\textsuperscript{2}, Y. Iba\textsuperscript{2}, T. Oda\textsuperscript{2}, J. Kobayashi\textsuperscript{2};
\textsuperscript{1}Osaka, \textsuperscript{2}Suita
Discussant: J. Bekkers, Rotterdam

16:00
Current practice of neuroprotection in Japan – The EACTS survey in Japan
Y. Okita, Kobe

16:15
Conclusion

14:00-15:00 Circulating viewpoints Hall E2

14:00
Introduction
A.P. Kappetein, Rotterdam

14:05
Pride and Prejudice in cardio-thoracic surgery
B.E. Keogh, London

14:35
Tales of a travelling surgeon in Africa
P. Simon, Vienna

10:30-16:30 Postgraduate Education Hall K

Nurses, Nurse Practitioners and Physician Assistants Programme
See programme page 33 for details

10:00-16:30 Professional Development Room 1

Teach the teacher
Faculty: G. Kitchingman, London; P. Newman, London
See programme page 35 for details
08:15-09:45  Focus Session  

Aortic disease in infancy and adulthood  

*Moderators: W. Brawn, Birmingham; M. Czerny, Zurich*  

**Learning objectives**  
• Towards a better understanding of cause and effect in aortic disease in different periods of life.  

08:15  
Embryogenesis of the aorta – normal and abnormal developmental patterns  
*A. Gittenberger-de Groot, Leiden*  

08:35  
Abnormalities of the aortic root and their management  
*M. Prapa, London*  

08:55  
Bicuspid aortic valve syndrome  
*R. De Paulis, Rome*  

09:15  
Management of the adult with coarctation and recoarctation  
*T. Resch, Malmö*  

09:35  
Conclusion  

08:15-11:45  Professional Development  

Room 33  

Leadership  

*Faculty: G. Kitchingman, London; P. Newman, London*  

See page 41 for programme details  

08:15-09:45  Professional Development  

Room 1  

Non-technical skills for surgeons  

*Faculty: N. Maran, S. Paterson-Brown; Edinburgh*  

See page 42 for programme details  

10:15-11:45  Abstracts  

Hall G  

Connective tissue disease and bicuspid aortic valves  

*Moderators: T. Carrel, Berne; T. Kuntze, Bad Berka*  

**Learning objectives**  
• Towards a better understanding of phenotypes, genotypes and the resulting clinical consequence.  

Vascular Disease 123 Monday 7 October 2013
Outcome of aortic surgery in patients with Loeys-Dietz syndrome primarily treated as having Marfan syndrome
F. Schoenhoff, C. Mueller, M. Czerny, A. Kadner, J. Schmidli, T. Carrel; Berne (Switzerland)
Discussant: O. Preventza, Houston

The Tirone David procedure for bicuspid aortic valve disease: should valve commissure/cusp geometry be manipulated?
F. Kari, J. Kvitting, D. Liang, E. Stephens, D. Merk, R. Mitchell, M. Fischbein, D. Miller; 1Freiburg (Germany), 2Stanford (United States of America)
Discussant: H. Schäfers, Homburg/Saar

Endovascular therapy in patients with genetically triggered thoracic aortic disease: applications and short- and mid-term outcomes
O. Preventza, S. Mohammed, B. Cheong, L. Gonzalez, M. Ouzounian, J. Livesay, D. Cooley, J. Coselli; Houston (United States of America)
Discussant: G. Weiss, Vienna

The ascending aorta with bicuspid aortic valve: a phenotypic classification with potential prognostic significance
A. Della Corte, C. Bancone, G. Dialetto, F. Covino, S. Manduca, M. Montibello, M. De Feo, G. Nappi; Naples (Italy)
Discussant: M. Grabenwöger, Vienna

Correlation between systolic transvalvular flow and proximal aortic wall changes in bicuspid aortic valve stenosis
E. Girdauskas, M. Rouman, K. Disha, T. Scholle, B. Fey, B. Theis, I. Petersen, T. Kuntze; 1Bad Berka (Germany), 2Jena (Germany)
Discussant: M. Misfeld, Leipzig

The influence of bicuspid aortic valves on the pressure in the ascending aorta: a porcine ex vivo model
A. Juraszek, T. Dziodzio, M. Stoiber, D. Fechtig, M. Kusmierczyk, J. Róžański, M. Czerny, H. Schima; 1Warsaw (Poland), 2Innsbruck (Austria), 3Vienna (Austria), 4Berne (Switzerland)
Discussant: E. Girdauskas, Bad Berka

Focus Session

Work-in-progress abstract session
Moderators: M. Siepe, Freiburg; A. Siho, Kowloon

Learning objectives
• Residents can present the projects that are working on and ask the audience for cooperation.

The Presidential Address
Talent or Training
J. L. Pomar, Barcelona

Monday 7 October 2013
14:15-15:45 Abstracts

Proximal aortic surgery – extending to the descending aorta

Moderators: H. G. Jakob, Essen; R. Di Bartolomeo, Bologna

Learning objectives
• To develop a thorough understanding how specific aortic pathology emerges and to learn upon the recommendations and options of treatment.

14:15
Paraplegia risk after frozen elephant trunk implantation: is it real?
M. Grabenwöger, Vienna (Austria)

14:30
Endoluminal landing zone identification for stent graft deployment in the descending aorta
K. Tsagakis, D. Dohle, J. Benedik, A. Janosi, D. Wendt, I. Liubarskyi, M. Thielmann, H. Jakob; Essen (Germany)
Discussant: P. Tozzi, Lausanne

14:45
The frozen elephant trunk technique for the treatment of complicated type B aortic dissection: early multicentre experience
G. Weiss¹, K. Tsagakis², H. Jakob³, R. Di Bartolomeo³, G. Barberio³, J. Mascaro⁴, C. Mestres⁵, T. Sioris⁶, M. Grabenwöger³; ¹Vienna (Austria), ²Essen (Germany), ³Bologna (Italy), ⁴Birmingham (United Kingdom), ⁵Barcelona (Spain), ⁶Tampere (Finland)
Discussant: S. Gunaydin, Ankara

15:00
Hybrid multi-step approach to mega-aortic syndrome: the Lupiae technique
G. Esposito, S. Bichi, G. Cappabianca, D. Patrini, P. Pellegrino, M. Redaelli, C. Poloni, E. Peretti, M. Pennesi; Bergamo (Italy)
Discussant: P. Oberwalder, Graz

15:15
Long-term results of the frozen elephant trunk technique for acute type A aortic dissection from a 15-year experience
A. Katayama, N. Uchida, K. Katayama, S. Takahashi, T. Takasaki, T. Sueda; Hiroshima (Japan)
Discussant: K. Tsagakis, Essen

15:30
Total aortic arch replacement with the frozen elephant trunk technique in acute type A aortic dissection: are we pushing the limits too far?
F. Fleissner, P. Ius, A. Martens, N. Koigeldiyev, P. Stiefel, E. Beckmann, A. Haverich, M. Shrestha; Hannover (Germany)
Discussant: T. Schachner, Innsbruck

16:15-17:45 Abstracts

Experimental session – from bench to bedside

Moderators: C. Hagl, Munich; K. Kallenbach, Heidelberg

Learning objectives
• To get a better understanding how basic science translates into clinical practice.
Decellularised aortic and pulmonary allografts implanted in sheep: morphological evidence of cell self-repopulation

M. Della Barbera$^1$, I. Tudorache$^2$, M. Valente$^1$, T. Mayer$^2$, K. Theodoridis$^2$, S. Cerbotari$^2$, A. Haverich$^2$, G. Thiene$^1$; $^1$Padua (Italy), $^2$Hannover (Germany)

Discussant: J. Holfeld, Innsbruck

Stem cell therapy for the treatment of aortic aneurysm in mice

Y. Narita, A. Yamawaki-Ogata, X.Fu, Y. Araki, H. Oshima, A. Usui; Nagoya (Japan)

Discussant: I. Dimarakis, Manchester

Intrathecal injection of human umbilical cord blood stem cells attenuates spinal cord ischaemic compromise in rats

