Allen Urges Colleagues to Innovate

Mark S. Allen, MD is passionate about innovation, and he shared that passion during his Monday morning Presidential Address, “Innovation for Life.” His clarion call illustrated how cardiothoracic surgeons can open their hearts and minds to innovation and ultimately make the specialty better.

Balancing seriousness and humor, he described innovators inside and outside of medicine and their five common characteristics: associating, questioning, observing, networking, and experimenting. The first skill, associating, requires mindfulness.

“We usually don’t make associations during a busy day or a hectic OR schedule. We need some down time to let these ideas come together,” said Dr. Allen, pointing to William Hunter, MD, who asked how to build a better stent and went on to be the co-inventor of the TAXUS drug-eluting coronary stent.

The second skill innovators use frequently is questioning.

“Innovators are consummate questioners who show a passion for inquiry. We should ask questions about every aspect of what we do. We should ask our patients about what is not going well for them. We should ask them what they are most unhappy about today,” Dr. Allen said. “By questioning, we find areas that need improvement, and the questions may spark an idea for innovation.”

“Innovators are better than non-innovators if they possess the third skill, observing.”

“Innovators are intense observers,” Dr. Allen said. “They carefully watch the world around them. To improve at this skill, you should actively watch patients to see what they are trying to get from the medical system.”

One such observer in the medical field is Gary Crocker, who was a salesman for medical catheters and tubing for cardiac surgery. He observed that there weren’t good “plumbing tools” for cardiac surgery and went on to start

Joseph Bavaria Elected STS President

Internationally recognized cardiothoracic surgeon Joseph E. Bavaria, MD was elected by the STS membership yesterday evening as the Society’s 2016-2017 President.

“I am honored to follow in the footsteps of some of the greatest cardiothoracic surgeons who have led our specialty and look forward to my tenure as STS President,” said Dr. Bavaria, the Brooke Roberts-William Measey Professor in Surgery and Director of the Thoracic Aortic Surgery Program at the University of Pennsylvania in Philadelphia.

“Having spent a portion of my life abroad has helped me keep a more global focus,” said Dr. Bavaria. “Because of this, one of my goals during my presidency is to increase STS presence internationally and increase our cooperation with other organizations like the American College of Cardiology, American College of Surgeons, and the European Association for Cardio-Thoracic Surgery.”

Dr. Bavaria completed his surgical internship and residency at the Hospital of the University of Pennsylvania in Philadelphia. He served for a year as Chief Resident of Surgery before completing additional residencies in thoracic and cardiovascular surgery at the Hospital of the University of Pennsylvania and Children’s Hospital of Philadelphia.

An STS member since 1996, Dr. Bavaria most recently served as the organization’s First Vice President. He also participated on the Operating Board of the Society’s Council on Health Policy and Relationships. Previously, he served as Chair of the STS Workforce on New Technology.

“STS is a broad-based membership society open to all cardiothoracic surgeons, and we welcome anyone who wants to join us in helping shape the future of our specialty,” said Dr. Bavaria. “I want to encourage all of my colleagues to get involved with the Society and become an advocate for our specialty at all levels.”

Dr. Bavaria lives with his wife, Kim, in Philadelphia. The couple has two children, Edward and Melanie. Dr. Bavaria enjoys playing golf and is an avid Philadelphia sports fan.
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* Manoharan, G; Clinical Outcomes at 1 Year with a Repositionable Self-Expanding Transcatheter Aortic Valve. Presented at the Transcatheter Cardiovascular Therapeutics (TCT) Annual Meeting, October 12, 2015.
N = 60
**Symposium Examines Impact of Human Error on Cardiothoracic Surgeons**

Health care providers involved in a medical error or adverse event are often referred to as “second victims.” They perceive themselves as being personally responsible for the unexpected outcomes and have failed their patients, causing them to further question their medical knowledge and clinical abilities.

This year’s Patient Safety Symposium will delve into When Bad Things Happen to Good CT Surgeons—Human Error and the Impact on You, the “Second Victim” from 1:00 p.m. to 3:00 p.m. Tuesday in Room 127ABC.

“We do not know the proportion of health care errors that affect the second victim phenomenon, the long-term impact on their careers, or how these events contribute to work-related stress,” said moderator James I. Fann, MD, Professor of Cardiothoracic Surgery at Stanford University.

For Dr. Fann, a human factors approach within the framework of patient safety acknowledges that medical errors can result from a combination of individual and work-related factors. Thus, it’s important for clinicians who are second victims to understand the need and develop an infrastructure for a support program.

“For instance, some have advocated for a dedicated team that would support providers during the early stages of emotional stress, facilitate recovery from the events, and enhance career satisfaction,” Dr. Fann said.

The first presenter, James Jaggers, MD, Aurora, Colo., will discuss the impact of an adverse event on the provider. “As much as we’d like to think that this is all a team effort, the reality is that surgeons have a substantial amount of burden placed upon them,” Dr. Fann said.

Co-author of “When Bad Things Happen to Good Surgeons: Reactions to Adverse Events,” published in the February 2012 issue of *Surgical Clinics of North America,* Carol-Anne Mouton, MD, PhD, Toronto, will describe the various stages a provider goes through, including stresses that may lead to burnout and how to overcome the trauma of an adverse event.

Anesthesiologist and attorney Timothy McDonald, MD, JD, Chicago, will help attendees understand the importance of disclosure and legal issues after an adverse event, including the perspective of hospitals and attorneys.

The afternoon will conclude with a panel discussion.

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**Patient Safety Symposium: When Bad Things Happen to Good CT Surgeons—Human Error and the Impact on You, the “Second Victim”**

**Tuesday, 1:00 p.m.–3:00 p.m.**

**Room 127ABC**

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**Acclaimed Science Journalist to Give Lillehei Lecture**

He be 2016. Walton Lillehei lecture will be Gary Taubes, an award-winning science journalist who has shaken up the status quo and challenged conventional wisdom regarding diet, weight, gain, and heart disease with his New York *Times*-bestselling books *Good Calories, Bad Calories* and *Why We Get Fat*. In his lecture, Why We Get Fat, Taubes will discuss his hypothesis that the “low fat equals healthy” message is not supported by clinical research and that high-carbohydrate diets contribute to cardiovascular disease and obesity.

