The STS 53rd Annual Meeting Begins

Welcome to the STS 53rd Annual Meeting! I’m thrilled to welcome you to Houston for this preeminent educational event in cardiothoracic surgery. The STS Workforce on Annual Meeting has put together an outstanding program that will provide you with knowledge and skills that you can take back home and put to use right away. Over the next 5 days, you’ll experience thought-provoking lectures from renowned faculty and guests, exciting hands-on learning, an abundance of networking opportunities, and a chance to view the latest products and services in the specialty.

The STS Annual Meeting is the epicenter of cardiothoracic surgery and will be packed with interactive learning on hot topics. We’ll also explore practice management, work-life balance, and quality improvement issues that impact STS members on a daily basis.

After an extremely positive response in 2016, STS/AATS Tech-Con 2017 is again focusing on cutting-edge technologies and new developments in cardiothoracic surgery. (See related article on page 4.) A highlight on Saturday will be the Shark Tank session, in which entrepreneurs pitch their innovative cardiothoracic surgery products to the audience, as well as a panel of experts in medical device development.

A number of sessions will feature perspectives from international experts. A Monday session from STS, the Canadian Association of Thoracic Surgeons, and the Canadian Society of Cardiac Surgeons will focus on implementing quality improvement by describing how surgeons and institutions perceive their practice versus true data-based performance. Also on Monday, experts from around the world will examine the quality versus access debate in cardiothoracic surgical care, including regionalization, building sustainable cardiothoracic surgery programs, and humanitarian crises, at the International Symposium.

STS and the European Association for Cardio-Thoracic Surgery will host a session on the various treatment strategies and see ANNUAL MEETING, page 6

Uncover Tips for Adult Cardiac, General Thoracic Surgery

Two exciting how-to video sessions on Sunday will provide attendees with specific strategies for success and pitfalls to avoid related to adult cardiac and general thoracic surgical procedures.

ADULT CARDIAC SURGERY
In this session, 30 presentations will focus on six adult cardiac surgery areas—coronary artery bypass grafting (CABG) surgery, mitral valve surgery, atrial fibrillation, aortic valve surgery, thoracic aortic surgery, and heart failure. The presentations cover routine to more complex procedures that appeal to both private practice and academic surgeons.

One section of the program was developed in response to recent investigations showing surgical ablation of atrial fibrillation during mitral valve surgery is effective. The atrial fibrillation section also will cover how to perform a Maze procedure, along with how to employ newer techniques in a minimally invasive fashion.

By adding a section on heart failure and weaning catastrophes, co-moderator Gorav Ailawadi, MD sought to give surgeons approaches for dealing with challenging high-risk patients.

“We want to help the audience get the patient out of the operating room and provide other options,” said Dr. Ailawadi, of the University of Virginia Health System in Charlottesville.

In particular, presenters will offer guidance on how to perform techniques that should be part of any busy surgeon’s armamentarium: weaning from a subclavian intra-aortic balloon pump, the Impella 5.0, a temporary left ventricular assist device (LVAD), and a right VAD. This section also will cover elective LVAD insertion, the minimally invasive HeartWare VAD, and pulmonary thromboendarterectomy for treatment of acute pulmonary embolism.

Presenters in the CABG section will see HOW-TO TIPS, page 17

The how-to video sessions will help STS Annual Meeting attendees hone their techniques in several procedures.
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CT Surgery Residents Prepare to Win Jeopardy Title

Cardiothoracic surgery residents from Europe and the United States will face off Sunday evening in the ultimate cognitive challenge—the STS Cardiathoracic Surgery Jeopardy Championship.

Qualifying competitions were held in October 2016 at the European Association for Cardio-Thoracic Surgery Annual Meeting and in November 2016 at the Southern Thoracic Surgical Association Annual Meeting. EACTS winners Tamashis Mukherjee, MD and Aayush Poddar, MD, from G. Kuppuswamy Naidu Memorial Hospital in Coimbatore, India, will compete against STS winners Greg Bittle, MD and Eric Krause, MD from the University of Maryland in Baltimore from 4:30 p.m. to 5:40 p.m. on Sunday in the Exhibit Hall Learning Lab Theater.

STS Staff Welcomes You to Houston

On behalf of the Society’s staff, I join STS President Joe Bavaria in welcoming you to The Society of Thoracic Surgeons 53rd Annual Meeting and Exhibition in Houston, Texas. As in the past, the Annual Meeting will provide you with a wide range of educational, networking, and social offerings. Because there is so much to experience between Saturday and Wednesday, this STS Meeting Bulletin will help you keep track of what’s happening and provide up-to-date information about new sessions, meeting room locations, exhibitor descriptions, and much more. Watch for the Monday and Tuesday/Wednesday editions of the Bulletin; the newspapers will be placed in bins throughout the George R. Brown Convention Center during the Annual Meeting. Check the front page left-hand column in each issue for a quick summary and update of the day’s activities.

The Bulletin also provides a handy reference to the Exhibit Hall, which is an important component of the meeting experience. The Exhibit Hall is a great place to learn about new and improved technology and products, and it offers the perfect opportunity to see and meet with colleagues and friends. Surveys from past meetings show that the majority of attendees make a point of visiting the exhibitors at least three times over the course of the meeting. The STS Exhibit Hall opens its doors at 4:30 p.m. on Sunday, with a reception that runs through 6:30 p.m. Snacks and refreshments will be served throughout the Exhibit Hall.

While you’re there, I hope you will stop by the STS booth (#533). Staff members will be there, eager to talk with you about—and provide updates on—all things STS. Be sure to ask about plans to upgrade and expand the STS National Database, our public reporting initiatives, exciting developments from the STS Research Center—including the new PUF Research Program—and upcoming educational programs, such as the STS ECMO Symposium and the Symposium on Robotic Mitral Valve Repair, both scheduled for this coming March.

You also will want to take a moment and talk with the STS Government Relations staff, who can bring you up to date on the Society’s many efforts on Capitol Hill. From coding and reimbursement issues to the future of health care reform legislation and regulation in the new Administration, STS continues to champion the specialty in Washington. Stop by and learn more. There’s a lot going on, perhaps more than ever this coming year—and you’ll want to understand the implications for your practice.

If you are not already an STS member, please stop by the STS booth and learn about the many membership benefits we have to offer, including a complimentary subscription to The Annals of Thoracic Surgery. Those attendees who are not cardiothoracic surgeons—i.e., other physicians, CT surgeons and general surgeons, medical students, and all allied health care professionals—should especially note that our rolling admission process for Candidate, Pre-Candidate, and Associate Membership allows for the prompt disposition of their STS membership applications, typically within a week or two, so that they can start enjoying the benefits of STS membership almost immediately. And under the Bylaws changes adopted by the membership last year in Phoenix, we are also acting more promptly on CT surgeon applications for Active and International Membership: three times per year instead of once! Even if you already are an STS member, please pick up a membership packet to take home to a colleague; you will be helping both your colleague and your Society.

All the scientific sessions at this 53rd Annual Meeting, including the symposium, early riser sessions, breakout sessions, hands-on sessions, and invited talks, create a vast array of educational opportunities—more than any one person could ever attend onsite. Fortunately, the STS 53rd Annual Meeting is Online is included free with your Annual Meeting registration. This online product will allow you to catch those sessions you weren’t able to attend—and review all the sessions you did attend—in the comfort of your home or office throughout the year ahead.

In closing, please know that all of us on the staff are here to serve you. Look for the distinctive green STAFF ribbon on our name badges, and please don’t hesitate to let us know if there’s anything we can do to help. Thank you for attending, and enjoy the meeting.