G. Judas, S. Ferreira, R. Simas, I. Silva, C. Ferreira, L. F. da Silva, P. Sannomiya, L. F. Moreira; Sao Paulo (Brazil)

Discussant: E. Quintana, Rochester

Real and imaginary aortic diameter: implications for dissection, rupture and aneurysm formation

M. Poullis, Liverpool (United Kingdom)

Discussant: D. Pacini, Bologna

Computational flow analysis can be used to predict outcome of type B aortic dissection

G. D’Ancona, Palermo (Italy)

Discussant: W. Schiller, Bonn

Gender-related changes in aortic geometry throughout life

B. Rylski, B. Desjardins, W. Moser, J. Bavaria, R. Milewski; Philadelphia (United States of America)

Discussant: M. Czerny, Zurich

08:30-18:00 Simulation Session

TEVAR Pre-case planning course with OsiriX and case simulation

Learning objectives

The objective of the course is to teach the participants how to:

- import images from a CT scan
- view one or multiple series of images from a study
- navigate through the most important commands and toolbars
- customise toolbars
- use the main analysis and measurement tools
- precisely perform the measurements with the MultiPlanar Reconstruction Display (MPR) and 3D volume rendering
- export images, videos or DICOM files
- practice a full pre-case planning
- execution of the pre-case planning in virtual simulator.
In TEVAR, pre-case planning is key for achieving clinical success – failing to plan is planning to fail. Before entering the operating room, an analysis of the case is mandatory to properly understand the pathology and choose the optimal treatment. This course aims to provide an understanding of the use of OsiriX for the analysis of the pathologies of the thoracic aorta and the planning of potential treatments. OsiriX is becoming a reference in the endovascular market because it is easy to use, it includes all the tools needed for analysis and pre-case planning such as multiplanar reconstruction, 3D reconstruction, centerline and sizing tools; more, a free version is available. The course aims to be predominantly practical. After a brief introduction, the participants will be using individual Mac computers to go through the course and practise all the concepts explained. Having mastered the main features of OsiriX the participants will have the opportunity to do their own pre-case planning exercise which later on will be executed on the virtual simulator.

The course is restricted to 15 registered Annual Meeting delegates.
Registration: Fee €80.00 including VAT. Registration on a first-come, first-served basis.

08:30-16:30 Simulation Session

TEVAR for TAA and type B-dissection with the Valiant Captivia stent graft

Learning objectives
After the completion of the course participants will be able to
- Understand considerations and tips & tricks for TEVAR cases
- Explain the procedural steps and material needed for TEVAR cases
- Describe and handle the Valiant Captivia Stent-Graft-System

Working in pairs on a TEVAR simulator. Dedicated, experienced tutor at simulator & discussion about tips & tricks for TEVAR cases
- TA-pathology treatment of a virtual patient
- Introduction to the Valiant Captivia Stent-Graft-Technology

Participant profile: Surgeons interested in understanding the endovascular treatment of the thoracic aorta with the Medtronic Valiant Captivia stent graft with no/limited experience in this field.

Slots of 1 hour for two registered Annual Meeting delegates at a time. Registration on a first-come, first-served basis via the Information Desk in the main registration foyer area.
08:15-09:45 Abstracts

Late outcome after thoracic endovascular aortic repair: justifying or preventing a more liberal use?

Moderators: R. H. Heijmen, Nieuwegein; E. Weigang, Berlin

Learning objectives
- To broaden knowledge upon outcome after endovascular strategies and to aid in decision making with regard to therapeutical strategies.

08:15
Doing things right or doing the right things – how to choose the right strategy in the right patient – the aortic specialist’s challenge

W. Harringer, Braunschweig (Germany)

08:30
How should aortic arch aneurysm be treated in the endovascular aortic repair era? A risk-adjusted analysis using propensity score matching between open and hybrid arch repair

Y. Iba1, K. Minatoya1, H. Matsuda2, H. Sasaki1, H. Tanaka1, T. Oda1, J. Kobayashi3; 1Suita (Japan), 2Osaka (Japan)

Discussant: V. Mosquera Rodriguez, A. Coruña

08:45
Retrograde aortic dissection after thoracic endovascular aortic repair: operative management techniques and pitfalls

N. Desai, R. Menon, W. Szeto, Y. J. Woo, P. Moeller, W. Moser, P. Vallabhajosyula, J. Bavaria; Philadelphia (United States of America)

Discussant: L. Di Marco, Bologna

09:00
The efficacy of tranexamic acid for type 2 endoleak after endovascular treatment for aortic aneurysm

M. Shingaki, T. Azuma, Y. Yokoi, K. Yamazaki; Tokyo (Japan)

Discussant: A. Parolari, Milan

09:15
Aortic arch rerouting followed by thoracic endovascular stent graft implantation: a word of caution


Discussant: M. Grimm, Innsbruck

09:30
The early and mid-term results of total arch debranching thoracic endovascular aortic repair with zone 0 landing compared with the open stent grafting technique

T. Shijo1, T. Kuratani1, Y. Shirakawa1, K. Torikai1, K. Shimamura1, T. Sakamoto1, Y. Watanabe2, T. Ueno2, K. Toda1, Y. Sawa1; 1Suita (Japan), 2Osaka (Japan)

Discussant: J. Mascaro, Birmingham

08:15-09:45 Focus Session Room 1

How to sell your research

Moderators: A. Ahlsson, Örebro; J. Dunning, Middlesbrough

See page 63 for programme details
Infectious aortic complications: Orthotopic full-fix or heterotopic trade-off
Moderators: A. Apaydin, Izmir; W. Harringer, Braunschweig

Learning objectives
• To learn upon the increased need of treating infectious complications after open and endovascular alloplastic reconstruction.

10:15
The past, current and future of treating prosthetic aortic infection
M. Grimm, Innsbruck

10:30
Emergency open surgery for aorto-oesophageal and aorto-tracheal fistula after thoracic endovascular aortic repair: a single centre experience
C. Etz, M. Luehr, M. Nozdrzykowski, J. Garbade, M. Misfeld, M. Borger, F. Mohr; Leipzig (Germany)

10:45
Surgical strategy for aortic infection
Discussant: T. Sioris, Tampere

11:00
Strategies for the treatment of aorto-oesophageal fistula
Discussant: K. Park, Geyonggi-do

11:15
Contemporary outcome of the surgical management of prosthetic graft infection after thoracic aortic replacement: is there room to consider vacuum-assisted closure therapy as an alternative?
Discussant: R. Haaverstad, Bergen

11:30
Left subclavian artery revascularisation as part of thoracic endovascular aortic repair
N. Saouti, W. Morshuis, R. Heijmen; Nieuwegein (Netherlands)
Discussant: J. Benedik, Essen

10:15-11:45  Focus Session  Room 1

Optimising training for better patient outcome
Moderators: L. Hamilton, Newcastle upon Tyne; J. L. Pomar, Barcelona; M. Siepe, Freiburg

See page 69 for programme details
11:45-11:55  Award Ceremony  
Hall D
Fontan Prize, Thoracic Prize, Leonardo da Vinci Award for Training Excellence

11:55-12:30  The Honoured Guest Lecture  
Hall D
Evolving trends in the cardiovascular field: technological and non-technological aspects  
V. Fuster, New York

12:45-14:00  Residents’ Luncheon  
Crystal Lounge
The Clash of the Titans
See page 69 for programme details

12:45-14:00  Simulation Session  
Room 24
Cardiovascular Simulation Award: The aortic root
See page 70 for programme details

14:15-15:45  Abstracts  
Hall G
Thoraco-abdominal aortic surgery – proven concepts and new strategies
Moderators: M. A. A. M. Schepens, Brugge; K. Tsagakis, Essen

Learning objectives
• To learn about recent results in conventional and endovascular strategies in acute and chronic thoracoabdominal thoracic aortic pathology.