The Lillehei lecture will take place at 11:00 a.m. on Tuesday in Exhibit Hall 2-3.

For more information on this speaker, please visit www.prhspeakers.com.
Ferguson Lecture to Feature Former NASA Astronaut

Scott Parazynski, MD

Robert A. Guyton Honored for Leadership, Service to Cardiothoracic Surgery

Robert A. Guyton, MD is the recipient of the STS 2016 Distinguished Service Award, presented Monday evening at the Annual Membership (Business) Meeting.

“This award recognizes Dr. Guyton’s tremendous contributions not only to STS but also to the entire specialty of cardiothoracic surgery,” said 2015-2016 STS President Mark S. Allen, MD. “Through his work with the American College of Cardiology (ACC), he has earned tremendous respect among our cardiology colleagues and has influenced all aspects of cardiac care.”

An STS member since 1986, Dr. Guyton has served the organization in many capacities, including 2003-2004 President and 1997-2002 Treasurer. He participated on the Operating Boards of the Council on Health Policy and Relationships and the Council on Education and Member Services. Dr. Guyton also chaired the Information Technology and Information Technology Liaison Committees, the Workforce on Media Relations and Communications, and the Nominating Committee.

“Dr. Guyton always maintains the highest standards of professional excellence and is a strong, dynamic leader,” said Dr. Allen.

During his time as STS President, the Society opened a dedicated office in Washington, DC. This was at a time when the medical profession was faced with sky-high professional liability insurance premiums while simultaneously threatened with a substantial cut in Medicare reimbursement. Dr. Guyton championed the Society’s participation in Doctors for Medical Liability Reform, a coalition formed to raise awareness about the need to reform the medical liability system.

He also initiated a series of STS activities aimed at elevating the level of expert witness testimony in medical malpractice litigation.

Dr. Guyton graduated from the University of Mississippi and Harvard Medical School; he then completed an internship, residencies in general surgery and cardiothoracic surgery, and a clinical fellowship in surgery at Massachusetts General Hospital in Boston.

He joined Emory University in Atlanta in 1980, where he currently is the Distinguished Charles Ross Hatcher Jr. Professor of Surgery, Chief of the Division of Cardiothoracic Surgery, and Director of the Emory Cardiothoracic Surgery Residency Training Program.

Throughout the years, Dr. Guyton has been involved in the creation and refinement of several cardiothoracic surgery techniques, including transcatheter aortic valve replacement. His commitment to patient care has led to strong collaborations with other physicians, especially cardiologists. He currently serves as ACC Treasurer and previously served a term as a member of the ACC Board of Trustees.

“Other STS members should learn how Dr. Guyton has been able to accomplish many goals with our cardiology colleagues with tactful and appropriate interactions. They should also seek to learn his methods of developing and implementing a plan with harmony and cooperation,” noted Dr. Allen.

Dr. Guyton was recognized for his commitment to resident education and mentorship through a 2009 Socrates Award from the Thoracic Surgery Residents Association. He also was a member of the Board of Directors for the Thoracic Surgery Foundation for Research and Education.

A son of an internationally renowned physician and medical textbook author, and brother to nine siblings, all of them physicians, Dr. Guyton currently resides in Atlanta with his wife, Beth. The Distinguished Service Award, established in 1969, recognizes individuals who have made significant and far-reaching contributions to STS and the specialty.

Ethics Debate Tackles the Case of a Postoperative Advance Directive

When patients or their caretakers want to limit the use of life-sustaining technologies after major operations, those limitations may present a challenge for surgeons.

“Some surgeons feel it’s up to the patient to decide how much technology they are willing to accept, while others feel it’s their professional responsibility to do what’s best for the patient, so they are unwilling to accept limitations in advance,” said Robert M. Sade, MD, Distinguished University Professor and Professor of Surgery at the Medical University of South Carolina in Charleston.

Dr. Sade is the facilitator of this year’s Ethics Debate: An Advance Directive Limits Postoperative Care—Should Surgeons Accept Limits on Care?

“I would do the operation and respect the patient’s autonomy and the advanced directives. The possibility of a successful surgery may be low, but it is still real. However, during the postoperative period, I would try to persuade the wife using ethically acceptable means to change her posture and accept further care,” said Dr. Mavroudis, Professor of Surgery at Johns Hopkins University School of Medicine and Site Director of Johns Hopkins Children’s Heart Surgery at the Florida Hospital for Children in Orlando.

Agreeing with Dr. Mavroudis that the patient coming off extubation within a week was slim, Dr. Gaca added that this life-threatening situation dictated urgent surgery, and 1 week was a strict time limit.

“Patients who want ‘everything done’ oftentimes are not aware of what everything involves. Everything can be tough, painful, and almost cruel and unusual punishment. We have to help patients and their families clarify what their wishes are,” said Dr. Gaca, Associate Professor of Surgery at Duke University in Durham, N.C.

He added that a period of time after the surgery, he would talk with the wife about discontinuing care if needed. “I don’t think we should place limits on this person’s care before going into the operation, but at some point, there is always a limit on care,” Dr. Gaca said.

The Ethics Debate requires a ticket to attend. If you haven’t yet purchased a ticket, you may do so at Registration on the lower level of the convention center.
ST/CATS/CSCS Offers Primer on Internet, Social Media, 3D Printing

Monetary STS/CATS/CSCS session gave attendees a new perspective on how the internet, social media, and 3D technology can impact cardiothoracic surgical practice.

Mackenzie Quantz, MD has embraced the world of 3D printing, producing a number of models, including an aortic root and mitral valve, on his 3D printer, which is about the size of two paper shredders.

“The use of 3D surgical simulators helps train residents to be more proficient outside of the operating room in a stress-free environment, at their own pace, and under mentorship, which enhances the learning experience,” said Dr. Quantz, Associate Professor of Surgery and a Consultant in Cardiovascular Surgery at the University of Western Ontario in London, Canada.

“You can make your own simulators, fine-tune them, and create special one-offs for any type of situation, and you can do it very quickly for a low cost,” Dr. Quantz said.