Rob Wynbrandt
STS Executive Director & General Counsel

SCHEDULE continued from page 1

| STS/SQA: Integrating Perioperative Echocardiography Into Cardiac Surgical Clinical Decision Making |
| Room 203AB |
| 10:00 a.m. – 4:30 p.m. |

“How To” Video Session: Technical Tricks and Pitfalls to Simplify Cardiac Surgery Procedures

Room 203AB

1:00 p.m. – 4:00 p.m.

Residents Symposium: Transitioning From Residency to a Successful Practice

Room 310BC

1:00 p.m. – 4:30 p.m.

Resuscitation of Patients Who Are (or Are Not) Under Arrest After Cardiac Surgery

Room 306BC

Surgical Symposium: Congenital Cardiac Surgery Mélange

Room 305DEF

Surgical Symposium: “How To” Video Session: Tips and Tricks in General Thoracic Surgery

Room 310DEF

2:00 p.m. – 6:30 p.m.

Scientific Posters

Hall B3

2:30 p.m. – 4:30 p.m.

Multidisciplinary Response to Emergencies: Strategies for Team Members

Room 306A

4:30 p.m. – 6:30 p.m.

Opening Reception in STS Exhibit Hall

Exhibit Hall A3

Preview Technology Before It’s FDA Approved

Hear about new, cutting-edge technologies that will change your practice at Tech-Con 2017.

STS/ATS Tech-Con 2017 will kick off Saturday morning with a focus on cutting-edge technologies and new developments in cardiothoracic surgery.

“There are a lot of things flying under the radar in terms of development, and you’re not going to hear about them anywhere else,” said Tech-Con Task Force Co-Chair Mark F. Berry, MD. “Attending Tech-Con is the most efficient way for every cardiothoracic surgeon to know what their practice is going to look like in a couple of years. Two different tracks are planned for adult cardiac surgery and general thoracic surgery. The adult cardiac sessions will look at innovations in mitral valve disease and atrial fibrillation management, aortic valve disease and endovascular techniques, and ventricular assist devices. The general thoracic sessions will discuss precision thoracic surgery, endoscopic and robotic techniques, and what health care looks like in the 21st century.

A highlight of the day will be the Shark Tank session on Saturday afternoon, during which entrepreneurs will pitch their innovative cardiothoracic surgery products to the audience, as well as a panel of experts in medical device development. Continuing medical education credit will not be offered for Tech-Con programming.
Changes in Practice Models Require Adjustments

Changes in the regulation of health care and reimbursement are driving more cardiothoracic surgeons into practice models with new business strategies. Surgeons need to keep pace with changing trends as they increasingly join larger medical practices or hospitals in this new environment. “Many cardiothoracic surgeons are no longer in independent private practices but are aligned with large health care systems. We still deal with the business aspects of delivering cardiothoracic surgery services and how to best deliver care for our patients, but the landscape has changed, and is continuing to change rapidly,” said Frank L. Fazzalari, MD, MBA, Chair of the STS Workforce on Practice Management.

Changing from a fee-for-service model of reimbursement to a value-based one will be examined by cardiothoracic surgeons and non-surgeons involved in health care management in a series of Sunday presentations. Dr. Fazzalari, of the University of Michigan Health System in Ann Arbor, and Paul S. Levy, MD, MBA, of Northeast Arkansas Baptist Hospital and Clinic in Jonesboro, are co-moderators. Many of the reimbursement changes are driven by the Centers for Medicare & Medicaid Services. Eight speakers will discuss these developments, their impact on practice, and how to address them in a session divided into two parts, with panel discussions at the end of each section.

“These changes are not well defined. A lot of this is new thinking, and it is untried,” Dr. Fazzalari said of the evolving CMS regulations. “What we are trying to do in this Practice Management Summit is provide an educational program that helps practicing cardiothoracic surgeons deal with the changes.”

The first speaker is Aaron Robinson, CEO of Community Hospitals with Health First in Melbourne, Fla., who will examine bundled care plans in “Defining Value in the Cardiovascular Service Line.” Michael N. Heaton, a health care business consultant from Indianapolis, will discuss contract negotiations during “Recent Trends in Economic Surveys and Their Use in Contract Negotiations.” The focus will be on employee models and professional service agreements, including compensation.

“The landscape has changed, and is changing rapidly.”

FRANK L. FAZZALARI, MD, MBA

Special Session to Examine Heater-Cooler-Induced Infections

Non-tuberculous mycobacterium (NTM) forming in heater-cooler devices commonly used in operating rooms have been linked to deadly infections that are difficult to detect and may not manifest themselves for years following surgery. “This is considered by both the CDC and FDA as an emerging public health concern that has generated multiple medical alerts,” said Keith B. Allen, MD, of St. Luke’s Mid American Heart Institute and the University of Missouri–Kansas City.

Dr. Allen will present an abstract on these infections associated with the use of heater-cooler devices in patients who have undergone cardiothoracic surgeries. A panel discussion featuring cardiothoracic surgeons and infectious disease experts also is part of the Sunday session.

Mycobacterium chimaera infections have been reported in at least six countries in North America and Europe. Of great concern is that the infections have a long latency period of up to 60 months, Dr. Allen said. Specific culturing techniques are required to detect NTM.

“NTM is a ubiquitous organism that can contaminate these heater-cooler devices,” he said. “Even though the devices do not come into direct contact with the patient’s blood or body fluids, they have the potential to aerosolize these bacteria into the surgical field, which then contaminate devices that are implanted into the patient or the surgical wound itself.”

“What makes these infections so problematic is that they are difficult to grow. If you have somebody who presents with fevers and you are doing normal cultures, you would never culture NTM. It can take up to 8 weeks to grow, so you have to be aware of the problem and have it be part of your differential to make the appropriate diagnosis.”

Dr. Allen, lead author of the abstract, worked with other experts at the request of the FDA, which organized a Circulatory Device Panel meeting last summer to address the problem.

“This is a problem that is not going to go away,” Dr. Allen said. “Patients can be exposed to this in an open heart operation, and they might not manifest symptoms for 3 years or more.

“We are looking at the tip of the iceberg. There probably have been a lot of patients who had issues that were never diagnosed because we were not aware of it as a problem. That’s why this session is so important.”

Apply Today to Become an STS Member

As an attendee of the STS 53rd Annual Meeting, you are participating in the most exciting specialty in medicine. But if you are not yet an STS member, you may not be experiencing the profession to its fullest.

STS membership comes with a wide range of benefits, including subscriptions to The Annals of Thoracic Surgery, STS News, and personalized e-mail communications. Additionally, you’ll receive reduced registration rates at future Annual Meetings and many other educational events throughout the year, as well as the potential for discounted participation fees in the STS National Database.

Several categories of membership are offered to include anyone with an interest in cardiothoracic surgery. If you are not already a member, please stop by the STS booth (5453) in the Exhibit Hall to talk with staff and pick up an application. If you are a member and know someone who has not yet joined, pick up an application for them. By encouraging membership in STS, you’ll help your colleagues, the Society, and the specialty.

Learn What You Can Do

In November, STS and several other societies issued a joint statement to the worldwide cardiothoracic community offering resources and other information from government entities and health care providers. To learn more about the heater-cooler situation, go to sts.org/heater-cooler.

Contamination can be seen in the dark area of a heater-cooler device tube. Photo provided by Keith Allen, MD.