14:15  294*
Open aortic repair for thoraco-abdominal aortic aneurysm: a single-centre five-year experience with 250 cases
T. Fujikawa, Kawasaki City (Japan)
Discussant: C. Antona, Milan

14:30  295*
Current results of endovascular repair of thoraco-abdominal aneurysms
M. Iafrancesco¹, A. Ranasinghe², M. Claridge², J. Mascaro², D. Adam²; ¹London (United Kingdom), ²Birmingham (United Kingdom)
Discussant: B. Zipfel, Berlin
Key success factors for thoracic endovascular aortic repair for non-acute Stanford type B aortic dissection
T. Kitamura¹, N. Oka², K. Nakashima², K. Itatani¹, S. Koyama¹, Y. Har², H. Araki¹, K. Miyaji²; ¹Sagamihara (Japan), ²Kanagawa (Japan)
Discussant: M. Glauber, Massa

Conventional thoraco-abdominal aortic aneurysm repair after frozen elephant trunk operation
S. Folkmann, G. Weiss, H. Pisarik, R. Moidl, M. Gorilizer, M. Grubenwoger; Vienna (Austria)
Discussant: M. Karck, Heidelberg

Vertebral artery variations in thoracic aortic patients
K. Ohkura, N. Shiaya, N. Washiyama, K. Yamashita, D. Takahashi; Hamamatsu (Japan)
Discussant: V. Papantchev, Sofia

Postoperative changes in descending aorta after surgery for acute type A aortic dissection: impact of false lumen perfusion and size of descending aorta
S. Leontyev, F. Hahg, L. Lehmkuhl, M. Borger, C. D. Etz, P. Davierwala, M. Gutberlet, F. Mohr; Leipzig (Germany)
Discussant: G. D’Ancona, Palermo

My good and my bad aortic experience and how this influenced my future practice
Moderators: J. A. Bekkers, Rotterdam; M. Grubenwoger, Vienna

Learning objectives
• To learn from world leaders how to adopt adapt and improve from favourable and unfavourable clinical scenarios.

My good and my bad aortic experience

16:15
M. Grubenwoger, Vienna

16:25
T. Carrel, Berne

16:35
J. Coselli, Houston

16:45
M. Grimm, Innsbruck

16:55
J. Bachet, Paris

17:05
C. Mestres, Barcelona

17:15
M. A. M. Schepens, Brugge
TEVAR Pre-case planning course with OsiriX and case simulation
See page 126 for programme details

TEVAR simulation workshop
See page 127 for programme details
09:00–10:30 Session 1: Invasive and non invasive milestones in optimising outcomes – followed by demonstration of percutaneous vascular closure devices

Moderators: D. Pacini, Bologna; B. Zipfel, Berlin

Learning objectives

• To realise promising new strategies at a very early timepoint in order to implement them into your clinical armamentarium.

09:00
Adventitial double layer technique in acute aortic dissection

M. Grimm, Innsbruck

09:20
Near infrared spectroscopy as an alternative to motor evoked potentials guided intercostal reimplantation in thoraco-abdominal replacement – a new functional approach

T. Schachner, Innsbruck

09:40
Endovascular coil embolisation of segmental arteries in staged thoraco-abdominal aortic aneurysm repair: first in man experience

C. D. Etz, Leipzig

10:00
Total endovascular aortic arch repair

T. Kuratani, Osaka

10:45–12:15 Session 2: Vascular closure device session

Learning objectives

• The aim of the session is to make participants familiar with current percutaneous vascular closure device in order to be able to use them in clinical routine.

10:45
Hands on vascular closure device session

M. Funovics, Vienna
<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Room</th>
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<tbody>
<tr>
<td><strong>Sunday 6 October</strong></td>
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<tr>
<td>Medafor Inc.</td>
<td>18:00–21:00</td>
<td>Room 1</td>
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<tr>
<td>Experiences with the hemostatic agent Arista® AH in complex cardiac surgery</td>
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<td><strong>Monday 7 October</strong></td>
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<tr>
<td>AtriCure Europe BV</td>
<td>12:45–14:00</td>
<td>Room 1</td>
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<tr>
<td>Chasing the threat of stroke</td>
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<tr>
<td>AtriCure Maze IV training programme</td>
<td>12:45–14:00</td>
<td>Room Y6</td>
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<tr>
<td>Baxter Healthcare SA</td>
<td>12:45–14:00</td>
<td>Room 12</td>
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<tr>
<td>Haemostatic Agents: Comparative Effectiveness</td>
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<tr>
<td>Edwards Lifesciences SA</td>
<td>12:45–14:00</td>
<td>Hall E1</td>
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<tr>
<td>Drive the change. The role of durable tissue valves in tomorrow's cardiac surgery</td>
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<tr>
<td>Ethicon – Johnson &amp; Johnson Medical Ltd</td>
<td>12:45–14:00</td>
<td>Room 24</td>
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<tr>
<td>Video assisted approach to thoracic surgery - Novel techniques and applications</td>
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<tr>
<td>JOTEC GmbH</td>
<td>12:45–14:00</td>
<td>Hall P</td>
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<tr>
<td>Treatment of complex thoracic aortic disease: today and tomorrow</td>
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<tr>
<td>Maquet Cardiac Surgery</td>
<td>12:45–14:00</td>
<td>Forum Room</td>
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<tr>
<td>Reducing stroke requires a multi-pronged approach</td>
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<tr>
<td>Medafor Inc</td>
<td>12:45–14:00</td>
<td>Room 14</td>
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<tr>
<td>Experiences with the hemostatic agent Arista® AH in complex cardiac surgery</td>
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<tr>
<td>Medos Medizintechnik AG</td>
<td>12:45–14:00</td>
<td>Hall H</td>
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<tr>
<td>How to do CABG surgery and the rationale behind</td>
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<tr>
<td>Medtronic International Trading Sàrl</td>
<td>12:45–14:00</td>
<td>Hall F1</td>
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<tr>
<td>Lifetime management of aortic valve disease; Evolving your practice with future technologies</td>
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<tr>
<td>NeoChord Inc</td>
<td>12:45–14:00</td>
<td>Room 33</td>
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<tr>
<td>Striking the Right Chord: NeoChord’s mitral repair technology and new imaging modality, NeoNav</td>
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<tr>
<td>Sorin Group</td>
<td>12:45–14:00</td>
<td>Hall K</td>
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<td>Innovative cardiac solutions to advance patient care</td>
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<tr>
<td>St Jude Medical</td>
<td>12:45–14:00</td>
<td>Hall F2</td>
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<tr>
<td>Aortic stenosis: treatment options and perspectives</td>
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<td>Symetis SA</td>
<td>12:45–14:00</td>
<td>Hall G</td>
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<tr>
<td>The ACURATE™ self-seating, self-sealing TAVI programme: expanding treatment options for each and every patient</td>
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<tr>
<td>Vascutek Ltd</td>
<td>12:45–14:00</td>
<td>Hall I</td>
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<tr>
<td>Innovative product designs and developing surgical techniques</td>
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<tr>
<td>Tuesday 8 October</td>
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<tr>
<td>B Braun Surgical SA</td>
<td>12:45–14:00</td>
<td>Hall H</td>
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<tr>
<td>CABG: The operation in 2013</td>
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<tr>
<td>Edwards Lifesciences SA</td>
<td>12:45–14:00</td>
<td>Hall E1</td>
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<tr>
<td>Drive the Change. The role of MIS in tomorrow's cardiac surgery</td>
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<td>JenaValve Technology GmbH</td>
<td>12:45–14:00</td>
<td>Hall G</td>
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<tr>
<td>JenaValve experience to date and a view into the future</td>
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<tr>
<td>Maquet Cardiopulmonary AG</td>
<td>12:45–14:00</td>
<td>Forum Room</td>
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<tr>
<td>Mechanical support options in acute heart failure</td>
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<tr>
<td>Medtronic International Trading Sàrl</td>
<td>12:45–14:00</td>
<td>Hall F1</td>
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<tr>
<td>Surgery of the mitral valve and concomitant diseases in the 21st century</td>
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## Alphabetical List of Exhibitors

