While AATS President D. Craig Miller left off the signature Stetson for Monday’s Presidential Address, he didn’t forget the bullets.

In his presentation “Anti-Memoirs of Rocinante,” Dr. Miller focused his sights, and a good helping of free-market philosophy, on the current ill-infesting the health care system in the US, advocating a single-payer system, an overhaul of the current educational system for cardiothoracic surgeons and a move towards regionalization.

“Why is medicine no longer a noble profession?” he said to a capacity crowd. “If you don’t like what I have to say, you are welcome to leave, but ... we must do this for our patients.”

A self-described individualist with right-wing roots, Dr. Miller said a single-payer system, similar to that used in Great Britain, will force doctors to improve the quality of care they are providing their patients.

“I started off as a far right-wing Goldwater supporter and I may leave this world a socialist,” he said. “It is the god damnedest thing I’ve ever seen. This is hard, ... we don’t want regulations, but perhaps we need them.”

Dr. Miller focused his sights, and a good helping of free-market philosophy, on the current ill-infesting the health care system in the US, advocating a single-payer system, an overhaul of the current educational system for cardiothoracic surgeons ...

Dr. Miller said that the title of his speech paid homage to two influences — French writer André Malraux and Spanish author Miguel de Cervantes. He explained that the “Anti-Memoirs” portion was taken from the self-deprecating title of the French existentialist’s autobiography.

“I like to laugh at myself with some regularity,” Dr. Miller said. “Those that don’t are taking themselves too seriously. You should try it, it is a very therapeutic exercise.”

“Rocinante,” Dr. Miller said, is the name of Don Quixote’s horse.

“Cervantes played with the irony of how we look at ourselves and the world around us,” he said.

Dr. Miller said he first discovered Malraux when reading Mans’ Fats, “a novel that outlined the essence of 20th century existentialism.”

“Existentialism posits that individuals create the meaning and essence of their own lives, as opposed to deities or authorities creating it for them,” he said. “Every person should choose his or her own meaning, free from any external forces.”

The inverted incentives that doom the current system to failure are a good example of external forces that need to be eradicated, Dr. Miller said.

“They (incentives) are perverse and they are certainly not sustainable,” he said. “If we adopted best practices throughout the country, one-third of the health care practitioners in the

see PLNER, page 6

Basic Science Lecture examines biomechanics of beating heart

Bioengineer Matts Karlsson, Ph.D., presented the interface between novel engineering methods and the questions that face cardiovascular surgeons on a daily basis during his Basic Science Lecture “The Link Between Engineering, Biomechanics, and Cardiovascular Physiology and Disease” at Monday’s Plenary Scientific Session.

“Understand that every cardiac surgical procedure will modify the boundary of the heart,” said Dr. Karlsson, professor and founding chairman of the Division of Biomedical Modeling and Simulation, Linköping University in Sweden. “It’s more important to understand how these procedures change other aspects of cardiac function, including blood flow patterns inside the heart.”

In presenting an MRI visualization of blood flow through the heart, Dr. Karlsson showed how blood rushed into the left ventricle and moved around the heart, stating how such visualizations can help refine diagnostic strategies.

“With these MRI blood flow visualization tools, we can go one step further,” Dr. Karlsson said. “We can consider different blood flow types in terms of function.”

Blood flow is shaped, not only from the anatomical structures of the walls and valves, but also by outer portions of mitral leaflets, Dr. Karlsson said. Often portions of the blood flow will not be ejected by a single heartbeat but will remain inside the ventricle for a long while.

“This flow shape and flow concept may be an important mechanism to our surgical procedures, and it’s my hope that this is something ...
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Lillehei Forum presents exciting, cutting-edge research

Sunday’s C. Walton Lillehei Resident Forum showcased some of the most exciting, leading-edge research being done in thoracic surgery. Moderated by David H. Harpole, M.D., and Gus J. Vlahakes, M.D., the session presented eight outstanding papers.