International Annals of Thoracic Surgery, STS News, to help your colleagues, the Society, and the profession to its fullest. Additionally, you’ll STS News, to help your colleagues, the Society, and the profession to its fullest. Additionally, you’ll
Learning cutting-edge approaches to treat congenital cardiac conditions can be a challenge. Increasingly, surgeons are using a variety of educational tools, including videos, interactive discussions of clinical scenarios, and lectures, to smooth out the learning curve.

“We have feedback from prior STS symposia on the educational approaches surgeons like the most and are using that to present innovative techniques that have had a bit of road testing,” said Jonathan M. Chen, MD, co-moderator of a Sunday afternoon session that will feature those approaches in 12 presentations.

Starat M. Emani, MD will present a video demonstrating how to implant a Melody valve in infants.

The program contains three basic formats: complex case discussion, invited lecture, and short technique video. A variety of topics will be covered, including pulmonary vein stenosis, dilated cardiomyopathy, damaged heart valves, complex airway disease, and trisomy 13/18.

Follows and junior faculty from different centers will present the complex cases with at least three therapeutic options. The surgeon who performed the operation will then defend the chosen therapy and present the result.

“Experts will give their opinions about why they would choose one option or another,” said Dr. Chen, of the University of Washington in Seattle. “It should have lively interaction because the cases chosen are intentionally controversial.”

Following each discussion will be a lecture. First up will be “Should We Offer Operations to Patients With Trisomy 13 or 18?” by Aarti Bhat, MBBS, of Seattle Children’s Hospital.

“These infants have a high mortality simply from their native disease, so there is a clinical conundrum as to whether one should even operate on these children,” Dr. Chen said. “It is a big ethical problem we all face, but most of our clinical protocols are based on historical anecdotal impressions, which may or may not be true in the current era. Dr. Bhat will address both the ethical aspects and the hard data on survival.”

Iki Adachi, MD will present “Pulmonary Artery Banding for Dilated Cardiomyopathy: North American Experience.” Dr. Adachi, of Baylor College of Medicine in Houston, is a leader in the use of a pulmonary artery band to manage the condition.

“This simple operation has turned out to work quite successfully in selected cases. Interestingly, Dr. Adachi’s first presentation of these data was at the congenital symposium 2 years ago as a complex case discussion. Fast forward 2 years, and it is an innovative procedure with preliminary data worldwide from which we can all learn,” Dr. Chen said.

Shigeuyuki Ozaki, MD will discuss “Aortic Reconstruction With Autologous Pericardial Neo-Cups,” a procedure he has demonstrated at major children’s hospitals. Dr. Ozaki is from Toho University Ohashi Hospital in Tokyo.

“With the Ozaki technique, a surgeon can replace the aortic valve with a valve created out of the patient’s pericardium,” Dr. Chen said. “It works quite well, and Dr. Ozaki has incredible data out to 8 years with remarkable rates of success.”

By measuring the size of a patient’s natural valve opening with templates created by Dr. Ozaki, surgeons can determine the size of the replacement valve.

Christopher A. Caldaroni, MD, of the University of Toronto, will explain the science behind “What’s New in the Management of Pulmonary Vein Stenosis.” He helped lead the development of a commonly used stenosis procedure.

“More recently, the focus has been on the basic science behind the disease process, so his talk will be a mix of science and clinical applications,” Dr. Chen said.

The first of four video presentations will be “Novel Use of Expandable Valves.” Sitaram M. Emani, MD, of Boston Children’s Hospital, will demonstrate Melody valve implantation in infants.

“It is a very technical video that focuses on the implant, specifically where to put the suture that anchors the device in the left ventricle. I look forward to this because it’s a chance to ask the technique questions I always want to ask,” Dr. Chen said.

Scott M. Bradley, MD, of the Medical University of South Carolina in Charleston, will present “Repair of Atrioventricular Valves in Single Ventricle Patients.”

“These are children with one dominant valve that is often very distorted and abnormal, and it is a real challenge to repair them. The degree of success with such a repair can be the difference between successful single ventricle palliation and transplantation,” Dr. Chen said.

Christopher E. Mascio, MD, of the Children’s Hospital of Philadelphia, will show “Advanced HeartWare Techniques.” “We will have tips and tricks on how you implant a ventricular assist device that was not made to be put into a child,” Dr. Chen said.

Michael E. Mitchell, MD, of the Children’s Hospital of Wisconsin in Milwaukee, will present “Aortopexy in Complex Airway Disease.” “For people who are not used to seeing these techniques, it is going to be really interesting and helpful,” Dr. Chen said.

Dr. Chen’s co-moderators are Dr. Mascio and Glen S. Van Arsdell, MD, of the University of Toronto.

ANNUAL MEETING continued from page 1

techniques for distal thoracic aortic dissection on Tuesday. Another Tuesday session, with the European Society of Thoracic Surgeons, will feature controversial issues in general thoracic surgery, including adjunct treatment for thymic malignancies, donors for lung transplantation, the role of lung volume reduction surgery for emphysema, and the surgical management of spontaneous esophageal perforations.

In addition to collaborative sessions with international participants highlighted here, special presentations with the American College of Cardiology, the Society for Vascular Surgery, the Society of Cardiovascular Anesthesiology, and the American Association for Thoracic Surgery also are part of the program. And in light of recent findings tracing Mycobacterium chimaera infections to heater-cooler devices used in cardiac surgery, a special symposium has been added at 7:00 a.m. on Sunday to help attendees better understand the causes of these infections and develop measures to lower the risk of occurrence. (See related article on page 5.)

The Society reopened late-breaking abstract submissions for the 2017 meeting after a hiatus last year, and the response was incredible. We have so many outstanding late-breaking abstracts to feature that two sessions have been added to the program—one on Monday morning and another on Tuesday afternoon. Don’t miss the opportunity to hear about the latest, most innovative research in the field.

I am very pleased to welcome two outstanding guest speakers at the General Session on Tuesday morning. The Thomas B. Ferguson Lecture will be given by Ralph W. Muller, MA, the Chief Executive Officer of the University of Pennsylvania Health System. The C. Walton Lillehei lecturer will be Samer Nashef, MBChB, PhD, who co-developed the EuroSCORE risk-assessment system. Dr. Nashef, author of The Naked Surgeon: The Power and Peril of Transparency in Medicine, will provide his overview of quality initiatives and their unintended consequences.

You can read about these presentations and more in your Program Guide and Abstract Book—two publications that you will find invaluable for planning your schedule in Houston and also for reference when you’re back home.

On behalf of the Society’s leadership and the 53rd Annual Meeting Program Planning Committee, thank you for joining us here in Houston. Welcome to the meeting! ■

Joseph E. Bavaria, MD
STS President

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Adult, Pediatric Surgeons Can Collaborate for Improved Outcomes

Advances in surgical options for aortic valve disease and failing Fontans are helping to change long-term treatment strategies for patients with congenital heart disease. Surgeons have the potential to improve outcomes for adult and pediatric heart patients by sharing lessons learned in their respective areas of expertise.

Management strategies and tips will be provided in a 4-hour symposium on Sunday. The first part of the session will focus on adult cardiac surgeons and pediatric cardiac surgeons overlap," said Jennifer S. Nelson, MD, symposium co-moderator and a congenital heart surgeon from Norfolk, Va. "The spirit of this session is to share ideas, collaborate, and focus on areas in cardiac surgery where pediatric cardiac surgeons and adult cardiac surgeons

"We think that collaboration and sharing of ideas make us all better. This session asks you to step outside your comfort zone to see how it is done on the other side.“

Two presentations in the first part of the symposium will try to put in perspective two options for replacing aortic valves—transcatheter aortic valve replacement (TAVR) and a Ross procedure. Vinod H. Thourani, MD, of Emory University in Atlanta, will discuss staging for TA VR. As aortic valve replacement has become more common in older patients, surgeons have begun to think about how that affects the treatment of young adults.