“I control the entire process, which makes it extremely user friendly and flexible.”

The co-moderators of the SCA/ST/CSCS program were Sean C. Grondin, MD, MPH, Clinical Professor of Surgery in the Section of Thoracic Surgery at the University of Calgary, Alberta, Canada, and Colin Schieaman, MD, Assistant Professor of Surgery and Director of the Thoracic Residency Program at McMaster University, St. Joseph’s Healthcare in Hamilton, Ontario, Canada.

STA/CATS/CSCS Offers Primer on Internet, Social Media, 3D Printing

Monday’s STS/CATS/CSCS session gave attendees a new perspective on how the internet, social media, and 3D technology can impact cardiothoracic surgical practice.

Presenters at the STS/CATS/CSCS session on Monday took attendees beyond their comfort zones, giving them a glimpse of how they can improve their internet presence, benefit from the use of social media, and use 3D printing applications in cardiothoracic surgery. The program was a collaboration among STS, the Canadian Association of Thoracic Surgeons, and the Canadian Society of Cardiac Surgeons.

The rapid increase of individuals looking to the internet for their health care needs has subsequently altered the doctor-patient relationship, said Christopher W. Seder, MD, Assistant Professor of Surgery in the Department of Cardiovascular and Thoracic Surgery at Rush University Medical Center in Chicago, who discussed how to build a winning website.

Beyond his presence on the Rush website, he and his colleagues worked with an outside company to create a website for their practice, www.midwestesophagus.com.

“It’s important to optimize your internet presence. To do that, you need to do four things: get people to your website, emotionally connect with them, logically justify that connection in their mind, and convert that to an office visit,” Dr. Seder said.

He provided several tips for achieving search engine optimization, including the use of high-quality, original content, high-quality back links for users to link to your website, and social media to increase those back links. Because the duration of website visits are short lived, he said it’s vital that websites are inviting and well designed, but surgeons should resist the urge to overly self-promote and rather provide useful information, including avenues for connecting with their offices.

Mara B. Antonoff, MD shared her insights about the advantages social media can bring to cardiothoracic surgeons, describing Twitter as a fruitful environment for her professional networking, which she said gives her endless potential interactions with patients, caregivers, advocacy groups, and societal organizations.

“I use Twitter to communicate with others about my primary academic interests, including lung cancer and medical education. I have formed collaborations, learned an inordinate amount, participated in important dialog with others, and shared my own resources with a wide audience,” said Dr. Antonoff, Assistant Professor in the Department of Thoracic and Cardiovascular Surgery at The University of Texas MD Anderson Cancer Center in Houston.

Dr. Antonoff also discussed the preliminary 6-month experience of the Thoracic Surgery Social Media Network (TSSMN), an organization that she helped create. TSSMN participants are charged with promoting Twitter discussions relevant to the content of The Annals of Thoracic Surgery and the Journal of Thoracic and Cardiovascular Surgery, using the hashtag #TSSMN.

“Anesthesiologists and surgeons work together in the operating room, so both groups have a vested interest in improving patient outcomes,” said Jay G. Shake, MD, Associate Professor, Director of the Wallace Conerly Adult Extracorporeal Membrane Oxygenation, Cardiovascular Intensive Care Unit, Director of Adult Extracorporeal Membrane Oxygenation, and Co-Director of the Wallace Comerly Critical Care Hospital at the University of Mississippi Medical Center in Jackson.

With new technologies for perioperative hemodynamic monitoring now available, Robert Sladen, MD, New York, will compare options for surgeons, such as noninvasive cardiac output devices, as well as conventional options.

“I think Dr. Levy will give a good review and also discuss the areas that challenge us, such as patient management of individuals with left ventricular assist devices, mechanical support, and low ejection fraction,” said Dr. Levy, Associate Professor, Director of the Cardiovascular Intensive Care Unit, Director of Adult Extracorporeal Membrane Oxygenation, and Co-Director of the Wallace Comerly Critical Care Hospital at the University of Mississippi Medical Center in Jackson.

When patients present with acute circulatory failure, their surgeons are left with several questions: “When should we make the decision that we need mechanical support?, Which is the right support?, Are there any cost considerations?, and Do we have data to support some of this?,” Dr. Shake posed.

“Sometimes, it isn’t crystal clear. I think these talks will make for a stimulating discussion.”

Dr. Levy will look at shock in difficult patients.

The last speaker, Ashish Shah, MD, Durham, N.C., are co-moderators of the session, which will be from 3:30 p.m. to 5:30 p.m. Tuesday in Room 126ABC.

Leaders in their fields will discuss how to identify shock in challenging postoperative cardiac patients, perioperative hemodynamic monitoring, and pharmacologic management and mechanical support for shock.

“Sometimes, it isn’t crystal clear. I think these talks will make for a stimulating discussion.” Dr. Levy will look at shock in difficult patients.

“Everyone is trying to come at this from different angles,” said Dr. Shake, “but what are our choices, and are there data to support one technology over another?”

In his talk on proven strategies for pharmacologic management of shock, Peter von Honeyer, MD, Seattle, will dig into recent prospective trials and share evidence for choosing pharmacological agents to treat circulatory failure.

The last speaker, Ashish Shah, MD, Nashville, Tenn., will identify indications, options, and outcomes for using mechanical circulatory support devices in these patients.

O n the heels of last year’s successful SCA © STS session, planners from the Society of Cardiovascular Anesthesiologists and STS have created a compelling new program centering on perioperative evaluation and management of circulatory shock.

“Anesthesiologists and surgeons work together in the operating room, so both groups experience shock perioperatively,” said Jay G. Shake, MD, Jackson, Miss. Dr. Shake, Aaron M. Cheng, MD, Seattle, and Jerrold H. Levy, MD, Durham, N.C., are co-moderators of the session, which will be from 3:30 p.m. to 5:30 p.m. Tuesday in Room 126ABC.