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<th>Company Name</th>
<th>Booth No:</th>
<th>Hall:</th>
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<td>Hall XL</td>
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<tr>
<td>A&amp;E Medical Corporation</td>
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<td>Hall X</td>
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<tr>
<td>AATS-American Association for Thoracic Surgery</td>
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<td>Hall XL</td>
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<tr>
<td>Abbott Vascular International BVBA</td>
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<td>Hall XL</td>
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<td>ACUTE Innovations</td>
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<td>Admedus</td>
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<td>Advancis Surgical</td>
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<tr>
<td>Andocor NV</td>
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<tr>
<td>APACVS-Association of Physician Assistants in Cardiovascular Surgery</td>
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<tr>
<td>ASANUS Medizintechnik GmbH</td>
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<td>AtriCure Europe BV</td>
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<td>Hall X</td>
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<tr>
<td>B Braun</td>
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<td>Hall XL</td>
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<tr>
<td>Baxter Healthcare SA</td>
<td>27-28</td>
<td>Hall X</td>
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<tr>
<td>Berlin Heart GmbH</td>
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<td>Hall X</td>
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<tr>
<td>WSPCHS-World Society for Pediatric and Congenital Heart Surgery</td>
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</tr>
</tbody>
</table>
3-D Matrix Europe SAS
Booth No: 138; Hall XL
11 chemin des Petites Brosses
69300 Caluire et Cuire, France
Tel: +33 (0) 635023782
Email: 3dmatrixfr@puramatrix.com; Web: www.puramatarix.com

3-D Matrix Group develops a family of synthetic peptide biomaterials, including one under the trade name PuraMatrix™ which is a fully synthetic, resorbable hydrogel, with many clinical applications including hemostasis. 3-D Matrix is expecting to get the CE mark for its surgical hemostat, PuraStat™ by the end of 2013. This innovative hemostat immediately forms a gel when exposed to blood and rapidly seals open blood vessels. It is fully-synthetic, safe, transparent, biodegradable, and easy to use.

A&E Medical Corporation
Booth No: 24; Hall X
2310 S. Miami Blvd #24
NC 27703 Durham, United States of America
Tel: +1 (919) 3619191 Fax: +1 (919) 3619991
Email: ed.degler@aemedical.com; Web: www.aemedical.com

MYO/Wire Temporary Pacing Wires, MYO/Wire II Sternum wires, DoubleWire high strength sternal closure system and MYO/Punch Rotating Surgical Punch will be displayed. Country of origin: USA

AATS-American Association For Thoracic Surgery
Booth No: 144; Hall XL
500 Cummings Center, Suite 4550
MA 01915 Beverly, United States of America
Tel: +1 (978) 9278330
Email: cvercolen@aats.org; Web: www.aats.org

Founded in 1917 by the earliest pioneers in the field of thoracic surgery, the American Association for Thoracic Surgery (AATS) is now an international organization of over 1300 members consisting of the world’s foremost cardiothoracic surgeons representing 37 countries. The Annual Meeting, research grants and awards, educational symposia and courses, and the AATS official journal, the Journal of Thoracic and Cardiovascular Surgery all strengthen the commitment to its mission of Promoting Scholarship in Thoracic and Cardiovascular Surgery.

Abbott Vascular International BVBA
Booth No: 126; Hall XL
Park Lane, Culliganlaan 2B
1831 Diegem, Belgium
Tel: +32 (271) 41591
Email: els.maes@av.abbott.com; Web: www.abbottvascular.com

Abbott Vascular, a division of global health care company Abbott, is a global leader in cardiac and vascular care with market-leading products and an industry-leading pipeline. Abbott Vascular offers a comprehensive cardiac and vascular devices portfolio, including products for coronary artery disease, vessel closure, endovascular disease, and structural heart disease.
The RibLoc® Rib Fracture Plating System’s innovative U-shape and locking screws allow fixation to be independent of bone quality and screw purchase in the bone. The plate supports the fracture on three surfaces and avoids the neurovascular bundle on the inferior margin. Thoracic, Cardiothoracic, Trauma, General and Orthopedic surgeons are performing these procedures worldwide. RibLoc is indicated for Flail Chest, Acute Pain, Chest wall Deformities as well as Fracture Non-Unions.

Admedus is the international arm of Australia’s Allied Healthcare Group which has developed the unique ADAPT® Tissue Engineering Process. The company is developing a suite of bio-compatible implants for repair and reconstruction of defective tissue in the human body. The primary focus is on repair of paediatric heart deformities using CardioCel® a cardiovascular patch. With vastly improved biocompatibility and a lifelong implant free from calcification, clinicians may be able to treat a broader age spectrum whilst providing lifelong solutions to what is often a process of ongoing operations.

Advancis Surgical has been developed to bring to market new and exciting innovative technology. We pride ourselves on the ability to take ideas, develop them and create products that bring increased benefits to patients but also offer surgeons, anaesthetists and perfusionists a new way of improving the blood recycling process. Hemosep, the first product to be launched through Advancis Surgical, is designed to recover blood spilled during open-heart and major trauma surgery and concentrate the blood cells for transfusion back to the patient. The process reduces the volume of donor blood required and the problems associated with transfusion reaction.

Andocor is a company that designs and manufactures cardiovascular cannulae and catheters used during open-heart surgery. Beside our standard brand products, we also offer OEM services.
The Association of Physician Assistants in Cardiovascular Surgery (APACVS) was formed in 1981, to provide a forum for PAs working or participating in research in the disciplines of cardiac, thoracic and vascular surgery. Since its inception, the association has been recognized as the voice of cardiac, thoracic and vascular surgery PAs not only by other professional peer organizations but notably as well by the AATS and STS.

Asanus is a powerful complete supplier for more than 18,000 different surgical and minimum-invasive instruments for the areas visceral surgery, cardio thoracic surgery, vascular surgery, microsurgery, neurosurgery, ophthalmology and others. With the development of sectoral software for sterile products management, the logistics and the quality management linked with the integral service in the process management of sterile goods Asanus has developed his business activities in the surgical area and has adapted according to the market needs.

AtriCure, Inc. is focused on innovative RF and cryothermia surgical ablation systems for the treatment of atrial fibrillation. AtriCure's unique method of RF energy titration creates precise low-heat, low energy lesions on cardiac tissue. AtriCure also received CE Mark approval to market the AtriClip for LAA exclusion.

B. Braun is one of the world’s leading healthcare suppliers and has been standing for quality and reliability for more than 170 years. Aesculap, as one of the most important Division of the company, offers complete solutions for the entire core processes in the operating theatre. We are specially focused in cardiovascular surgery with a product range including surgical instruments, sutures, haemostats and various power, navigation and container systems.
Baxter Healthcare SA
Booth No: 27-28; Hall X
Postfach
8010 Zurich, Switzerland
Tel: +41 (44) 786 609
Email: steffen_schieterling@baxter.com; Web: www.baxter.com

Baxter International Inc., through its subsidiaries, develops, manufactures and markets products that save and sustain the lives of people with hemophilia, immune disorders, infectious diseases, kidney disease, trauma, and other chronic and acute medical conditions. As a global, diversified healthcare company, Baxter applies a unique combination of expertise in medical devices, pharmaceuticals and biotechnology to create products that advance patient care worldwide.

Berlin Heart GmbH
Booth No: 69; Hall X
Wiesenweg 10
12247 Berlin, Germany
Tel: +49 (030) 818 72650
Email: schubert@berlinheart.de; Web: www.berlinheart.com

Berlin Heart is the only company worldwide that develops, produces, and distributes implantable and paracorporeal ventricular assist devices for patients of every age and body size. EXCOR® is a paracorporeal pulsatile VAD for uni- or biventricular support in newborns, children, adolescents, and adults. INCOR® is an implantable axial-flow LVAD for adults. The Berlin Heart EXCOR® Pediatric VAD is approved for use by the FDA under a Humanitarian Device Exemption. All other products are not FDA approved.

BioCer Entwicklungs-GmbH
Booth No: 67; Hall X
Ludwig-Thoma Strasse 36c
95447 Bayreuth, Germany
Tel: +49 (921) 787 7700 Fax: +49 (921) 787 77079
Email: markus.heinlein@biocer-gmbh.de; Web: www.biocer-gmbh.de

HaemoCer Absorbable Polysaccharide Hemostat (APH) is a proprietary patent pending technology created via BioCers Polysaccharidae Ultra-hydrophilic Resorbable Engineering PURE process. HaemoCer APH incorporates a sophisticated, plant-based polymer crosslinking that creates ultra-hydrophilic, biocompatible particles. Upon contact with blood HaemoCer enhances the natural clotting cascade by rapidly dehydrating the blood and accelerating the concentration of platelets, red blood cells and coagulation proteins at the bleeding site.