"The younger aortic valve population may require TA VR in the future, so this talk is designed to shed some light on staging, which is setting up that valve for the next valve procedure if it is going to be percutaneous,” Dr. Nelson said.

Another option is a Ross procedure. Richard G. Ohby, MD, of the University of Michigan C.S. Mott Children’s Hospital in Ann Arbor, will present data from his institution and discuss his indications for performing the procedure.

"When do the benefits of a Ross procedure in an older child become outweighed by the risks?” Dr. Nelson asked. “At what age is a mechanical valve or other prosthetic valve a better choice? We now have more long-term outcomes data on the durability of the Ross procedure.”

The session also will address when to determine if a valve-sparing procedure is not an option and long-term outcomes for repair of bicuspid aortic valves.

During the second half of the session, two presentations will focus on the long-term impact of living with single-ventricle physiology.

Steven J. Kindel, MD, from Children’s Hospital of Wisconsin in Milwaukee, will examine the timing of transplantation for a patient with a failing Fontan, as well as the role of temporary mechanical support as a bridge to transplantation. Kristine J. Guleserian, MD, of Miami Children’s Hospital, will discuss the challenges of transplantation in adult congenital patients who have been operated on several times.

“In the multiple redo situation, these can be very difficult cases. There often is a lot of reconstruction to be done,” Dr. Nelson said. “Dr. Guleserian will present video and photos to describe techniques and strategies not only for how you implant and reconstruct during the transplant, but also how you should harvest organs to make these reconstructions successful.”

Two personal case studies dealing with failing Fontans will be covered in another presentation by Carl L. Backer, MD, of Northwestern University School of Medicine in Chicago.

Two other surgeons will present tips for success on the cutting edge of mechanical support. Francisco A. Arabia, MD, MBA, of Cedars-Sinai Medical Center in Los Angeles, and J. William Gaynor, MD, of Children’s Hospital of Philadelphia, will discuss total artificial heart implantation and the use of artificial heart devices in patients with small body surface areas.

Dr. Nelson’s co-moderators are Joshua L. Hermsen, MD, of the University of Washington in Seattle, Robert B. Jaquiss, MD, of Duke University Medical Center in Durham, N.C., and Frank G. Scholl, MD, of Joe DiMaggio Children’s Hospital in Hollywood, Fla.

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A Website Presented by Cardiothoracic Surgeons Committed to Improving Patient Care

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All information has been reviewed by STS members and is divided into the following sections:

- Adult Heart Disease
- Pediatric and Congenital Heart Disease
- Lung, Esophageal, and Other Chest Diseases
- Heart and Lung Transplantation
- Before, During, and After Surgery

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Ensuring optimal patient safety and outcomes during cardiac surgical emergencies requires a multidisciplinary team-based approach. A special Sunday session will examine strategies for team members as they respond to these emergencies, in particular acute aortic dissection, initiation of extracorporeal membrane oxygenation (ECMO), and decompensation related to transcatheter aortic valve replacement (TAVR).

“There has been a renewed interest in the contributions we all make to ensure we recognize these situations. We no longer are seeing the ‘captain of the ship’ mentality as being effective,” said co-moderator Jill Ley, RN, MS, of California Pacific Medical Center in San Francisco. “We all are thinking about teamwork, communication, and how to break down barriers, so that we’re all practicing as efficiently as we possibly can. This means assuring that the right members of the team are talking about how they can communicate effectively and bring everyone to the table as quickly as possible to manage these emergencies.”

Presenters will share the hallmark features that signal the need for emergent intervention, provide evidence-based approaches, and discuss strategies for communication and collaboration during management of acute surgical emergencies.

“The common theme we’ll discuss is how we position ourselves to train for the recognition and management of these acute emergencies,” Ley said.

When patients in the ICU present with acute aortic dissections, a host of medical professions are called upon to act quickly, said Walter H. Merrill, MD, of Vanderbilt University School of Medicine in Nashville. Dr. Merrill is Chair of the STS Workforce on Associate Membership, which planned the session.

“This is not an elective procedure. It’s urgent and somewhat dangerous,” Dr. Merrill said. “A patient might be stable when he or she presents in the emergency room but quickly could become unstable and die because of cardiac tamponade. It’s important to focus on the teamwork involved. Proper evaluation, diagnosis, and getting the patient through the operation and recovery is key.”

The same set of processes is vital for patients who experience cardiopulmonary compromise and warrant ECMO. Dr. Merrill noted that in the last 10 years, the use of ECMO has gone from being available at a few specialized centers to being performed at most hospitals.

“Putting a patient on ECMO doesn’t happen without a lot of planning. We want to look at best practices and raise everyone’s consciousness so they understand how to care for these patients,” Dr. Merrill said.

Although TAVR procedures are becoming more common, patients may develop heart failure due to acute aortic regurgitation and require intubation.

“Sometimes, a TAVR procedure must be converted to a surgical aortic valve replacement,” Dr. Merrill said. “One has to be prepared for everything. It’s not always simple and straightforward.”
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*Chest. 2013;143(suppl 5):7S-37S

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Claim Continuing Medical Education Credit

The STS 53rd Annual Meeting utilizes an entirely electronic evaluation and CME/Perfusion CEU credit claim process. Both physicians and perfusionists can use this system to claim credit, complete evaluations, and print CME/Perfusion CEU certificates. Certificates of Attendance also are available for other attendees and international physicians not wishing to claim CME credit. Attendees will not be able to evaluate and claim CME/Perfusion CEU credit for ticketed sessions unless they have registered for those sessions. Please note that CME credit is not available for the Residents Symposium, Residents Luncheon, or STS/AATS Tech-Con 2017.

Attendees can complete the overall meeting evaluations and all individual session evaluations onsite at CME Stations located near Registration, near Room 330, and in Hall B3. Certificate printing is available.

Attendees also can complete evaluations and claim credit by visiting stts.org/2017evaluation or using the STS Annual Meeting Mobile App. In order to make this process more convenient for attendees, the meeting evaluations will be available online through Friday, February 10, 2017.

Attendees can log in to the website with the following information: Username: 6-digit member ID number located at the upper right-hand side of the meeting badge. Password: First initial and last name.

Free Wi-Fi Available

Complimentary wireless internet, supported by CryoLife, is available throughout the convention center for all attendees. To connect, select “STS_2017” from the available networks. Launch a web browser and follow the instructions to connect, entering password “OnXstepahead” when prompted; the password is case sensitive.

Learning Opportunities Available in the Exhibit Hall

Exhibiting companies and others will present talks and demonstrations in the Learning Lab Theater, located in the Exhibit Hall.