Akinobu Itoh, M.D., of Stanford University presented the first selection, “Is Mitral Valve Hinge Motion Important for Leaflet Closure?”

Dr. Itoh said mitral annulus (MA) is composed of two structures—the fibrous annulus contiguous with the aortic root, and the muscular annulus subtending the chordae tendineae and posterior leaflet.

“The three-dimensional echocardiographic studies have demonstrated that the MA is saddle-shaped and becomes flattened and dilated in humans with functional mitral regurgitation,” he said. “The contribution of saddle-shape configuration change to leaflet closure and coaptation throughout the cardiac cycle, however, is unknown.”

Dr. Itoh said the mitral hinge angle changes significantly during the cardiac cycle in concert temporally with changes in MA and M.

“The hinge angle reflects the interactions between the muscular annulus, fibrous annulus, and aortic root,” he said. “A steeper hinge angle may contribute to pre-systolic annular area reduction and rapid leaflet closure, which enhance valve competency. Rapid, complete annuloplasty rings would abolish any such hinge angle motion.”

Further quantification of hinge angle dynamics in pre- and post-repair patients with mitral valve prolapse and FMR should shed light on how important this intrinsic motion is and aid in the design of new annuloplasty devices.

The University of Virginia’s Turner C. Lisle, M.D., presented the second study, “Inflammatory Lung Injury After Cardiopulmonary Bypass Is Attenuated by Adenosine A2A Receptor Activation.”

Dr. Lisle said cardiopulmonary bypass (CPB) has been shown to exert a systemic inflammatory response, which if mediated through the lung, can potentially result in postoperative pulmonary dysfunction.

“Several studies have shown that adenosine A2A receptor (A2AR) activation attenuates lung ischemia-reperfusion injury,” he said. “The effect of A2AR activation on CPB-induced lung injury has yet to be evaluated. We hypothesized that specific A2AR activation by AT-313 to the standard bypass priming solution prior to the initiation of CPB resulted in significantly less lung injury and pulmonary edema as well as decreased levels of several proinflammatory cytokines.”

Dr. Lisle stated that the data indicated AT-313 could have an important role in reducing systemic inflammation and pulmonary dysfunction following CPB.

Basel Ramlawi, M.D., of Harvard Medical School gave the third presentation, “Aprotinin Attenuates Genomic Expression Variability Following Cardiac Surgery.”

Aprotinin, a commonly used antifibrinolytic agent, was the subject of recent controversy regarding adverse clinical outcomes following cardiac surgery. Dr. Ramlawi and his team compared the role of Aprotinin and e-aminocaproic acid on clinical outcomes and the attenuation of the post-cardiopulmonary bypass (CPB) response at the genomic expression and cytokine (adenosine) level.

“Preoperative baseline characteristics were similar in both characteristics with respect to age, sex, re-operative status, type of operation or intraoperative variables such as temperature etc.,” he said. “The serum creatine kinase and troponin have shown that there is a benefit here. We have a long way to go before this becomes mainstream.”

For those who want prognostication about where cardiothoracic surgery is headed, the Emerging Technologies and Techniques Forum is one of the best venues to gain an understanding of the future. Scheduled for 7:00 a.m. Wednesday in Room 25 of the Convention Center, the forum presents novel technologies and techniques that will soon make their way into cardiothoracic surgery.

“New technologies are always interesting because they give an indication on which direction the specialty is moving,” said forum co-moderator Lars G. Svensson, M.D.

“Cardiac surgery is increasingly branching into other diverse areas, and we are developing new fields, such as minimally invasive procedures, and increasingly placing stents and performing other less invasive procedures for atrial fibrillation.”

Patient expectation is clearly driving cardiothoracic surgery innovations as well. Patients want less pain with surgical procedures and faster recovery, Dr. Svensson noted. Fellow forum co-moderator Michael A. Acker, M.D., concurs.