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Surgeon Shares Tips for Treatment of Thoracic Outlet Syndrome

Cardiothoracic and vascular surgeons came together to share their insights on several of their overlapping interests during the Monday afternoon SVS @ STS session. “STS and the Society for Vascular Surgery have held collaborative programs at each other’s annual meetings for the last 4 years. The collaborations bring state-of-the-art, evidence-based practice together from two different worlds,” said co-moderator A. Michael Borkon, MD, Co-Director of the Mid-America Heart Institute and Chair of the Department of Cardiovascular Surgery at Saint Luke’s Health System in Kansas City, Mo.

Presenters from both societies shared their perspectives on three areas: conservative management and stent grafting of acute type B dissections, open treatment and endovascular repair of thoracic aortic aneurysms, and cardiothoracic and vascular surgery approaches to arterial/venous thoracic outlet syndrome.

John A. Kern, MD, said that treating thoracic outlet syndrome is so rewarding that he has continued caring for these challenging patients for nearly 20 years. “The more experience you gain, the better you get at figuring out who is going to benefit from surgery and who is not,” said Dr. Kern, Professor of Surgery, Chief of the Division of Cardiothoracic Surgery, and Surgical Director of the Cardiac Transplant and Circulatory Device Program at the University of Virginia Health System in Charlottesville.

For Dr. Kern, the days of seeing patients living with arterial thoracic outlet syndrome in subclavian artery aneurysms and distal embolization are for the most part gone, as these patients are now being referred earlier. He finds patients with venous thoracic outlet to be extraordinarily challenging because they tend to be young athletes who are pitchers, swimmers, and tennis players intent on continuing their athletic careers. “Sometimes this diagnosis can be missed, but it should not be; if it is, the results can be devastating,” he said. “The treatment for venous thoracic outlet is really quite straightforward. ‘I lyse the clot and operate sooner rather than later. In order to decompress and reconstruct the vein, an infraclavicular incision is best. This allows you to remove the subclavus muscle and costoclavicular ligament, as well as the medial aspect of the first rib, and totally mobilize the subclavian vein. You need to free up the entire vein as it goes under the clavicle, under the manubrium, and into the mediastinum. Sometimes these patients may need extensive reconstruction, necessitating a partial upper sternotomy. There are a lot of different ways to reconstruct the vein after it’s decompressed. These details learned along the way help enhance the chances of a good outcome.’

Intended to be thought provoking and give attendees the opportunity to learn from members of both specialties, the session also featured Julie A. Freischlag, MD, Sacramento, Calif., who shared her approach as a vascular surgeon to arterial/venous thoracic outlet syndrome.

In the SVS @ STS session, Michael P. Fischlein, MD, PhD, Stanford, Calif., spoke about conservative management of acute type B dissections.
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I last year’s standing-room-only crowd for ESTS @ STS is any indication, then STS 2016 Annual Meeting attendees are certain to flock to this year’s program. “What’s unique about this 2-hour session is that it allows us to bring together North American and European perspectives on interesting topics in general thoracic surgery,” said Sean C. Grondin, MD, MPH, Clinical Professor of Surgery in the Section of Thoracic Surgery and Head of the Department of Thoracic Surgery and Oncology at the National Cancer Institute, Private Foundation, in Naples, Italy, identified four areas in thoracic surgery for speakers to discuss. The speakers will share their perspectives on high-risk patients diagnosed with early stage lung cancer, management of solitary pulmonary nodules/ground glass opacities, management of patients diagnosed with achalasia, and management of parapneumonal hernias (PEH). “Dr. Rocco and I have selected topics that are commonly seen in clinical practice by general thoracic surgeons,” Dr. Grondin said. “Our presenters will share their expert opinions on different approaches to these clinical problems in lung and esophageal disease, leaving lots of time for discussion with attendees.” After a presentation by Alessandro Brunelli, MD, Leeds, United Kingdom, on the optimal workup and limits of surgery for high-risk patients with early stage lung cancer, Gail E. Darling, MD, Toronto, Canada, will compare the management of early lung cancer tumors with stereotactic body radiation therapy versus surgery. “There are some interesting discussions about the appropriate work-up and treatment options for high-risk patients diagnosed with lung cancer, and Dr. Darling will share her expert perspective on the role for radiation therapy as it pertains to early stage lung cancer therapy,” Dr. Grondin said. The next two talks will focus on indications for sublobar resection and lobectomy, presented by Raja M. Flores, MD, New York, and Gonzalo Varela, MD, PhD, Salamanca, Spain, respectively. With the advent of computed tomography screening of individuals at high risk for lung cancer, surgeons are faced with how best to treat patients who present with small lung nodules. “Historically, surgeons have resected larger portions of lung tissue, but perhaps we should be removing smaller volumes of lung parenchyma for small peripheral lung tumors. World-class experts Drs. Flores and Varela will undoubtedly express interesting opinions on these issues,” Dr. Grondin said. Two presenters will examine Heller myotomy. Shanda H. Blackmon, MD, MPH, Rochester, Minn., will look at indications for peroral endoscopic myotomy versus Heller myotomy versus balloon dilation, whereas Philippe Nafteux, MD, Leuven, Belgium, will discuss Heller myotomy with or without fundoplication. By bringing together European and North American experts in one room, attendees will be exposed to broad perspectives of what experts are doing to manage these important clinical scenarios.

Question of the Day

What did you learn today that will inspire you professionally?

“I heard several intriguing things that inspired me to rethink my strategy at home. With Fontan operations, it’s usual to do the operation at age 2–3 years. What I heard is there is a subgroup that will benefit to do it later on.” Paul Schott, MD University Medical Center Utrecht, Netherlands

“I just came out of a session about lung transplantation, and they not only talked a lot about the ethics of retransplantation and how you think about ethics, but also the surgical science behind it. Having those kinds of discussions is important in terms of mapping out the way you make your decisions in your career.” Lily Szatadal Medical Student Northwestern University Chicago

“I join the abdominal aorta and the challenging techniques in endovascular replacement.” Mutaz Fakhry Ali-Khateeb, MD, PhD Sefat Al-Manouf University Wayne, N.J.