**SUNDAY**
- 4:30 p.m. – 5:40 p.m.
  - STS Jeopardy Championship

**MONDAY**
- 12:45 p.m. – 1:15 p.m.
  - Medtronic: “Overcoming Challenges in VATS Lobectomy”
- 3:45 p.m. – 4:15 p.m.
  - Abbott: “Transcatheter Mitral Valve Repair”

**TUESDAY**
- 10:15 a.m. – 10:45 a.m.
  - Houston Methodist: “Hybrid CV Surgery Room of the Future”
- 12:15 p.m. – 12:45 p.m.
  - Ethicon: “Practical Skills in Thoracic Surgery”

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The STS Annual Meeting Mobile App makes it easy to plan your schedule while in Houston. Browse the educational program and save favorite sessions and presentations to your custom itinerary. Complete meeting evaluations and claim CME/Perfusion CEU credit within the app. The app updates in real time, so you’ll always have the latest information at your fingertips. Access the app by searching for “STS 2017” in the Apple App or Google Play Stores or by scanning the QR code below with your smartphone. The STS Annual Meeting Mobile App is supported by Medtronic through a branding opportunity.

Hear About Hot Topics from Experts at Industry-Sponsored Satellite Activities

Satellite activities are programs offered by industry and held in conjunction with the STS 53rd Annual Meeting. They are not developed or sponsored by STS.

SATURDAY

AtriCure & MediaSphere Medical, LLC
7:00 p.m. – 9:00 p.m.
Surgical LAA Closure: Why, When, and How
Americas Ballroom D, Hilton Americas-Houston, 1600 Lamar St.

SUNDAY

JOMDD
7:00 p.m. – 10:00 p.m.
Latest Updates on the Ozaki Aortic Valve Neo-Cuspidization Procedure
Americas Ballroom BC, Hilton Americas-Houston, 1600 Lamar St.

Medtronic
7:00 p.m. – 10:00 p.m.
Treating Your Patients With Heart Valve Disease
Room 343AB, Hilton Americas-Houston, 1600 Lamar St.

TUESDAY

Baxter Healthcare
6:00 p.m. – 9:00 p.m.
The Role of Advanced Hemostats and Sealants in Blood Management During Cardiovascular Surgery: A Clinical Perspective
Houston Methodist Institute for Technology, Innovation & Education, 6670 Bertner Ave., 5th Floor

Photography and Recording Policy

Photography and recording of STS/AATS Tech-Con 2017 sessions are strictly prohibited, except by authorized personnel. Recording of STS 53rd Annual Meeting sessions is strictly prohibited, except by authorized personnel.

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Keeping it simple.
Meet Face-to-Face With Top Employers

Are you looking to make a career change in 2017? Make sure to stop by the STS/CTSNet Career Fair, which is open to all Annual Meeting attendees. You’ll have the opportunity to speak with recruiters about career opportunities at a number of organizations. There isn’t a better way to network and connect with potential employers. Participating companies will be located in Hall B3 (just outside the main Exhibit Hall) and are available to speak with you at the following times:

Sunday 4:30 p.m. – 6:30 p.m.
Monday 9:00 a.m. – 4:30 p.m.
Tuesday 9:00 a.m. – 3:30 p.m.

CAREER FAIR EXHIBITORS
Abington Hospital – Jefferson Health
Carolina Healthcare System
Medical Group
The Christ Hospital Health Network
Covenant Healthcare
Memorial Healthcare System
Our Lady of Lourdes Regional Medical Center
Presbyterian Healthcare Services
Southcoast Health
Summa Health System

As of January 6, 2017

HOW-TO TIPS
continued from page 1

demonstrate no-touch aorta CABG, among other procedures.

“We’ll focus on how to handle some of the more challenging situations, such as when you have a completely occluded artery and you have to remove the plaque in order to do the bypass,” Dr. Ailawadi said.

With widespread adoption of mitral surgery by cardiothoracic surgeons, the mitral valve section will offer several talks, including transseptal exposure of the mitral valve during surgery and transcatheter puncture for the MitraClip procedure. Transcatheter aortic valve replacement is becoming more common, and the aortic valve surgery section will delve into how to handle some of the complications seen with the procedure, such as paravalvular leak with valve malposition and annular rupture. Another talk will highlight running sutures during aortic valve replacement.

Planners also sought to touch on aortic surgery with four presentations, including one on homograft insertion for root abscesses. “An increasing basis, we are seeing more patients with aortic endocarditis, mitral valve endocarditis, and aortic root abscesses,” said Workforce on Annual Meeting Chair and co-moderator of the session Wilson Y. Szeto, MD, of the University of Pennsylvania in Philadelphia.

Dr. Szeto will describe the valve-sparing David procedure, which he said is being performed more commonly. Two other presenters will offer advice on endogastric for chronic dissections with aortoenteric fistulae and endogastric in the setting of the hybrid procedure, which Dr. Szeto said has continued to improve due to innovation and creativity.

GENERAL THORACIC SURGERY
The technical tips and tricks session incorporated into the General Thoracic Surgical Symposium is tailored to help participants conduct more difficult operations and the challenging portions of operations in a safe and effective manner.

“We selected areas that we think are challenging for surgeons, especially those who may not work every day in a subspecialty of our field. They also may be called on to do any of these procedures in a minimally invasive fashion, which is often more difficult, because patients have come to expect that,” said Joseph B. Shragar, MD, Co-Chair of the Surgical Symposia Task Force.

Divided into four sections, the first will cover esophageal techniques. The anastomosis seems to be the Achilles heel of minimally invasive esophagectomy. Dr. Shragar pointed to two predominant minimally invasive techniques for esophagectomy—functional end-to-end, minimally invasive anastomosis. One expert surgeon will therefore discuss the stapled, functional end-to-end, minimally invasive anastomosis, and another will describe his use of the Ong VFI EEA end-to-end anastomiser. Then the focus will move to the emerging use of ischemic preconditioning and SPY technology to create better blood flow in the gastric conduit.

“Leaking from an esophageal anastomosis is a big problem that everyone is interested in trying to reduce,” said Dr. Shragar, from Stanford University School of Medicine in California.

Three talks in the second section cover difficult pulmonary cases, with how-to advice on post-induction dissections via thoracotomy or minimally invasive surgery.

“This is useful for cases where there’s been preoperative treatment and a lot of scarring due to preoperative chemotherapy or radiation,” said Dr. Shragar.

Speakers in the third section will share their expertise on intraoperative decision making for difficult germ cell tumors and tricks for minimally removing large thymomas.

“Decision making for mediastinal germ cell tumors is very complex,” Dr. Shragar said. “It’s always hard to know how aggressive we need to be to get out every little bit of these tumors, which often prove to have only benign elements after chemotheraphy, but may involve major structures. Taking out every last fragment can substantially increase the scope of the surgery—but when is that okay?”

“We’ll also have probably the world’s highest-volume robotic thymoma surgeon talking about how to remove larger thymomas safely without the risk of intraoperative spilling, which would be a disaster,” Dr. Shragar will then describe his technique and results using a simplified method he has adopted to allow easy performance of diaphragm plication via video-assisted thoracic surgery.

The fourth and final section will offer help on transitioning to minimally invasive approaches and understanding the learning curve.

STS Advances Lead to ICU Management Challenges

he increased use of mechanical circulatory support (MCS) has extended the lives of thousands of cardiac patients, but it has created challenges in the form of lengthy and expensive stays in cardiac intensive care units.

“These patients require a major utilization of resources—both hardware and human-care. We thought it was time to specifically talk about how to care for them in an intensive care point of view,” said Glenn J.R. Whitman, MD, Chair of the STS Workforce on Critical Care and co-moderator of a symposium that will address overcoming the challenges. “This is not about how to put in a ventricular assist device (VAD). Rather, it will address how to think about MCS patients.”

GLENN J.R. WHITMAN, MD

Our study showed that we can reduce costs significantly, but the goal is to make sure patients are cared for appropriately before they’re brought to the ICU,” said co-moderator Vassyl A. Lonchyna, MD, adding that the speakers will share their device knowledge. “There are nuances to the approach to these patients that highly experienced surgeons, cardiologists, and intensivists can pass on to the audience.”

