



16th European Conference on Perfusion Education and Training (ECoPEaT)

October 1st, 2016

Centre Convencions Internacional Barcelona

266, Passeig del Taulat

Barcelona, Spain

ROOM 112 – Level P1

Final Program : ***Progress in Perfusion - Research & Science & Philosophy***

8.30 – 09.00 : Welcome Coffee + Welcome Address

09.00 – 10.30 : Scientific Session I

CPB Technology - The Benefits & Concerns of Progress

“The secret of change is to focus all of your energy not on fighting the old but building the new”

Socrates

09.00 – 09.25 : Invited talk : Minimal Invasive Extracorporeal Technology - a contradiction in terminus : Should we embrace this demanding strategy for all cases or diversify our technical approaches? K. Anastasiadis, past President / Executive Board MiECTiS, Greece As we move towards minimal invasive surgery, we move towards Minimal Invasive Extra Corporeal Circuits (MIECT); in contrast to what we would expect from the terminology, it concerns a very complex technology and a demanding strategy for the entire team. Remains the question if this approach should be implemented in all centres, for all cases or only in limited cases and centres where large numbers of this technology can be safely implemented.

09.25 – 09.50 : Invited talk : Microcirculatory alterations during ECC : What's the clinical importance & how can End Organ Perfusion be optimized? Prof Dr C. Ince, PhD - The Netherlands Cardiac surgery using extracorporeal circuits has been associated with significantly reduced microcirculatory perfusion, hence it is important to look at the factors which influence microcirculation or which impair tissue oxygenation during CPB and also on how we can intervene.

09.50 – 10.05 : Abstract 1 : MIECC in Minimally invasive valvular surgery. P. Starinieri – Belgium

10.05 – 10.20 : Abstract 2 : European Survey about arterial line filtration strategies. D. Johagen – Sweden

10.20 – 10.35 : Abstract 3 : Oxygenator performance assessment from CO2 removal capacities during VV ECMO. A. Degani – Italy

11.00 – 12.35 : Scientific Session II

CPB Practice - Targets & Tools to improve Quality of Perfusion

“At the end it’s not the years in your life that count, it’s the life in your years”

Abraham Lincoln

11.00 – 11.25 : Invited talk : Readdressing Micro Emboli in CPB Patients in an Era of Integrated Arterial Filters, Contemporary Venous Reservoirs & Assisted Venous Drainage. F. De Somer, ECCP, PhD - Belgium *The last decade most oxygenators were redesigned and appeared on the market with an integrated arterial filter, eliminating the need of a separate arterial filter. Additionally, many efforts & investments were done by the industry to improve the venous reservoirs. At the other hand, with the awareness of importance to reduce priming volume & surface area, CPB systems become smaller and are being set-up closer to the patient, resulting in the need to assist venous drainage. All these changes, technology + techniques, have impact on the blood and microbubble handling so it is necessary to re-evaluate and objectively investigate if we’re still providing quality care to the patients*

11.25 – 11.50 : Invited talk : Cerebral autoregulation during CPB or How to optimize the post-operative Cognitive & Neurological status in CPB patients? G. Kunst, MD, PhD, EBCCP-EACTA delegate - UK *Post-operative cognitive & neurological decline experienced by cardiac surgery patients is a serious and growing health issue. Hence, it is important to gain understanding concerning cerebral autoregulation during CPB and how we can optimize cerebral perfusion so our patients can return to a productive if not quality life after hospital discharge*

11.50 – 12.05 : Abstract 4 : Anticoagulation management during pulmonary endarterectomy (PEA): Is ACT-guided heparin management able to safeguard adequate heparinization? D. Veerhoek - The Netherlands

12.05 – 12.20 : Abstract 5 : Continuous monitoring of VO2 during VV ECMO : a small case series. M. Belliato, Italy

12.20 – 12.35 : Abstract 6 : Serious-game based perfusion training. N. Bonet –Spain

12.35 – 13.30 : Lunch break with poster session

13.30 – 14.00 : “Meet the Industry” Session

14.00 – 15.30 : Scientific Session III

CPB patients – Tailoring CPB approach to changing patient population

“If we knew what it was we were doing, it would not be called research, would it?”

Albert Einstein

14.00 – 14.25 : Invited talk : The Return of our grown up Congenital Heart Surgery Babies : How to tailor perfusion practice to their needs? T. Jones, MD, FRCS - UK *There are an increasing number of congenital heart surgery babies who return for a reoperation at an adult age. Therefore it is important to recognize the difficulties and the challenges in CPB practice encountered in this population presenting for cardiac surgery; challenges due to chronic cyanosis, abnormal anatomy, aortic shunts, redo access sites, excess collaterals, polycythemia, pregnancy,...*

14.25 – 14.50 : Invited talk : CPB & ECLS for the Elderly Patient : Are there ethical or biological age limits? *R. Lorusso, MD, EuroELSO president - The Netherlands* Due to technical & medical progress, CPB & ECLS should be feasible in the elderly patient. Still, decision-making in this patient population remains very difficult and basic standards of practice should be adapted to improve morbidity & mortality and to ensure not only lengthening of life but also improved quality of life.

14.50 – 15.15 : Invited talk : CPB in unstable ischemic hearts : Is Emergency and Salvage CABG justified? *T. Gudbjartsson, MD, EBCP-EACTS Delegate – Iceland* Emergency & salvage CABG are relatively rare procedures, especially salvage CABG. There have been very few reports on outcome after emergency and salvage CABG, and most studies have only included a few patients from single institutions. The early mortality for emergency and salvage CABG is highly variable (2–30%) and markedly higher than for elective procedures (1–3%). A high rate of complications after emergency and salvage CABG is to be expected. In an attempt to justify the use of CABG in these patients, the outcome of emergency and salvage CABG was investigated in a contemporary multicenter study.

15.15 – 15.30 : Abstract 7 : Association between a low perfusion pressure and renal tubular injury in infants undergoing cardiac surgery with CPB. *M. Bojan - France*

16.00 – 17.45 : Scientific Session IV :

CPB derived technology – The booming of

The real problem is not whether machines think but whether men do
B.F. Skinner

16.00 – 16.25 : Invited talk : Is there still room for IABP as mechanical support in failing hearts and is there a benefit for combined use with ECLS? *Dr. P. Leprince, MD, PhD –France* IABP seems to loose popularity in the post-cardiotomy failing heart as improved conventional support is pushing up the patient's limit to sustain necessary hemodynamics but also because the threshold towards installing ECMO has substantially gone down in many units. Remains the question if there is still a place for isolated IABP use? At the other hand, there has been a re-appraisal using IABP devices in combination with ECMO; is there a benefit in this combined support?

16.25 – 16.50 : Invited talk : ECPR – Pumping new life into patients. *J. Belohlavek, MD, PhD, EuroELSO representative - Czech Republic* ECPR is gaining immense popularity; how do we organize such program while improving our patient survival at one side and while avoiding an overpopulation of neurological severe damaged patient in the ICU at the other side?

16.50 – 17.05 : Abstract 8 : Low-flow ECCO2R on continuous renal replacement therapy : Five year experience case series analysis. *K. Van Zwam - Belgium*

17.05 – 17.20 : Abstract 9 : Setting up of a successful rescue program with ECMO – The Zurich experience. *M. Halbe - Switzerland*

17.20 – 17.35 : Abstract 10 : Lung transplantation after ex vivo lung perfusion : Is the quality of reconditioned donor organs as good as the standard ones? *M. Klein - Switzerland*

17.35 – 17.45 : Awards for best Abstracts/Posters

17.45 – 18.00 : Closing remarks – Adjourn