“The theme of all these technologies is to make surgical incisions smaller, to be minimally invasive and to expand the number of people on whom we can perform these procedures,” Dr. Acker said.

Among the most exciting advances is non-invasive transcatheater aortic valve implantation, the subject of two presentations during the forum. The risk-benefit ratio has always been an obstacle for treating patients with atrial fibrillation. These patients have generally been at greater risk from the surgery than they would be from the alternative of stroke, but the new approach being presented at the forum has the potential of changing that ratio, according to Dr. Svensson.

“The transcatheter mode of valve replacement would allow aortic valve replacement in the high-risk elderly patients who would not otherwise be candidates for open-surgery valve replacement,” Dr. Acker said. “As the transcatheter valve replacement evolves, it will be applicable for more patients. I believe this has the potential to have a real impact on patient safety and on quality of life.”

Dr. Acker also touched on other techniques that will be presented. The surgical sutureless aortic valve, for example, offers the benefit of faster, safer operations. The innovative approach of delivering radio-frequency ablation in a minimally invasive operation for atrial fibrillation shows promise as a potential technique for the future.

New technologies in coronary artery bypass surgery include the use of anaesthetic devices allowing for smaller incisions in the surgery, even robotically, Dr. Acker said.

“Clumps of particularly exciting paper explores cell therapy for idiopathic cardiac fibrosis in heart failure.” That is sort of the Holy Grail right now,” Dr. Acker said. “Whether cells are injected through catheter or during surgery, we don’t know the mechanism by which they operate, but there is a lot of suggestion that there is a benefit here. We have a long way to go before this becomes mainstream.”

New technologies, techniques help predict future practice

Medval Corporation unveiled a new feature of the AATS Annual Meeting and will take place at 8:45 a.m. Wednesday in Ballroom 20-A-C of the Convention Center. The session will include a stimulating debate on two hot topics: Thoracic surgeons will step to the podium and make compelling arguments on whether live surgery at meetings is a good thing or a bad thing and whether the cardiothoracic certificate should remain as one certificate or be separated into two certificates.

The title of the first topic is, “Live Surgery at National and Regional Cardiothoracic Meetings Should Be Outlawed.” Arguing his case against live surgery at meetings will be Douglas J. Mathisen, M.D., a thoracic surgeon from Massachusetts General Hospital, Boston. Bruce W. Lyle, M.D., AATS immediate past president, will moderate.

“Cardiothoracic surgery really is two specialties ‘bonded’; with a majority of surgeons practicing exclusively either cardiac surgery or thoracic surgery,” Dr. Kron said. “It’s controversial. Some believe we should offer two different certificates because it will do a better job of defining who we are. Others believe this move will potentially lead to a destruction of the specialty and further division.”

The Controversies in Cardiothoracic Surgery Plenary Session is designed to focus on issues that are important to the specialty, but that currently lack consensus opinion. The pro and con format is a lively way to engage the audience.

“We don’t get a chance to talk about these things often enough,” Dr. Kron said. “That’s the whole concept behind the controversies session. We are trying to voice concerns about certain practices, and this session gives us a chance to discuss these things in a formalized debate format. Surgeons can then formulate their own conclusions.”

New plenary session debates ‘Live Surgery’ and ‘CT Certification’
Monday’s Simultaneous Sessions

(Clockwise from left) Marshall L. Jacobs, M.D., presents the “con” position during the Simultaneous Scientific Session – Congenital Heart Disease discussion “Antegrade Cerebral Perfusion Improves Neurologic Outcomes with Aortic Arch Surgery in Neonates.” Robert A. Meguid, M.D., addresses the Simultaneous Scientific Session – General Thoracic Surgery on “Decreased Operative Mortality for Esophageal Cancer Resection at Hospitals with Thoracic Training Programs: Should Esophagectomies Only be Performed by Thoracic Surgeons?” Munir Boodhwani, M.D., led off Monday’s Simultaneous Scientific Session – Adult Cardiac Surgery with his presentation “Effects of Mild Hypothermia and Rewarming on Renal Injury Following Coronary Artery Bypass Surgery.”