Biointegral Surgical Inc
Booth No: 139; Hall XL
1-200 Britannia Road East
L4Z 1S6 Mississauga, ON, Canada
Tel: +1 (905) 268-0866 Fax: +1 (775) 313-9669
Email: lillian@biointegral-surgical.com; Web: www.biointegral-surgical.com

All-biological cardiovascular implants, ranging from heart valves to mitral restoration to biological grafts. Based in Canada.

Biomet Microfixation
Booth No: 61; Hall X
1520 Tradeport Drive
FL 32218 Jacksonville, United States of America
Tel: +1 (904) 741-9221 Fax: +1 (904) 741-4500
Email: Sheila.jean-pierre@biomet.com; Web: www.biometmicrofixation.com

Biomet Microfixation is a leading global healthcare provider of orthopedic products. Our thoracic portfolio includes the Pectus Bar for repair of Pectus Excavatum and the SternaLock Blu Primary Closure System for sternal closure. The Blu System aligns and stabilizes the sternum after sternotomy and enables easier closure after minimally invasive access.
BioVentrix Inc
Booth No: 17; Hall X
12647 Alcosta Blvd. Ste. 400
CA 94582 San Ramon, United States of America
Tel: +1 (925) 830-1000 Fax: +1 (925) 830-1002
Email: ncorso@bioventrix.com; Web: www.bioventrix.com

BioVentrix is a privately held medical device company that is based in San Ramon, USA. We design and manufacture minimally-invasive devices for the treatment of congestive heart failure. The Revivent™ Myocardial Anchoring System, our first generation device, helps restore the shape and size of the left ventricle in post-MI patients with LV antero-septal scar. The Left Ventricular Restoration (LVR) is achieved through a novel procedure known as Less Invasive Ventricular Enhancement (LIVE™).

C. R. Bard GmbH
Booth No: 7; Hall X
Wachhausstr. 6
76227 Karlsruhe, Germany
Tel: +49 (721) 9445-314 Fax: +49 (721) 9445-107
Email: Veronika.Weppler@crbard.com; Web: www.bard.de

C. R. Bard, Inc. is a leading multinational developer, manufacturer and marketer of innovative, life-enhancing, medical technologies.
Our product: Progel Pleural Air Leak Sealant – the Only Sealant Indicated Specifically for Pleural Air leaks. Progel Pleural Air Leak Sealant is a resorbable hydrogel designed to seal air leaks incurred during pulmonary surgery. Progels biocompatible formula combines a unique solution of Human Serum Albumin with Polyethylene Glycol to provide strength, flexibility and unmatched adherence to visceral pleura.

Cardia Innovation AB
Booth No: 81; Hall X
Lillskogsv. 22
13334 Saltsjobaden, Sweden
Tel: +46 (704) 962720
Email: marie.vanderlinden@cardia.se; Web: www.cardia-innovation.com

Manufacturer of CarbonAid and Carbon Mini CO2 diffusers used for de-airing during cardiothoracic procedures to prevent air embolism.

Cardiamed BV
Booth No: 37; Hall X
Postbus 172
5460 AD Veghel, Netherlands
Tel: +31 (413) 378554 Fax: +31 (413) 353876
Email: joke@cardiamed.com; Web: www.cardiamed.com

Cardiamed Rotating Heart Valve – Easy to Implant. Cardiamed is a joint-venture between MedEng and M.R. Medical. The headquarters of Cardiamed are based in the Netherlands. Both companies have many years of experience in producing and selling innovative medical devices. The patented Cardiamed prosthetic heart valve is the next step in the evolution of heart valve replacements. The leaflets, made of solid pyrolytic carbon, rotate freely inside the ring (patented) with every beat of the heart. No holes in the ring, so no washing problems.

Cardio Medical GmbH
Booth No: 101; Hall XL
Industriest. 3A
D-30855 Langenhagen, Germany
Tel: +49 (51) 17248548 Fax: +49 (51) 17248550
Email: c.gresitza@cardiomedical.de; Web: www.cardiomedical.de

Your innovative partner of medical technology. This year the company Cardio Medical GmbH celebrates its 18th anniversary. The company markets advanced medical quality products for cardiac, thoracic and vascular surgery under its own label Cardio Vision. It has been 6 years now that the company offers its high-tech surgical products for minimally invasive surgery and future technologies made in Germany.
CARMAT develops a bioprosthetic artificial heart that features bovine pericardial tissue for blood contacting surfaces and fully enclosed controls based on embedded sensors and electronics. The company was created in France in 2008 by Pr Alain Carpentier, EADS and Truffle Capital.

Chase Medical manufactures the Triumph TM Aortic Occlusion and Perfusion Cannula, a direct method of occluding the aorta vs. cross-clamping. Chase also offers a platform of Off-Pump surgery products including the TRIPOD™ heart stabilization system, a solid-metal arm with unique rotating foot pads.

CircuLite Inc. (Teaneck, NJ and Aachen, Germany) is developing disruptive solutions to improve the treatment of chronic heart failure. The SYNERGY® Circulatory Support System for partial circulatory support, which has received CE Mark approval in Europe, features the world’s smallest surgically implanted blood pump designed for long-term use in patients diagnosed with chronic heart failure. It enables a proactive and lower-risk treatment approach to supplement the heart’s pumping capacity, which has the potential to improve the quality of life for chronic heart failure patients.

Clear Catheter Systems is pioneering Active Clearance Technology® to improve clinical outcomes by preventing obstructed post-operative drainage systems. PleuraFlow® Active Clearance Technology® enables clinicians to proactively clear chest tube obstructions that form in nearly 40% of heart surgery patients. PleuraFlow has been shown to reduce the volume of blood retained in post-surgical spaces, which may decrease the incidence of hemothorax, tamponade, and pleural and pericardial effusions.
<table>
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<tr>
<th>Company Name</th>
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<th>Address</th>
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<th>Description</th>
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<tbody>
<tr>
<td>CorMatrix Cardiovascular Inc</td>
<td>12</td>
<td>X</td>
<td>1100 Old Ellis Road, GA 30076 Roswell, USA</td>
<td><a href="mailto:hjones@cormatrix.com">hjones@cormatrix.com</a>; <a href="http://www.cormatrix.com">www.cormatrix.com</a></td>
<td>CorMatrix Cardiovascular markets its ECM Technology biomaterial devices for pericardial closure, cardiac tissue repair, and carotid repair.</td>
</tr>
<tr>
<td>Correx Inc</td>
<td>74b</td>
<td>X</td>
<td>135 Beaver Street, Suite 203, MA 01742 Waltham, MA</td>
<td><a href="mailto:bkenney@correxinc.com">bkenney@correxinc.com</a>; <a href="http://www.correxinc.com">www.correxinc.com</a></td>
<td>Correx is a medical device company located in Waltham, MA USA. Founded in 2004, Correx is commercialising minimally-invasive delivery.</td>
</tr>
<tr>
<td>Cryolife Europa Ltd</td>
<td>58</td>
<td>X</td>
<td>Bramley House, The Guildway, GU3 1LR Guildford, UK</td>
<td><a href="mailto:brown.claire@cryolife.com">brown.claire@cryolife.com</a>; <a href="http://www.cryolife.com">www.cryolife.com</a></td>
<td>CryoLife is the leader in the processing implantable human tissues. BioGlue surgical adhesive, sealant and for tissue reinforcement is clinically proven.</td>
</tr>
<tr>
<td>CTSNet</td>
<td>136</td>
<td>XL</td>
<td>633 N. Saint Clair, 23rd Floor, IL 60611-3658 Chicago</td>
<td><a href="mailto:alaw@sts.org">alaw@sts.org</a>; <a href="http://www.ctsnet.org">www.ctsnet.org</a></td>
<td>CTSNet is the leading international source of online resources related to cardiothoracic surgery.</td>
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<tr>
<td>De Soutter Medical Limited</td>
<td>20</td>
<td>X</td>
<td>Halton Brook Business Park, Weston Road, HP22 5WF Aylesbury, UK</td>
<td><a href="mailto:david.walsh@de-soutter.com">david.walsh@de-soutter.com</a>; <a href="http://www.de-soutter.com">www.de-soutter.com</a></td>
<td>Cardiothoracic powered instruments – primary – revision sternum saws.</td>
</tr>
</tbody>
</table>
Delacroix-Chevalier
Z.I. La Vendue
52906 Chaumont cedex 9, France
Tel: +33 (32502) 1036 Fax: +33 (32502) 1020
Email: ddutel@landanger.com; Web: www.delacroix-chevalier.com

Famous French instruments manufacturer since 1920, DELACROIX-CHEVALIER is proud to offer indisputable best-seller instruments in tune with leading innovation stream of devices dedicated to MIS and video cardio-thoracic surgery developed in cooperation with key opinion leaders. Thanks to our specialized R&D organization and cutting edge manufacturing capabilities combined with dynamic market policies, Delacroix-Chevalier ranks now among world market leaders in the field.