“The importance of striving to use all arterial conduit when doing bypass surgery and what that means for patient outcomes.” Jessica Balteau, PA-C The University of Kansas Hospital Kansas City

“Let’s take a look at this app.” Clifton Reade, MD, MPH University of Calgary, Alberta, Canada

“Historically, surgeons have resected larger portions of lung tissue, but perhaps we should be removing smaller volumes of lung parenchyma for small peripheral lung tumors. World-class experts Drs. Flores and Varela will undoubtedly express interesting opinions on these issues,” Dr. Grondin said. “Two presenters will examine Heller myotomy. Shanda H. Blackmon, MD, MPH, Rochester, Minn., will look at indications for peroral endoscopic myotomy versus Heller myotomy versus balloon dilation, whereas Philippe Nafteux, MD, Leuven, Belgium, will discuss Heller myotomy with or without fundoplication.”

Get Free Tech Support at the Tech Bar

An exciting amenity at the 2016 Annual Meeting is the Tech Bar, which is located at Booth #639 in the Exhibit Hall. Stop by for answers to all of your technical questions—experts can help you with personal and professional tasks, such as downloading and using the STS Annual Meeting Mobile App, troubleshooting issues with your smartphone or tablet, and more. A complimentary charging station is available, and you can attend these free demos on various technology topics of interest.

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■ Wearables in the Medical World You’ve seen the gadgets—Google Glass, smart watches, and many other devices that help track lifestyle improvements. Come hear how these technologies are changing the way health is monitored.

■ 5 Productivity Apps How many days are you out of the office, yet you still need to function as if you are there? Learn about apps that will help you with everything from productivity to travel.

Review STS University Lecture Material Online

In order to maximize the hands-on learning time during STS University, attendees are strongly encouraged to access the corresponding online video lectures prior to Wednesday morning. You can access the lectures at the computer stations located near the entrance to the Exhibit Hall and near Registration on the Lower Level of the Convention Center. You also can access them from your own computer or handheld device by visiting www.sts.org/annualmeeting or by using the STS Annual Meeting Mobile App.
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- Pediatric and Congenital Heart Disease
- Lung, Esophageal, and Other Chest Diseases
- Heart and Lung Transplantation
- Before, During, and After Surgery

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ISO 13485:2003
**Researcher Examines Impact of Valve Type on Mortality in Women**

Surgeons often have friends who ask for medical advice. When two female friends asked Joy Hughes, MD about whether they should replace their bioprosthetic valves with the same valve type or a mechanical valve, she went well beyond sharing her opinion.

The fourth-year resident in general surgery and critical care fellow at the Mayo Clinic in Rochester, Minn., and her colleagues conducted a retrospective analysis and found that valve type did not influence survival. The researchers looked at 606 women aged 13–45 years (mean ± 33 years) who underwent cardiac valve replacement between January 1967 and December 2012.

Dr. Hughes will present her research on long-term survival and valve durability after bioprosthetic and mechanical valve replacement in young women at 2:15 p.m. Tuesday during the Adult Cardiac Session: Mitral Valve in Room 120D from 1:00 p.m. to 3:00 p.m.

“I had several conversations with these friends and also female patients who were approaching the time when they needed to have their valves replaced,” Dr. Hughes said. “When women are in their 30s and looking to have children, it is a complicated issue. A tissue valve pretty much guarantees reoperation, and a mechanical valve requires anticoagulation therapy.

“There have been so many successful and uneventful pregnancies for women on anticoagulation, pregnant women with mechanical valves have an increased risk of hemorrhage, complications in childbirth, and potentially could be teratogenic. Those are issues we cannot change, but we can reassure patients.”

The researchers concluded that initial selection of a bioprosthesis did not increase late mortality, and survival of patients with bioprosthetic valves replaced with mechanical valves was excellent.

Ninety-five patients had complex congenital heart disease; nine patients had prior valve replacements at other institutions. Of the 318 patients who underwent aortic valve replacement, 97 were bioprosthetic and 221 were mechanical. Of the 261 patients who underwent mitral valve replacement, 55 were bioprosthetic and 206 were mechanical. Follow-up averaged 15 years. Survival for all patients at 10, 20, and 30 years was 81%, 66%, and 41%, respectively. Reoperation at 10, 20,

and 30 years for all valves was 8%, 43%, and 56%.

“We weren’t sure what we were going to find, but the results were reassuring,” Dr. Hughes said. “For a woman, this can be about what she is comfortable with, rather than whether she has to accept a mortality risk on top of other issues in choosing one valve over the other.”

Probability of reoperation increased in younger patients, valve replacement after year 2000, and with bioprosthetic valves.

There were 65 patients who initially underwent valve replacement with bioprosthesis and subsequently had mechanical valves implanted during reoperation (82%), and their survival was 94%, 91%, 76%, and 68% at 5, 10, 15, and 20 years, respectively.

“This confirms that young patients who choose a tissue valve are going to need a reoperation,” Dr. Hughes said. “The procedures have advanced to the point that mortality risk doesn’t necessarily increase, which is a great credit to cardiac surgeons and health care teams who have worked to improve cardiac surgery outcomes.”

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**Session Preps Surgeons on Advanced Therapies for End-Stage Heart Disease**

The field of treating advanced-stage heart failure is rapidly evolving, and several expert speakers will introduce the latest recommendations in mechanical circulatory support, heart transplantation, and alternative treatment strategies during a half-day of education Tuesday.

Francis D. Pagani, MD, co-moderator of the 1:00 p.m. to 5:30 p.m. session in Room 128AB, said with the advent of ENDURANCE, ROADMAP, and other left ventricular assist device (LVAD) clinical trials results, along with newer devices planned for clinical evaluation, it is important to update surgeons about the implications for patient outcomes.

Michael A. Acker, MD, Philadelphia, will discuss whether ENDURANCE and ROADMAP have changed the practice of LVAD therapy in the United States. In ROADMAP trial investigators evaluated the effects of treatment with the HeartMate II LVAD to standard medical therapy. ENDURANCE, for which Dr. Pagani is a co-principal investigator, compared the HeartWare HVAD against the HeartMate II LVAD.