Among the topics discussed will be whether drugs or fluids should be used to control hemodynamics and which auxiliary actions should be taken when patients are on ECMO, said Dr. Lonchyna, from The University of Chicago, who is studying medical school curricula in Ukraine as part of the Fulbright Scholar program.

Managing the right ventricle will be covered in three presentations that will focus on the interaction of the lungs with the right ventricle, noninvasive assessment using ultrasound and echocardiograms, and recognizing and treating right ventricle failure, said co-moderator Rakesh C. Arora, MD, PhD.

“This is not about how to put in a ventricular assist device. Rather, it will address how to think about MCS patients.”

Vassyl A. Lonchyna, MD
Kevin W. Lobdell, MD

“These patients are challenging, so trying to understand the physiology and the heart-lung interactions is key,” said Dr. Arora, of the University of Manitoba in Winnipeg, Canada. “It is critical to identify important signs before you get into trouble with the failing right ventricle, and it involves the whole interdisciplinary team.”

That team-based approach will be highlighted in presentations about the roles of the intensivist and the surgeon, as well as using the “liberation bundle” to separate a patient from a ventilator through mobilization, and avoiding and treating delirium—all with the help of the patient’s family, said co-moderator Kevin W. Lobdell, MD.

“It is an inclusive, interactive process with the entire team—nurses, nurse practitioners, physician assistants, intensivists, and surgeons,” said Dr. Lobdell, of Sanger Heart & Vascular Institute in Charlotte, N.C. “It is so complex that no one person has all the pieces to the puzzle.”

Aaron M. Cheng, MD, of the University of Washington Medical Center in Seattle, also is a co-moderator.

Wilson Y. Szeto, MD
Gorav Ailawadi, MD
Joseph B. Shragar, MD
The information listed here is accurate as of January 5, 2017. The information for these products and services was provided by the manufacturers. Inclusion and exclusion in this publication should not be construed as a product endorsement by STS.

2017 ANNUAL MEETING EXHIBITORS

**Angiodynamics**
- **Latham, NY**
- This AngioDynamics is a leading provider of innovative, minimally invasive medical devices used by professional health care providers, vascular access, surgery, peripheral vascular disease, and oncology. Angiodynamics' diverse product lines include market-leading ablation systems, fluid management systems, vascular access products, angiographic products and accessories, and vascular stents.
- Website: www.angiodynamics.com
- Long-term circulatory support specifically for infants and children awaiting heart transplants. EXCOR Pediatric is approved for use in the United States under Humanitarian Device Exemption regulations by the Food and Drug Administration.

**BFW Inc**
- **Louisville, KY**
- BFW is known as a worldwide technological leader in surgical innovation and headlight video imaging. Visit Booth 240 to experience the technology and learn how cardiologists and surgeons are among the first to benefit from BFW's solution offerings.

**BioStable Science & Engineering**
- **Austin, TX**
- BioStable Science & Engineering is developing and commercializing proprietary valve repair technologies that provide an alternative to valve replacement for aortic valve disease. The company's HAART Aortic Annuloplasty Devices are designed to simplify and standardize aortic valve repair for patients undergoing surgery for aortic insufficiency or restenosis.

**Biotage**
- **Hingham, MA**
- Biotage is a medical device company that is developing bioengineered implants based on the company's Cellextrum™ technology, which comprises a proprietary biocompatible silicone biodegradable polymer and allows the formation of a tissue scaffold to create Cellspan™ implants. These first-of-its-kind implants are being developed to treat the debilitating conditions of the esophagus for bronchus, or trachea. For more information, visit www.biotage.com.

**BloxRX Solutions Network**
- **North Andover, MA**
- BlockRX Solutions Network manufactures of radiation protection: cream and apparel. ULTRABLOX™ X-Ray Apparel and Accessories, angiography products and like-lead aprons and apparel. Effective, machine-washable alternative to lead and like-lead aprons and apparel.

**Bolton Medical**
- **Sequingtown, PA**
- Bolton Medical is a subsidiary of the WerfenLife Group, a company that manufactures and distributes medical devices worldwide. Bolton's vision is to become the leading provider of surgical solutions for aortic disease. Bolton develops, manufactures, and distributes innovative, high-quality products solely focused on the aorta.

**Bovie Medical**
- **Philippi, WV**
- Bovie Medical will be featuring J-Plasma®—the helium-based gas plasma technology that is transforming the way surgeries are performed. J-Plasma® works with precision and versatility across open and laparoscopic procedures. Bovie also will exhibit its complete line of electrosurgical products.

**Cardiac Surgical Unit Advanced Life Support**
- **Simpsonville, SC**
- Cardiac Surgical Unit Advanced Life Support is the leading provider of CSUL Advanced Life Support training in the US, Canada, and Mexico. It is the sole distributor of the CSUL-ALS manikin. CSUL-ALS can bring training to your hospital and team or your team members can attend national provider and trainer courses. Course completion results in CSUL-ALS Certification are based on a 2-year renewal cycle.

**CG Health Partners, LLC**
- **Sarasota, FL**
- CG Health Partners provides strategy consulting and execution support exclusively to cardiovascular and vascular surgery practices. Among its partners has the breadth and depth of experience to craft and negotiate the most favorable economic models for the surgery.

**Cook Medical**
- **Bloomington, IN**
- Founded in 1963, Cook Medical pioneered some of the medical devices now commonly used to perform minimally invasive medical procedures throughout the body. Today, the company integrates its professional devices, and drug and biologic grafts to enhance patient safety and improve clinical outcomes. In May 2016, Cook acquired privately held Babcock Medical Systems, which operated as a family-owned private corporation.

**CorMatrix**
- **Rosewell, GA**
- CorMatrix is a cardiovascular markets its ECM®- Bioabsorbable devices for vascular repair, percutaneous repair and reconstruction, cardiac tissue repair, and CardiOnc ECM Envelope for CIEDs. CorMatrix ECM Technology allows surgeons to restore the native anatomy of cardiac and vascular tissues. It is a surgical alternative to synthetic or cross-linked materials.

**CryoLife**
- **Kennesaw, GA**
- CryoLife, Inc. is one of the world’s leading contemporary medical device companies, providing preserved human cardiac and vascular tissues, surgical adhesives and sealants, prosthetic heart valves, laser cards, and other medical devices. Since the company’s inception in 1984, it is estimated that its products and tissues have helped more than 1 million patients worldwide.

**CT Assist**
- **Philippi, WV**
- CT Assist is a managed service provider of cost-effective, high-quality radiology services. CT Assist provides radiology services in 80 different sites from long-term to locum tenens and vacation coverage. It is a physician assistant-owned nationwide employer of talented and experienced cardiovascular PAs and nurse practitioners.

**CTSNet**
- **Chicago, IL**
- CTSNet (www.ctsnet.org) is the leading international source of online resources related to cardiothoracic surgery, as well as the major hub for news and information, including job openings, conferences, and research opportunities.

**Delta Companies, The**
- **Dallas, TX**
- The Delta Companies offer permanent and temporary staffing solutions nationwide for physicians, physician extenders, therapists, and other allied health care professionals. Physician staff members are trained, certified, and approved to work for the Physician Placement and Delta Locum Tenens. All other allied health care staffing services are represented by Delta Healthcare Providers.