Dendrite Clinical Systems Ltd
The Hub, Station Road
RG9 1AY Henley, United Kingdom
Tel: +44 (1491) 411288 Fax: +44 (1491) 411377
Email: mtwycross@e-dendrite.com; Web: www.e-dendrite.com

Dendrite Clinical Systems is a specialist supplier of cardiac database systems for hospitals and national registries, with installations in over 40 countries around the globe. Dendrite has published the series of EACTS Adult Cardiac Surgical Database Reports and developed, and is currently hosting, the EUROMACS Registry for collecting data on mechanical circulatory support devices. Dendrites flexible software can create a database for any clinical scenario and to track any outcome. Please visit our booth for a software demonstration.

Euromacs
C/o Deutsches Herzzentrum Berlin, Augustenburgerplatz 1
13353 Berlin, Germany
Tel: +31 (653) 162322 Fax: +49 (304) 5932100
Email: theodeby@xs4all.nl; Web: www.euromacs.org

Euromacs unites individuals and institutions with the goal of running a European registry for data from patients with mechanical circulatory support systems. The data collected will then be made available for research purposes. Further, the registry will allow comparison between European and international data in the field of mechanical circulatory support. Euromacs is based in Berlin, Germany.

EACTS – The European Association
For Cardio-Thoracic Surgery
EACTS House, Madeira Walk
SL4 1EU Windsor, United Kingdom
Tel: +44 (1753) 832166 Fax: +44 (1753) 620407
Email: info@eacts.co.uk; Web: www.eacts.org

The EACTS is the largest European Association devoted to the practice of Cardio-thoracic surgery. The main objects of the Association are to advance education in the field of cardio-thoracic surgery and to promote, for the public benefit, research into cardiovascular and thoracic physiology and therapy and to correlate and disseminate the useful results thereof. Visit the booth for information on membership, EACTS academy courses, future meetings and all other activities of EACTS.

Edwards Lifesciences
Route de l’Etraz 70
1260 Nyon, Switzerland
Tel: +44 (1635) 277-319
Email: Sheila_Stephens@edwards.com; Web: www.edwards.com

Edwards Lifesciences is the global leader in the science of heart valves and hemodynamic monitoring. Driven by a passion to help patients, the company partners with clinicians to develop innovative technologies in the areas of structural heart disease and critical care monitoring that enable them to save and enhance lives. Additional company information can be found at edwards.com. Please visit our Edwards Lifesciences booth.

Estech Inc
Groenendijk 39
4926 RE Lage Zwaluwe, Netherlands
Tel: +31 (650) 298600 Fax: +31 (168) 484790
Email: moconnor@estech.com; Web: www.estech.com

Estech develops and markets Cardiac Ablation, Valve Surgery and Off-Pump CABG Products. Please come visit the Estech booth where the new Bipolar/Monopolar COBRA FUSION endoscopic catheter for Concomitant and Lone Thoracoscopic AF Ablation are demonstrated. This innovative technology is setting new global standards in AF ablation in concomitant, standalone and hybrid cases.

Ethicon – Johnson & Johnson Medical S.p.A.
Via del Mare, 56
00044 Pomezia, Italy
Tel: +39 (0691) 194682 Fax: +39 (0691) 194321
Email: flongoba@its.jnj.com; Web: www.ethiconproducts.co.uk

Ethicon, part of the Johnson & Johnson family of companies, is the worldwide leader in suture technology, and is one of the most recognizable and well-respected brand names in the hospital environment. The division has a long history of innovation in providing products—including sutures, topical adhesives—that enhance patient care.

Eurosets SRL
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Tel: +39 (0535) 660311 Fax: +39 (0535) 51248
Email: carlotassi@eurosets.it; Web: www.eurosets.it


Fehling Instruments GmbH & Co KG
Hanauer Landstr. 7A
63791 Karlstein, Germany
Tel: +49 (0) 618895740
Email: ulrike_lindner@fehling-instruments.de; Web: www.fehling-instruments.de

Fehling Instruments is a traditional family-owned enterprise in the field of surgical instruments. Continuously striving to improve function and economy of products has led to outstanding innovations in material and design. The introduction of ceramic technologies was a major step towards perfection of surgical instruments which are subject to abrasion.
Gebemed Deutschland GmbH
Bergstrasse 92
69469 Weinheim, Germany
Tel: +49 (0152) 33926477
Email: bemedtec@msn.com; Web: www.bemedtec.de

The Gebemed GmbH is one of the leading companies in the field of cardiovascular surgery instruments. Well-known brands such as bemedtec, Core gate and berthold guarantee high quality and progress in the development of new instruments. Through our core competence in electronics and systems development, we also operate research and development for industry and hospitals.

Gebrüder Martin GmbH & Co KG
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78532 Tuttlingen, Germany
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KLS Martin Group is an innovative company ready to invest, based on a clear growth strategy. We proudly present: “Sternal Talon” The innovative sternal closure system designed for high-risk patients and reconstruction procedures. Limax 120 is the innovative Laser System for metastatic resection. The diode-pumped Nd:YAG laser Limax 120 satisfies the highest demands for treatment quality and operating convenience in Thoracic and Endobronchial Surgery. “Instruments” a broad range of high quality cardiovascular instruments.

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Cardiovascular and Thoracic Surgical Instruments featuring ValveGate PRO MICS instruments, IMAgate a totally modular retractor system for MIDCAB or TAVI or MICS CABG and VALVE procedures, Izzat Aortic Cusp Sizers to identify the exact alterations in cusp and root geometry, ULtalightweight Structurae Micro Instruments providing for exceptionally good feel and precision during surgery, Speroni One for All Retractor, ThoraGate VATS Thoracoscopy Instruments, Pandor instruments in black and gold design.

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Tel: +1 (303) 9473124 Fax: +1 (303) 778866
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Heart and Health Foundation cordially invites you to the 10th International Congress of Update in Cardiology and Cardiovascular Surgery, on 13-16 March, 2014 in Antalya, Turkey. The 10th congress will provide a significantly brilliant scientific programme for the delegates & the industry at a premium venue. Live broadcast sessions & interactive presentations from distinguished local & international institutions and presentations of experts of their fields will create a unique scientific environment.
Heart Hugger / General Cardiac Technology

Booth No: 52; Hall X
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CA 95120 San Jose, United States of America
Tel: +1 (408) 3952100 Fax: +1 (408) 3952113
Email: craig@hearthugger.com; Web: www.hearthugger.com

Heart Hugger is a patient operated Sternum Support Harness applied post-op to splint thoracic surgical wounds. Its benefits include pain management, better patient compliance with respiratory therapy, faster return to premorbid respiratory levels, fewer wound complications, better post-op mobility and easier patient handling for hospital staff. Heart Hugger benefits post open-heart, lung volume reduction, fractured rib and other chest trauma patients. Manufactured in the USA by General Cardiac Technology, San Jose, CA (www.hearthugger.com).