“Although both the HeartMate II and HeartWare HVAD are efficacious in terms of keeping patients alive without a heart failure, they have different adverse event profiles. It’s important for surgeons to understand those differences,” said Dr. Pagani, the Otto Gage, MD Professor of Cardiac Surgery, Surgical Director of Adult Heart Transplantation, and Director of the Center for Circulatory Support at the University of Michigan in Ann Arbor.

Daniel J. Goldstein, MD, Bronx, N.Y., will discuss new LVAD trials and technology, including whether these new LVADs have been associated with better patient outcomes. In particular, he will discuss the recently completed HeartMate 3 trial in Europe.

Three speakers will help surgeons understand where the field is at in terms of new devices. Carmelo A. Milano, MD, Durham, N.C., will present on developing a rational approach to treatment of shock with extracorporeal mechanical circulatory support and extracorporeal membrane oxygenation. Nicholas G. Smedira, MD, Cleveland, will describe high-risk alternative strategies in the era of STS National Database reporting. Jay D. Pal, MD, Seattle, will talk about non-sternotomy approaches to VAD implantation.

After a panel discussion and two abstract presentations, four speakers will tackle important topics. Gonzalo V. Gonzalez-Stawinski, MD, Dallas, will discuss solutions for the unique challenges of LVAD therapy or transplant for adult congenital heart disease. Eric J. Velazquez, MD, Durham, N.C., will update attendees on the STITCH trial, including whether the approach to ischemic heart disease should be altered because of trial results. Stephanie L. Mick, MD, Cleveland, will look at preoperative options for structural heart disease in the setting of severe left ventricle dysfunction, as these patients are not optimal surgical candidates.

The last speaker, Donald D. Stawinski, MD, Dallas, will discuss solutions for the unique challenges of LVAD therapy or transplant for adult congenital heart disease. Eric J. Velazquez, MD, Durham, N.C., will update attendees on the STITCH trial, including whether the approach to ischemic heart disease should be altered because of trial results. Stephanie L. Mick, MD, Cleveland, will look at preoperative options for structural heart disease in the setting of severe left ventricle dysfunction, as these patients are not optimal surgical candidates.

The fifth and final skill innovators excel at is experimenting.

“They are good at trying out new ideas. This does not mean going into a lab and designing an experiment. They do the experimentation on a day-to-day basis. They take apart processes and try new ones to see if they are better. This is how they can answer the ‘why’ questions that come up,” Dr. Allen said. “To see how a complex system behaves after it changes, experiment with it and record the outcome.”

Calling on the audience to lead the way in innovation, Dr. Allen said, “Just because an operation or a process has been around for a long time and may seem ‘normal,’ an innovative idea can change it all. Be open to this change, look for this type of innovative change, embrace it, and see if you can use it to do things better for your patients.”

“Now is the time for you to practice and develop these innovation skills so that you can develop new processes, operations, and procedures that will help our patients. It is hard work, but it is worth the effort because it just might make a difference not only in your life, but the lives of others.”

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**PRESIDENTIAL ADDRESS**

continued from page 1

to his own company, develop some of the tools used today, and later sold his startup for a hefty amount.

The fourth skill that innovators embody is networking, but this is not about meeting people at various social events or scientific meetings.

“I mean idea networking. This involves spending time working with others in a variety of fields to build bridges into different areas of knowledge,” said Dr. Allen, adding that methods to improve networking for ideas include attending conferences that present ideas, such as TED talks or the Aspen Ideas Festival.

"Just because an operation or a process has been around for a long time and may seem 'normal,' an innovative idea can change it all."

MARK S. ALLEN, MD
Pharmacy to study the effects of salicylic acid on wound healing, an important step towards developing effective treatments for chronic wounds.

Daniel Wu, MD
University of California at Irvine

**Discussion:**
The findings of this study highlight the potential of salicylic acid as a therapeutic agent for wound healing. Further research is needed to investigate its efficacy in different wound types and to develop formulations that can optimize its therapeutic benefits.
European Society of Thoracic Surgeons

Exeter, United Kingdom

ESTS is the largest international general thoracic surgery organization with more than 5,000 members from all continents. The society’s mission is to improve quality in our specialty, from clinical and surgical management of patients to education, training, and credentialing of thoracic surgeons worldwide. The 24th European Conference on General Thoracic Surgery will be held on 29 May–1 June 2016, in Istanbul, Turkey.

Fehling Surgical

Acworth, GA

Fehling Surgical features the CERAMO® instrument line, SUPERPLAST probes, and new innovative retractor systems for minimally invasive cardiac surgery. The CERAMO surface means high efficiency through enhanced performance, increased endurance, and minimal maintenance.

Gore & Associates

Flagstaff, AZ

The Gore Medical Products Division has provided creative solutions to medical problems for three decades. More than 35 million Gore medical devices have been implanted worldwide. Products include vascular grafts, endovascular and interventional devices, surgical materials, and sutures for use in vascular, cardiac, and general surgery. For more information, visit www.goremedical.com.

Griffols

Tustin, CA


HeartWare

Framingham, MA

HeartWare is dedicated to delivering safe, high-performing, and transformative therapies that enable patients with heart failure to get back to life. The HVAD® Pump is designed to be implanted in the pericardial space, avoiding the more invasive surgical procedures required with older LVAD technologies. The HVAD Pump is commercially available around the world.

Infinite Trading Inc.

Las Vegas, NV

The Heart Hugger sternum support harness is a patient-operated support harness applied postoperatively to splint surgical wounds. Benefits include improved patient compliance, faster return to pre-morbidity respiratory levels, fewer wound complications, and better postoperative mobility. It is useful for open heart surgery, thoracotomy, fractured rib, and other chest trauma patients.

Inion Inc.

Weston, FL

Interventional Healthcare

Salt Lake City, UT

The Cardiovascular and Thoracic Surgery Core Curriculum Review is a series of intensive lectures in cardiovascular and thoracic surgery. This course is intended for surgeons preparing for the American Board of Thoracic Surgery certification examination. Please visit corereview.org for more information.

International Biophysics Corp

Austin, TX

StereSafe is an active, adjustable-stability sternum support brace that gives patients hands-free mobility, enhancing patient recovery after sternotomy, coronary artery bypass graft surgery, thoracotomy, lung operations, and rib fractures. SternaSafe provides sternotomy support while coughing, standing/sitting, and straining by supporting the chest and sternum.