**Designs for Vision**
- **Rockleigh, NJ**
- Just See™ with Designs for Vision’s lightweight custom-made surgical telescopes, available with Nikon® frames. See It Even Better™ with the L.E.D. Daylight or Twin Beams™, providing the brightest and safest untethered illumination. Introducing the L.E.D. Daylight Nano Cam HD—document the procedure with HD video from your prospective.

**Dextera Surgical**
- **Simpsonville, SC**
- Dextera Surgical Inc. is a leading innovator in advanced surgical solutions for the treatment of persistent and longstanding persistent mitral valve disease, and oncology. AngioDynamics’ diverse product lines include market-leading ablation systems, fluid management systems, vascular access products, angiographic products and accessories, and vascular stents.

**ECR® Strategic Services**
- **Kennesaw, GA**
- ECR® Strategic Services provides strategy and executive consulting support exclusively to cardiovascular and vascular surgery practices. Among its partners has the breadth and depth of experience to craft and negotiate the most favorable economic models for the surgery.

**EBM**
- **Tokyo, Japan**
- EBM, a biomedical spin-out venture company from Japan, provides the original beating heart simulator, the only untethered simulator system for off-pump coronary artery bypass grafting and vascular Anastomosis worldwide. SKI assessment is based on rapid CFD technology and validated silicone vascular model.
Essential Pharmaceuticals

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European Association for Cardio-Thoracic Surgery (EACTS)

European Society of Thoracic Surgeons (ESTS)

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Fujifilm Endoscopy

Gore & Associates

GP Cosmetics

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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 available commercially around the world.

HeartWare Framingham, MA

HeartWare's mission is to improve quality of care in cardiovascular surgery for more than 30 years. The company focuses on developing minimally invasive valve repair, stentless aortic valve repair, transcatheter aortic valve implantation, and robotics. The company is dedicated to ensuring the best possible outcomes for surgical procedures of the lung, mediastinum, esophagus, and chest wall by providing the highest quality patient care through education, research, and clinical experience.

Genesee BioMedical

Denver, CO

Genesee BioMedical, Inc provides unique devices for cardiac surgery, including annuloplasty for mitral and tricuspid repair, stentless/thoracic valve repair kits, instruments for minimally invasive aortic, transcatheter aortic valve implantation, and robotics surgical coronary graft makers, suture guards, retraction clips, and myocardial needles.

Getinge Group

Windsor, CT

Getinge Group is a leading global provider of medical devices and systems that contribute to quality enhancement and cost efficiency within health care and life sciences. The company operates under the three brands of ACO/Stryker, Getinge, and Maquet. It builds quality and safety into every system and enhances efficiency throughout the clinical pathway.

Go & Associates

Flagstaff, AZ

The Go & Associates Medical Products Division has provided creative solutions to medical problems for three decades. More than 3 million Go medical devices have been implanted. Products include vascular grafts, endovascular and interventional devices, surgical materials, and stents for use in vascular, cardiac, and general surgery. For more information, visit www.go-medical.com.

GP Cosmetics

Lake Forest, CA

GP Cosmetics is a leader in the innovation and distribution of medical grade skin care products and systems. From the cell to the entire organ, the company supports the preservation and growth of human tissues through its unique innovations and technologies used to treat different conditions, such as colorectal and thoracic conditions, spine and cardiovascular conditions, cancer, obesity, and other conditions requiring general surgery.

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HCA

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HCA owns and operates more than 160 health care facilities in 20 states with opportunities coast to coast. HCA was one of the nation’s first hospital companies. It is committed to the care and improvement of human life. The company strives to deliver quality health care that meets the needs of the communities it serves.

Heart Hospital Baylor Plano, The

Plano, TX

The Heart Hospital Baylor Plano is a cardiovascular specialty hospital in North Texas that opened in 2007. In less than a decade, the hospital has achieved its outcomes and guest satisfaction scores, garnering recognition, praise, and accolades from international giants in the health care field. Visit TheHeartHospitalBaylor.com to learn more.

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European Association for Cardio-Thoracic Surgery (EACTS)

Windsor, CT

EACTS is the largest European association devoted to the practice of cardiothoracic surgery. The main aim of the association is to enhance education in the field of cardiothoracic surgery and to promote, for the public benefit, research into cardiothoracic and vascular medicine and therapy and to correlate and disseminate the useful research result. Visit Booth AF08 for more information.

European Society of Thoracic Surgeons (ESTS)

Exeter, United Kingdom

ESTS is the largest international general thoracic surgery organization with more than 1,550 members in all continents. The society’s mission is to improve quality in the specialty—from clinical and surgical management of patients to education, training, and recognition of thoracic providers of information solutions that enhance the performance of science, health, and technology professionals. Elsevier empowers better decision making and the delivery of better care. www.elsevier.com

Elsevier

Philadelphia, PA

Elsevier is the proud publisher of The Annals of Thoracic Surgery, a journal that opened in 2007. In less than a decade, the cardiovascular specialty hospital in North Texas has achieved its outcomes and guest satisfaction scores, garnering recognition, praise, and accolades from international giants in the health care field. Visit TheHeartHospitalBaylor.com to learn more.

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Edwards Livescience

Irvin, CA

Edwards Livescience 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, enabling them to save and enhance lives. Additional company information can be found at www.edwards.com.

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**2017 ANNUAL MEETING EXHIBITORS cont.**

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Victor, NY

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**O Mallinckrodt Pharmaceuticals**

Hampton, NJ

Mallinckrodt is a global business that develops, manufactures, markets, and distributes specialty pharmaceutical and biopharmaceutical products and therapies, as well as nuclear imaging products. Mallinckrodt provides key products for hemostasis during surgery. Visit www.mallinckrodt.com.

**Med Alliance Solutions**

Sycamore, IL


**O Medtronic**

Minneapolis, MN

As a global leader in medical technology, services, and solutions, Medtronic improves the lives and health of millions of people each year. The company uses its deep clinical, therapeutic, and economic expertise to address the complex challenges faced by health care systems today. Let's take health care Further, Together. Learn more at Medtronic.com.

**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 commercialization of transformative tests to assess a person's risk of developing disease, guide treatment decisions, and assess risk of disease progression and recurrence.

**Nadia International**

Austin, TX

Educational/surgical bronze sculptures 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. Introducing MIRACLE OF LIFE II and IN GOD's Hand II at the 2017 meeting.

**Neochord, Inc**

St. Louis, Park, MN

Neochord is a medical technology company leading the advancement of minimally invasive, beating heart repair of degenerative mitral valve regurgitation. Neochord received CE market clearance in December 2012 for the US1000 system and has successfully treated more than 450 patients to date.

**NeuWave Medical**

Madison, WI

NeuWave Medical® is changing the future of lung ablation. The NeuWave Medical Intelligent Microwave Ablation System offers a minimally invasive, non-surgical procedure for lung lesions. The versatile probe portfolio includes 17 gauge probes specifically designed for precise and controlled ablations. The new Ablation Confirmation software offers the only integrated in-procedure confirmation.

**Nova Innovations**

Las Vegas, NV

Olympus America Inc

Center Valley, PA

Olympus is a precision technology leader in designing and delivering imaging solutions in health care, life science, and photography. Through its health care solutions, Olympus aims to improve procedural techniques and outcomes and enhance the quality of life for patients.

**Ornim, Inc**

Foxboro, MA

Ornim specializes in research, development, and distribution of noninvasive patient monitors specializing in the field of tissue and cerebral blood flow. Its bedside product, c-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.