HeartWare Inc

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Tel: +1 (508) 7390950
Email: klee@heartwareinc.com; Web: www.heartware.com

Treatment of advanced heart failure. Through a cadence of progressively smaller devices implanted using less invasive techniques, HeartWare expects to treat an increasing proportion of heart failure patients and to access them at an earlier stage of their disease progression. HeartWare’s lead device, the HeartWare® Ventricular Assist System, incorporates state-of-the-art peripherals and features the only full-output pump designed to be implanted less invasively in the pericardial space. The HeartWare® System has CE-Mark approval and is currently the subject of a 150-patient US IDE clinical trial.

ImaCor Inc

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6451 CM Schinveld, Netherlands
Tel: +31 (45) 5257210
Email: cjongen@imacorinc.com; Web: www.imacorinc.com

ImaCor markets the EVO-Zura platform with dedicated graphical user interface for haemodynamic management and the ClariTEE probe for episodic cardiac assessment. hTEE is the only technology in critical care that provides continuously available direct cardiac visualisation.

Integra

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Email: echouinard@prri.com; Web: www.ismics.org  

JenaValve Technology GmbH  
Guerickestr. 25  
80805 Munich, Germany  
Tel: +49 (895) 5279080  
Email: daiker@jenavalve.de; Web: www.jenavalve.de  
JenaValve™ Technology is a medical device company focused on developing transcatheter valve implantation systems to treat patients suffering from aortic valve disease. The company has both transapical and transfemoral TAVI systems to address the needs of the cardiac surgeon and cardiologist, respectively. The company’s products are currently targeted at high-risk patients unsuitable for open heart surgery. JenaValve Technology’s headquarters are in Munich, Germany. Additional company information is available at www.jenavalve.com

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Lotzenaecker 23  
72379 Hechingen, Germany  
Tel: +49 (7471) 922-319 Fax: +49 (7471) 922-100  
Email: angela.kremer-wohlfahrt@jotec.com; Web: www.jotec.com  
Jotec provides innovative solutions for vascular disease to Vascular and Cardiac Surgeons, interventional Radiologists and Cardiologists. According to the highest standards of innovation and quality Jotec develops, manufactures and markets medical devices for peripheral and aortic vascular disease. The product portfolio comprises stent grafts, stents, surgical grafts as well as endovascular accessories. Continuous product improvements and new developments aim to offer best possible solutions for both – patient and physician.

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Email: qingtao.zhou2012@gmail.com; Web: www.lepumedical.com

Lepu Medical Technology (Beijing) Co., Ltd is a high-tech enterprise specialized in research & development, production, sales and service of interventional medical devices. We possess over 10 categories of cardiovascular interventional, transcatheter, anesthetic, and IVD Products with CE Mark. The main products include Sirolimus-eluting coronary stent system, PTCA balloon dilatation catheters, occluders, prosthetic heart valves and etc. Partner®, one of famous sirolimus-eluting stents produced by Lepu, occupies about 30% market-share in China.

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Email: kawai@ms.mani.co.jp; Web: www.mani.co.jp/en

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Master Surgery Systems AS  Booth No: 22; Hall X
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We help device companies wishing to explore growth opportunities & develop marketing strategies for new & existing products in emerging & developed markets. Offering expertise in: Understanding customer needs to identify new product opportunities; Understanding the whole market environment & competitive landscape; Product concept testing from hypothetical to prototype; Communication concept evaluation; Marcomms evaluation.

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421 Oslo, Norway  
Tel: +47 (23) 059698-059698  
Email: Camilla.hauge@medistim.com; Web: www.medistim.com  
Medistim is the innovator and market leader within intra-operative transit time flow measurement (TTFM) and ultrasound imaging. We develop, manufacture and bring to market the quality assessment systems VeriQ and VeriQ C for cardiac, vascular and transplant surgery. Our TTFM technology became part of the ESC/EACTS guidelines on myocardial revascularization in 2010, and in 2011 our VeriQ TTFM system was recommended by the National Institute for Health and Clinical Excellence (NICE) for routine use within the UK national health system (NHS).

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52222 Stolberg, Germany  
Tel: +49 (2402) 9664-0 Fax: +49 (2402) 9664-60  
Email: v.ackermann@medos-ag.com; Web: www.medos-ag.com  
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MiCardia Corporation

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CA 92618 Irvine, United States of America
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Email: rgibbs@micardia.com; Web: www.micardia.com

MiCardia's enCor Mitral Valve Repair System offers the world’s first dynamic, beating heart, real-time correction for recurrent mitral regurgitation. If mitral regurgitation recurs weeks or months after the initial annuloplasty repair procedure, the enCor can be adjusted through a small incision without an additional open heart procedure.

NeoChord Inc

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Email: ukasten@neochord.com; Web: www.neochord.com

NeoChord, a Minneapolis, Minnesota medical device company, intends to transform mitral valve repair by providing minimally invasive technology that enables beating heart, sternal sparing implantation of artificial chordae tendineae.

On-X Life Technologies INC™

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<td>11</td>
<td>X</td>
<td>19, allees Jean Jaures 31015 Toulouse Cedex 6, France  Email: <a href="mailto:aslartigau@europa-organisation.com">aslartigau@europa-organisation.com</a>; Web: <a href="http://www.europa-organisation.com">www.europa-organisation.com</a></td>
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<td>156</td>
<td>XL</td>
<td>Rudolf-Waisenhorn-Gasse 39 1230 Vienna, Austria  Tel: +43 (720) 505345 Fax: +43 (720) 505345-9  Email: <a href="mailto:kluegel@posthorax.com">kluegel@posthorax.com</a>; Web: <a href="http://www.posthorax.com">www.posthorax.com</a></td>
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<td>Praesidia SRL</td>
<td>68</td>
<td>X</td>
<td>Via dei lapidari, 19 40129 Bologna, Italy  Tel: +39 (348) 4441357  Email: <a href="mailto:malobbia@conecto-medical.com">malobbia@conecto-medical.com</a>; Web: <a href="http://www.conecto-medical.eu">www.conecto-medical.eu</a></td>
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<td>Qualiteam SRL</td>
<td>34</td>
<td>X</td>
<td>Casale Nassio Sopra 15/a 10010 Chiaverano, Italy  Tel: +39 (0125) 54691 Fax: +39 (0125) 54794  Email: <a href="mailto:info@qualiteam.com">info@qualiteam.com</a>; Web: <a href="http://www.qualiteam.com">www.qualiteam.com</a></td>
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<tr>
<td>Redax SRL</td>
<td>65</td>
<td>X</td>
<td>Via G. Galilei, 18 46025 Poggio Rusco (MN), Italy  Tel: +39 (0386) 830582 Fax: +39 (0386) 51898  Email: <a href="mailto:silvio.sacco@redax.it">silvio.sacco@redax.it</a>; Web: <a href="http://www.redax.it">www.redax.it</a></td>
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19, allees Jean Jaures 31015 Toulouse Cedex 6, France
Email: aslartigau@europa-organisation.com; Web: www.europa-organisation.com

Peters Surgical Booth No: 25; Hall X
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French manufacturer of a complete range of cardiovascular sutures and an annuloplasty system.

Posthorax GmbH Booth No: 156; Hall XL
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Tel: +43 (720) 505345 Fax: +43 (720) 505345-9
Email: kluegel@posthorax.com; Web: www.posthorax.com
Posthorax Thorax Support Vest – External Sternum Support after Sternotomy (EU Patent 1940330)
Posthorax Ladies Bra – breast support after Sternotomy (in combination with Thorax Support Vest)
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Praesidia SRL Booth No: 68; Hall X
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Email: malobbia@conecto-medical.com; Web: www.conecto-medical.eu
Praesidia SRL manufactures and distributes Flexigrip Sternal Closure System, made of Nitinol thermoreactive clips. Through its affiliate companies Praesidia is presenting the DoveTail Divergent Sternal Retractor. Praesidia is active as well in surgical and intensive care markets.

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Email: info@qualiteam.com; Web: www.qualiteam.com
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Rumex International is a surgical instrumentation company with the head office based in the United States of America. We bring the most cutting-edge technology and innovative designs to the hands of surgeons everywhere! Rumex is proud to offer the highest of quality but lowest pricing in the industry. Please stop by our booth and learn more about our Cardiovascular line, which includes: German Supercut Scissors and Titanium Needle Holders with TC Inserts.