International Society for Minimally Invasive Cardiothoracic Surgery (ISMICS)

Beverly, MA

The HVS held its inaugural meeting in May 2015 at the Grimaldi Forum in Monte Carlo, Monaco, with more than 430 medical professionals and 80 industry partners in attendance. Whether you are a cardiologist, surgeon, researcher, or another member of the crucial valve disease treatment team, the HVS welcomes you to become a part of something very unique. Membership is available online.

Institutional Surgical

Sunnyvale, CA

Intuitive Surgical, Inc designs, manufactures, and distributes surgical innovation to help deliver better patient outcomes. The company’s flagship product, the da Vinci Surgical System, is a robotic surgical innovation that allows surgeons to perform highly precise minimally invasive surgical procedures.

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process. health care professionals who allow the healing medicine, while always honoring the donors and therapies—a leader in the field of regenerative and give hope to thousands of patients each year. LifeNet Health helps save lives, restore health, Virginia Beach, VA Macon, GA Punch Rongeurs, and many more fine hand designing and distributing state-of-the-art surgical products to be used for rapid sternal fixation and um osteosynthesis plating systems allow these KLS Martin, a responsive company, is focused Jacksonville, FL McHenry, IL Medela 923 Mayo Clinic 901 Wayne, NJ MAQUET Mayo Medical Systems is a market leader for an imaging solution for direct sternal closure system applied presternotomy: the Grand Pre®. JACE Medical is a company and culture created to providing innovative, transfer- technological solutions that facilitate optimal patient treatment, recovery, and future wellness. Visit Booth 121 and see how the company thinks outside the paradigm. Get more information at JACEMED.com.

Kapp Surgical Cleveland, OH Kapp Surgical is a custom design shop that de- signs surgical instruments and implants, manufac- tures them, and sells them, as well as distributes domestically and internationally. Kapp’s exclusive products include the Colgove Heart Retractor. Strip T’s surgical organizer, and countless surgical devices, all FDA-approved with several pending approval. Karl Storz, MD El Segundo, CA Karl Storz, a leader in endoscopic equipment and instruments, offers solutions for video-assisted thoracic surgery. Its EndoCAMeo®Laparo- scope enables surgeons to adjust the viewing direction from 0° to 120° throughout procedures. And its Video Mediastinoscope with DC81-D1 Camera allows video recording while working un- der direct vision for documentation and teaching. Kinamed Inc. Camarillo, CA 549 KLS Martin Jacksonville, FL KLS Martin, a responsive company, is focused on the development of innovative products for oral, plastic, and craniofacial surgery. New product development in the company’s titaniu- mous osteosynthesis plating systems allow these products to be used for rapid sternal fixation and reconstruction. Keros USA, Inc. Moorpark, CA 243 For the past 30 years Keros USA, Inc. has been designing and producing state-of-the-art surgical instruments, like the Cavical Black Belt, Lumbar Super Slide, and AlJUF Polartot Retractors, along with the Rotating Osteo Punch, Ejector Punch Rongeurs, and many more fine hand instruments. Lexion Medical Macedon, CA 247 Lexion Medical LifeNet Health helps save lives, restore health, and give hope to thousands of days of patients each year. It is the world’s most trusted provider of trans- plant solutions and provides solutions for tissue engineering innovations in bioprinting technologies and cellular therapies—a leader in the field of regenerative medicine, while always honoring the donors and health care professionals who allow the healing process.

2016 ANNUAL MEETING EXHIBITORS cont. NEW EXHIBITORS MEETING BULLETIN ADVERTISERS


LouveCam Scottsdale, AZ LouveCam® is the market leader in head-mounted HD surgical cameras and is the ONLY company offering cross platform (Mac, Windows, and soon Android compatibility). The company offers five different magnification lenses to match all surgical points of view, along with a Bluetooth foot pedal that allows for hands-free control of the camera.

LSI Solutions 101 COR-KNOT™ delivers superior titanium suture fas- tening measurement and high-frequency ultrasound cardiac pulmonary bypass time and cross clamp time, reducing overall OR time. Find out how COR- KNOT™ can meet your OR by visiting Booth 101.

MAQUET Wayne, NJ MAQUET Medical Systems is a market leader for a comprehensive portfolio of innovative products designed to meet the needs of thoracic surgeons in the areas of hemodynamic monitoring, cardiothoracic and vas- cular surgery, thoracic drain, cardiac interven- tion, perfusion, anesthetics, and ventilation.

Mayo Clinic Rochester, MN Mayo Clinic surgeons are on the leading edge of treating cardiovascular and thoracic conditions using the latest innovations and techniques. They are part of an integrated, multidisciplinary team of doctors and health care professionals who provide individualized care for each patient.


Medela McHenry, IL Medela’s market leader in breastfeeding edu- cation and research, provides medical vacuum solutions featuring Swiss technology in over 90 countries. Medela’s Healthcare optimizes patient care through pioneering and intelligent, mobile, digital healthcare solutions. Medela is a leader in wound management with negative pressure wound therapy.

Medition Plymouth, MN Medition is the standard of care in the operating room. With the unique combination of transit time flow and high-frequency ultrasound imaging guidance to help reduce and minimize the risk of negative postoperative outcomes, Medition’s quality assessment technology offers surgeons quantifiable validation and guidance during cardiovascular vascular transplantation, and neurosurgery.

Medtronics Minneapolis, MN As a global leader in medical technology, services, and solutions, Medtronics improves the lives and health of millions of people each year. The company’s deep clinical, therapeutic, and economic expertise to address the complex chal- lenges faced by health care systems today. Let’s talk: 612-872-9800.

Microsurgery Instruments, Inc. Belleair, TX Microsurgery Instruments is one of the leading suppliers of surgical instruments and loupes. The company’s instruments include titanium sci- nes, holder handles, and DeBakey forceps. Its Super-Cut scissors are the sharpest in the market, and its newly designed surgical loupes offer up to 130 mm field of view and up to 11x magnification

Myriad Genetic Laboratories, Inc. Salt Lake City, UT Myriad Genetics is a leading molecular diagnostic company dedicated to making a difference in patients’ lives through the discovery and commercial- ization of transformative tests to assess a person’s risk of developing breast and ovarian cancer, and to guide treatment decisions, assess risk of disease progression and recurrence.