__KARLSON continued from page 1__

we can correct,” Dr. Karlsson said.

Through imaging, Dr. Karlsson and fellow researchers have been able to compare normal versus dilated ventricles in terms of the differences in diastolic kinetic energy. What they discovered is that during diastole, normal ventricles retained direct blood inflow at a rate of 56 percent, while dilated ventricles only retained direct blood inflow at a rate of 3.6 percent.

During his presentation, Dr. Karlsson addressed wall thickening in the endocardium, the base and the apex, and how sheet dynamics play a role. These sheet dynamics include shearing, thickening and extending. Even though the fibers are identical in the anterior and lateral area of the left ventricle wall, the shearing alone would affect the endocardial sheet, the midwall sheet and the epicardial sheet. The arrangement of these endocardial, midwall and epicardial walls can be made substantially different as a result of sheet dynamics.

“This has particularly important implications for myocardial stem-cell therapy,” Dr. Karlsson said. “Singly placing stem cells randomly in fibers in the left ventricle wall without consideration of a precise orientation would not create significant benefit.”

In patients with aortic stenosis and aortic deficiency, it’s now possible to map out areas of turbulence and therefore large areas of disturbed flow distal to the valve, according to Dr. Karlsson. Eliminating turbulence may soon be possible with various forms of treatment.

“This ability to image areas of turbulence may be important to us in designing the next generation of heart valves,” Dr. Karlsson noted.

Dr. Karlsson also described the interaction in the mitral valve anterior leaflet among the atrial muscle, smooth muscle, sensory and motor nerves, atrial excitation, interstitial cells, and blood vessels.

Given the presence of excitation and intervention, the leaflets in the beating heart might have residual different material properties.

In one study comparing control versus electrical stimulation, patients experienced half the strain and double the stiffness,” Dr. Karlsson said. “Possibly a leaflet control system is likely to have important implications in cardiovascular surgery.”

LILLEHEI continued from page 3

“We concluded that APR leads to significantly less genomic expression variability compared to Amicar and has a differential effect on specific genomic pathways,” he said.

The forum continued into the afternoon with additional presentations covering mediation of acute pulmonary ischemia, the efficacy of aspirin and clopidogrel for thromboprophylaxis of mechanical heart valves and remote ischemic preconditioning among others.

The winner of the Lillehei Forum will be presented during Tuesday’s Plenary Session.

**“Surgeons tend to forget they are not masters but servants of the patient and patients must come first.”**

- D. Craig Miller, M.D.
How do you view the current cardiothoracic training paradigm?

Robert W. Frater, M.D.
Bronxville, N.Y.

“What needs to change is how we practice in our field. We need to base treatment on the need, not on a CT surgeon’s preference or a cardiologist’s preference.”

Bruce Leavitt, M.D.
Burlington, Vt.

“We need to change the current CT surgery training paradigm to include radiology interventional techniques, minimally invasive CT techniques and any other emerging techniques.”

Royce Calhoun, M.D.
Sacramento, Calif.

“The current training paradigm is in need of modification. We need a more comprehensive training approach with respect to all of the newer technologies and how to incorporate them.”

Daniel Robb, MBBS
London, United Kingdom

“We have the same issues in the United Kingdom. We should be the ones to perform the non-invasive procedures because if there is a need to advance to the open surgeries, we are there to perform those.”

Omar Dawood, M.D.
San Francisco

“I believe what was detailed today by AATS President Miller in terms of CT surgery training evolution will benefit the field. This will allow CT surgeons to be better prepared to deal with the new techniques and procedures.”