Scanlan International Inc
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Artis Zeego – Angiography, cardiology and Surgery System from Germany.

Smartcanula LLC
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Smartcanula LLC develops, manufactures, and distributes next generation cannulas for cardiopulmonary bypass, and minimally invasive heart surgery. The Venous smartcanula® is collapsed with a mandrel prior to insertion over a guide wire and re-expanded in situ: full flow can be achieved with remote access and gravity drainage alone. In addition to the Venous, Arterial and Central smartcanula®, the new ECMO smartcanula® which is designed for improved augmented venous drainage in combination with a centrifugal pump will be presented.
Sorin Group Italia Srl
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Sorin Group is a global medical device company and a leader in the treatment of cardiovascular diseases. With over 3,750 employees worldwide, the Company develops, manufactures and markets medical technologies for cardiac surgery and for the treatment of cardiac rhythm disorders. Each year, more than one million patients are treated with Sorin Group devices in more than 80 countries. Our life-saving products are in more than 5,000 hospitals worldwide. At the 27th EACTS, Sorin Group will present the INSPIRE New family of oxygenators as well as the native-like SOLO SMART stentless biological valve and the Mitroflow Valsalva Conduit, featuring the only bovine pericardium aortic root surgery system.

St Jude Medical
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St. Jude Medical develops medical technology designed to put more control into the hands of those who treat cardiac, neurological and chronic pain patients worldwide. The company is dedicated to advancing the practice of medicine by reducing risk wherever possible and contributing to successful patient outcomes. Learn more at sjmprofessional.com.

Starch Medical Inc
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Starch Medical Inc. is a San Jose, CA based medical device company engaged in the design, manufacture and sale of innovative, absorbable surgical hemostats. Starch Medical Inc. was founded by surgeons and medical device industry marketers who have brought their expertise to develop customized surgical hemostats to meet clinical needs. By working together with well-known modified-starch scientists, biochemists and surgeons, Starch Medical has developed the innovative breakthrough hemostatic technology based on engineered polymeric modified-starch particles. The particles can enhance and accelerate the clotting immediately when applied on the wound site where blood is present. It was a tremendous progress to bring the starch-derived hemostat to clinical application. Starch Medical has claimed the patent for polymeric polysaccharide hemostat in both the United States and China. Its biocompatibility, easy to use, and effectiveness will become of significant value for patients and healthcare practitioners.

STS – The Society Of Thoracic Surgeons
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STS is a not-for-profit organization representing more than 6,700 surgeons, researchers, and allied health care professionals worldwide who are dedicated to ensuring the best possible heart, lung, esophageal, and other surgical procedures for the chest. Founded in 1964, the mission of STS is to enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research, and advocacy. STS Headquarters is located in Chicago, Illinois, USA.
The C-Pulse Heart Assist System is an extra-aortic balloon pump using counter-pulsation technology to treat moderate to severe heart failure – Class III or IVa. It is placed outside the bloodstream the patient has the ability to disconnect from the system, and can be performed minimally invasively. It is designed to improve heart function by increasing coronary blood flow, decreasing afterload and increasing cardiac function. The C-Pulse goal is to halt the progression of heart failure. The FDA feasibility clinical study results showed promising results with the reduction of HF classification in the majority of patients. A post-CE Mark study is underway in Europe.

Symetis is a privately-owned Swiss company developing TAVI systems for transapical, transfemoral and transaortic delivery. Its proprietary technology, the ACURATE™ TAVI system, features a bioprosthesis with a unique self-seating, self-sealing design and stepped delivery ensuring a simple implantation procedure, short learning curve, and resultant optimal device placement with effective results. The ACURATE™ technology is available in 4 sizes (XS, S, M, L) to treat annuli of 19mm – 27mm. For more information, please visit www.symetis.com.

Terumo Europe Cardiovascular Systems (TECVS) is an integral part of the Terumo's family of cardiovascular businesses and is committed to developing innovative technologies for the treatment of cardiovascular disease. In Europe, Terumo Cardiovascular Systems provides products and service such as Capiox® Oxygenators, customized Tubing Sets, Pall® filter brand products, VirtuoSaph Plus®, Endoscopic Vein Harvesting System.

Vascutek, a Terumo Company will present its newly available Thoraflex™ Hybrid Device for use in the Frozen Elephant Trunk procedure plus a full range of Gelweave™ cardiothoracic grafts, BioValsalva™, the “Biological Bentall” conduit for aortic valve and root replacement. The company’s proven porcine heart valves, aspire™ and elan™ as well as the Porcine Pericardial Patch will also be on display. Visit us at our booth for a Live Demonstration.
The Society for Heart Valve Disease is an organization formed to undertake, promote, support and encourage research and the education of the public in the causes, prevention, and treatment of heart valve disease, and related cardiac diseases, illnesses or conditions. The Society is comprised of individuals interested in and dedicated to improving heart valve disease in the global population, including cardiologists, cardiothoracic surgeons, researchers, allied health professionals, students, and institutional representatives. Members of the Society span the globe.

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Thoratec® is the world leader in mechanical circulatory support with the broadest product portfolio to treat the full range of clinical needs for patients suffering from advanced heart failure. The company's products include the HeartMate® LVAS and Thoratec® VAD, with more than 20,000 devices implanted in patients suffering from heart failure. Thoratec also manufactures and markets the CentriMag® and PediMag®/PediVAS® product lines. Thoratec is headquartered in Pleasanton, California. For more information, visit www.thoratec.com.

Tianjin Plastics Research Institute Co., Ltd. established in 1965 and dedicates in cardioplegia disposable products. Our main products are extra-corporeal circuit products, Arterial filter, Blood reservoir, Arterial & Venous Cannula, Aortic Root Cannula and various components such as connectors, tubes, isolator, gas filter, clamps and so on.

Tianjin Welcome Medical Equipment Co Ltd
Founded in 1993 and located in Tianjin, China, designs, manufactures and sells Heart Lung Machines & Water Heater Cooler. All products have CE mark and are sold to more than 200 hospitals in China and many other countries in the world.

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Transonic AureFlo Surgical-QA System is used during surgery with Transonic Perivascular Flowprobes or Sterile Tubing Flowsensors to measure, display, capture and document absolute volume flow in vessels or tubing circuits. The versatile AureFlo can be configured as a stand-alone, integrated system or on any operating room cart with an optional AureFlo stand for tabletop monitoring.
ValveXchange Inc

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A medical device company located in the United States with a two-part exchangeable tissue heart valve. The VXI Exchangeable Valve System brings together the safety and longevity of time-proven surgical valves, with the least invasive access of the new wave of transcatheter valves.

Vivostat A/S

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Vivostat A/S is a privately owned company based in the Medicon Valley of Scandinavia. Our products, Vivostat Fibrin Sealant and Vivostat PRF, utilize the patient’s own blood to derive either a surgical sealant to prevent and stop bleedings, or a gel with a high concentration of growth factors used to regenerate tissue (e.g. for sternal wound healing). Vivostat A/S, furthermore, develops the Vivostat Co-Delivery system, which makes it possible to apply drugs or cells together with the Vivostat Fibrin Sealant or Vivostat PRF solution.

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Wexler Surgical designs and manufactures a variety of titanium and stainless steel specialty surgical instruments and products for Cardiac, Vascular, Thoracic, and Micro Surgery. Come see our VATS/MICS instruments and ask about our Optimus Series. Visit us online at www.wexlersurgical.com for more information about our products and the services.

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Manufacturer of High End Visualizers presenting the first worldwide available 3D Stereoscopic Ceiling Visualizer.

WSPCHS – World Society for Pediatric and Congenital Heart Surgery
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The mission of the World Society for Pediatric and Congenital Heart Surgery is to promote the highest quality comprehensive cardiac care to all patients with congenital heart disease, from the fetus to the adult, regardless of the patient's economic means, with an emphasis on excellence in teaching, research and community service.
Level Plans

Level 0

Level -1
Exhibition Plan
At St. Jude Medical we create cost-effective medical technologies and services that save and improve lives. Our vision is to transform the treatment of some of the world’s most costly diseases.

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