Nadia International Austin, TX Educational/surgical bronze sculptures specifically for the thoracic surgeon. These museum-quality limited editions are created by the world famous sculptor Ronald. More than 7,500 surgeons in 77 countries collect his fine works of art. His works are on display at the Smithsonian Institute and many medical universities throughout the world. Introduc- ing MIRACLE OF LIFE II at the 2016 meeting.

nContact Morrisville, NC nContact is a leader in the development of device-sensing solutions for the goal of opening unmet markets, minimizing rehospitalizations, and improving health care savings. nContact’s mission is to transform the underserved arrhythmia market and benefit the entire cardiovascular service line.

Neochord, Inc. Eden Prairie, MN Neochord, a U.S. medical device company, in- tends to transform valvular repair by providing minimally invasive technology that enables beating heart, sternal sparing implantation of artificial chord tendinæ.

Neu Wave Medical Madison, WI Neu Wave Medical has the first and only Intel- ligent Ablation System for microwave ablation of soft tissue lesions with a total solution for ablating lesions of all shapes and sizes for consistency and control. The computer-controlled platform with Ablation Information Software integrated in procedure confirmation, assists physicians with proper probe placement and confirms success of procedures.

Northeast Provider Solutions 112 Vahalla, NY Northwestern Medicine Winfield, IL 102

Olympus America Inc. Center Valley, PA Olympus is a precision technology leader in de- signing and delivering imaging solutions in health care, life science, and photography. Through its diverse array of endoscopes, cameras, and its newly designed surgical loupes offer up to 130 mm field of view and up to 11x magnification.

On-X Life Technologies, Inc. Austin, TX On-X Life Technologies is proud to announce FDA approval to reduce INR to 1.5–2.0 for On-X® Aortic Heart Valve patients starting 3 months after surgery. Chord-X® ETPE suture for mitral repair is now available in an innovative Pre-Measured Loops system.

Omnin Foxboro, MA Omnin specializes in research, development, and distribution of noninvasive patient monitors spe- cializing in the field of tissue and cerebral blood flow. Its bedside product, the FLOW™, is based on the patented UTLight™ technology designed to provide physicians with unique monitoring solutions that are imperative to individualized and personalized patient care.

OSF HealthCare System Peoria, IL 110

Oxford University Press New York, NY Oxford University Press is a department of Oxford University Press, a world leader in academic publishing. In print and online, Oxford University Press strives to provide information to people across the globe, and to make that information accessible as widely as possible.

Presentation: The MIRACLE OF LIFE II Education Program

nContact booth #101, Adjacent to LifeNet Health

This program was designed for thoracic surgeons to learn how to use the MIRACLE OF LIFE II in their clinical practice. This program will include: Video demonstrations, discussion, and hands-on learning.

Wednesday, Jan 26, 2016

8:00 a.m. – 12:00 p.m.

Motel 6:26-27 STS 2016 ANNUAL MEETING

TUESDAY WEDNESDAY | JAN. 26-27, 2016

STS.org

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ST S T S MEETING BULLETIN

TUESDAY WEDNESDAY | JAN. 26-27, 2016

Presenters Meet the Media in STS Press Conferences

Be society will host three press conferences on Tuesday highlighting some of the exciting research being presented at the STS 52nd Annual Meeting. The press conferences will take place in Room 223 at 10:00 a.m.

Race Is Associated With Reduced Overall Survival Following Esophagectomy for Esophageal Cancer Only Among Patients From Low Socioeconomic Backgrounds

Speaker: Loretta Erhunmwunsee, MD, City of Hope, Duarte, CA.

Cost Analysis of a Physician Assistant Home Visit Program to Reduce Readmis- sions Following Cardiac Surgery

Speaker: John P. Nabagere, MD, Shalen Island University Hospital, North Shore-LIJ Health System, N.Y.

Operative Risk for Major Lung Resection Increases at Extremes of Body Mass Index: Analysis of the STS General Thoracic Surgery Database

Speaker: Trevor Williams, MD, University of Chicago, Ill.

Join the Conversation

Like the STS Facebook page at www.facebook. com/societyofthoracicsurgeons and follow STS on Twitter at @STS_CTSGallery for information about the Annual Meeting. If you tweet about the Annual Meeting, be sure to use the hashtag #STS2016. After the Annual Meeting is over, the STS Facebook and Twitter pages will continue to deliver news on future STS events and CME credit opportunities.
collect your free sample copies of the European Journal of Cardio-thoracic Surgery. Research and innovative work within the fields of cardiac surgery and thoracic surgery.

See You Next Year! STS 53rd Annual Meeting January 21–25, 2017 Houston, Texas
INSPIRED by a belief that quality designs lead to a better quality of life.
DRIVEN by a passion and respect for the aortic anatomy.
COMMITTED to crafting advanced endovascular solutions for every patient.

We are AORTIC BY DESIGN. We are BOLTON MEDICAL.
DON’T LET RETAINED BLOOD SYNDROME BLOCK YOUR PATIENT’S RECOVERY

FLOW BETTER

Retained Blood Syndrome (RBS) may slow your patients’ recovery and can often lead to unnecessary re-operations or interventions to remove blood, blood clot, bloody fluid or air from the pericardial or pleural spaces. According to recent data about 1 in 5 cardiothoracic surgery patients require such interventions and these interventions cost an average of $28,814 per patient to treat.¹

Recently reported clinical results¹ show that patients who were treated with the PleuraFlow® Active Clearance Technology® System had a statistically significant decrease in both the rate of reintervention for Retained Blood Syndrome (42% reduction) and the rate of postoperative atrial fibrillation (30% reduction).²

¹ Based on over 313,000 US adult heart surgery patients. Data extracted using ICD-9 codes from the 2010 Nationwide Inpatient Sample (NIS), from the DHHS Agency for Healthcare Research and Quality (AHRQ) Healthcare Cost and Utilization Project (HCUP).