**Ossur Inc**

Palm Harbor, FL

Ossur is a leading provider of cardiothoracic surgery products and vascular access devices optimized for cardiothoracic surgery. Products include external pacemakers, temporary pacing leads, myocardial pacing wires, and a variety of pacing cables and accessories. Ossur is proud to present the newest in dual-chamber pacemaker and bipolar heartwire technology.

**OSF Healthcare**

Peoria, IL

OSF Healthcare, owned and operated by The Sisters of the Third Order of St. Francis, includes the OSF Healthcare System, which consists of 11 hospitals and medical centers and two colleges of nursing. OSF Healthcare operates facilities in Illinois and Michigan.

**P & M Harmony**

Las Vegas, NV

**Pinnacle Biologics**

Chicago, IL

Pinnacle Biologics identifies critical cancer therapies to provide life-changing outcomes for patients worldwide. Their portfolio of products supports photodynamic therapy, which can be used for the treatment of endobronchial non–small-cell lung cancer, esophageal cancer, and high-grade dysplasia in Barrett's esophagus.

**Priority Heart**

New York, NY

The SternalSafe™ sternal brace is the next-generation alternative for postoperative

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**microcutter 5/80**

The first and only 5mm stapler with 80° of articulation

Less Dissection.
Easier Placement.
Better Visibility.

Please visit Booth 132. www.dexterasurgical.com

Please refer to package inserts for indications, contraindications, warnings, precautions and instructions for use.

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new exhibitors

**Regional Data Managers: STS National Database**

**New Exhibitors**

- Providence Health & Services 1134 Portland, OR
- Denver Health & Hospitals Network 510 Denver, CO
- Providence Health & Services is affiliated with the Providence Health Systems, including Providence Hospitals in Seattle, Washington, and Providence Portland Medical Center in Portland, Oregon.

**Quest Medical Inc**

- Allen, TX

- Quest Medical Inc is a medical device manufacturer and worldwide distributor specializing in the protection of the heart during cardiac surgery with the Quest MPS 290 and Microplegia. Quest also offers a unique variety of aortic punches, safety valves, vascular loops, and an anesthesiologist-designed line for pediatric cardiothoracic surgery.

- Providence Health & Services 1134 Portland, OR
- Providence Health & Services is affiliated with the Providence Health Systems, including Providence Hospitals in Seattle, Washington, and Providence Portland Medical Center in Portland, Oregon.

**Therapeutics to address unmet medical needs in development and commercialization of specialty cardiovascular surgery.**

**Regional Data Manager booth provides support:**

- Ann Arbor, MI
- STS National Database 738
- Regional Data Managers: STS National Database:
  - Cardiovascular surgery.
  - The STS National Database is a comprehensive and dynamic database that captures data on a wide range of surgical procedures, including aortic punches, safety valves, vascular loops, and an anesthesiologist-designed line for pediatric cardiothoracic surgery.

**Scanlan International 102**

- St. Paul, MN
- Scanlan International is a medical device company that manufactures surgical products, including pericardial, pectus, ILIAD extraction, and TEMLA procedures.

**Siemens Medical Solutions USA Inc 1052**

- Malvern, PA
- Siemens Healthineers is committed to becoming the leading trusted partner of healthcare providers and patients worldwide, enabling them to improve patient outcomes while reducing costs.

**SurgiTel/General Scientific Corp 116**

- Ann Arbor, MI
- SurgiTel is a manufacturer of premium lumens and headlights sold around the world. Their variety of eye pieces and headlights are designed to provide the best possible view for surgeons.

**SynCardia Systems Inc 1208**

- Tucson, AZ
- SynCardia temporary Total Artificial Heart (TAH) is the world’s only FDA, Health Canada, and CE-approved Total Artificial Heart. It has been approved as a bridge to transplant for patients dying from end-stage borderline failure. Visit the SynCardia booth for updates on the Freedom® portable driver, 50 cc THL, and destination therapy.

**Stereotommy patients. Are you still using a pillow?**

- The Sterisafe provides necessary compression needed to hold the site and decrease pain for the patient. The Sterisafe has three separate features: no patient activation, handpiece activation, and pulley activation. One size fits all.

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**Sterisafe**

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Virginia Cardiac Services 943
Virginia Beach, VA
VCSQI is a nonprofit consortium of cardiac practices whose mission is to improve heart care quality, patient experience, and costs. VCSQI’s clinical-financial database helps clinicians identify best practices and measure the impact of quality initiatives. Its Support and Alignment Network (SAN2.0) program focuses on preparing practices for the transition to advanced alternative payment models.

Vitalcor, Inc/Applied Fiberoptics 1203
Westmont, IL
Vitalcor, Inc is a supplier of medical devices used primarily in cardiothoracic surgery. Since 1975, Vitalcor has provided products that take input from teaching and practicing surgeons to make their practice easier. The company takes pride in offering quality products and providing exceptional customer service.

Vitalitec Geister 813
Plymouth, MA
Vitalitec Geister will be displaying all of its products, highlighting the Peters CV Suture, Enclose II Anastomosis Assist Device, Cygnet Flexible Clamps, Intrack Atraumatic Temporary Clamps and Inserts, and Geister ValveGate and ValveGate PRO line.

Wexler Surgical, Inc 329
Houston, TX
Wexler Surgical designs and manufactures a variety of titanium and stainless steel specialty surgical instruments and products for cardiac, vascular, thoracic, and microsurgery. Come see its VATS/MICS instruments and ask about the Optimus Series. Visit www.wexlersisthurgical.com for more information about products and services, or e-mail sales@wexlersisthurgical.com.

Wolters Kluwer 114
Phoenix, AZ

Xenosys USA 851
Austin, TX
Xenosys USA serves the cardiac, thoracic, and vascular community with innovative products, including portable next-generation LED surgical headlights offering freedom and convenience at less than 1 oz weight; a full range of custom surgical loupes giving an unbeatable field of vision and depth of focus, all while being light and comfortable; and the Xenosys wireless HD surgical camera system.

ZipperBelt.com 643
Dallas, TX

2017 EXHIBITOR MAP

STS Exhibit Hall Hours
The STS Exhibit Hall is located in Hall A3.
Sunday
4:30 p.m.–6:30 p.m.
Monday
9:00 a.m.–4:30 p.m.
Tuesday
9:00 a.m.–3:30 p.m.

STS University - Wednesday, January 25
REMOVING HEART TUMORS THAT WERE ONCE UNREACHABLE. THAT’S THE DIFFERENCE BETWEEN PRACTICING MEDICINE AND LEADING IT.

At Houston Methodist, we’re one of only a few hospitals in the world performing an advanced heart surgery to remove a cancerous heart tumor. Our expertise allows us to remove the heart with incredible precision in order to access hard-to-reach tumors, so that it’s cancer free when placed back inside. By performing this surgery, we’re providing options for patients who thought they had none.

houstonmethodist.org/heart-physicians

Visit us at booth #923 to see how 3D imaging is changing the way we approach patient care.
Whether your patients are facing the early stages of heart failure or a more serious cardiac situation, you can look to Getinge for a full range of effective, easy-to-use heart failure treatment options. Our CARDIOSAVE IABP technology helps patients whose hearts are beginning to fail while creating a critical window of time that enables clinicians to determine the best next steps if additional treatment is necessary. In more critical cases, our CARDIOHELP System combines hemodynamic stabilization with oxygenation to provide full cardiopulmonary support.

From the smallest to greatest of cardiac needs, you’ve got complete support in the Cath Lab with Getinge.

The CARDIOHELP System is for circulatory and/or pulmonary support for periods up to six hours.