P. Michael McFadden, M.D.
Los Angeles

“I do believe general surgery is very valuable. I would recommend that we keep the requirement for surgical residency training and certification by the American Board of Surgery in the CT training paradigm.”

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Two recognized with awards

Andrew S. Wechsler, M.D., (left) received the AATS Scientific Achievement Award on Tuesday. Dr. Wechsler was recognized for his scientific contributions in the field of thoracic surgery, particularly in the area of myocardial metabolism and mechanics in the setting of ischemia and reperfusion. In addition, the Association acknowledged his sustained leadership in the mentoring of young cardiac surgery researchers and his unique, global contributions as a teacher and lecturer in numerous academic and clinical settings.

D. Craig Miller, AATS President presented the Lifetime Distinguished Service Award and Honorary Membership to William T. Maloney (center) for his service and dedication to the Association. In presenting the award, Dr. Miller noted Mr. Maloney tireless efforts on behalf of the organization over the past 37 years. “This is the first, and maybe the last, time we will present this unique honor,” said Dr. Miller.

PLenary

continued from page 1

Surgery, Sunnybrook Health Sciences Centre, Toronto, ON, Canada. “Effective orifice areas increased in both groups over time,” Dr. Cohen said. “Although there were no differences in effective orifice areas at one year, these were significantly greater in the SPV group at 10 years. Similarly, mean and peak gradients decreased in both groups over time; however at 10 years, gradients were lower in the SPV group.” Nevertheless, Dr. Cohen noted, measures were similar between the stented and stentless valve groups, both at one and 10 years postoperatively, for ventricular function, including ejection fraction and fractional shortening, along with New York Heart Association functional class. Similarly, Duke Activity Status Index scores of functional status improved in both groups over time, with no differences observed between groups.

Changing the training schema

The reduction of cardiothoracic surgery case volume has affected training the next generation of thoracic surgeons. “We examined case volume in cardiothoracic surgery over the last five years to identify changes and direct future training algorithms with objective, verifiable training data,” said author Sunil M. Prasad, M.D. Total cardiothoracic cases were higher in three-year residency programs compared to the one- or two-year programs, total thoracic cases per resident were higher in two-year residency programs and myocardial revascularizations in one-year residency programs, Dr. Prasad said. “This study clearly documents the significant advantage in case volume of YJ programs and suggests changing current training to a minimum of three years,” he said. “Furthermore, optimization of resident case volume could be achieved by reorganizing programs to high volume three-year residency centers and changing low volume two-year residency programs to a one-year program.

Treating malignant pleural mesothelioma

Extrapleural pneumonectomy followed immediately with hyperthermic intraoperative intrathoracic capillary perfusion (HIOPC) is a feasible, safe approach for treating malignant pleural mesothelioma (MPM), according to the authors of “Phase II trial of Extrapleural Pneumonectomy with Intraoperative Intra-thoracic/I intrapleural Heated Capillatin for Malignant Pleural Meso-thelioma.” EPP can be performed with acceptable morbidity and low mortality in the setting of HIOC,” said Tamara R. Tilleman, M.D., of Brigham and Women’s Hospital, Boston. “HIOC is feasible and safe and does not contribute significant perioperative morbidity or mortality.” Strategies involving pharmacologic cytostereosynthesis allow high-dose cisplatin perfusion without significant renal toxicity. EPP with HIOC represents a novel platform for cisplatin delivery.

Congenital heart defects and infant brain maturation

Surgical intervention for congenital heart defects in the days immediately after birth additionally impedes brain maturation, according to authors of “Brain Maturation is Delayed in Infants with Complex Congenital Heart Defects (CHD).” This study addressed the premise that brain development is already delayed in those full term neonates with hypoplastic left heart syndrome (HLHS) or transposition of the great arteries (TGA), and surgery further exacerbates brain maturation delays. “In utero brain development is altered in fetuses with CHD, possibly secondary to altered cerebral oxygen delivery or other sequelae of CHD,” said Daniel J. Licht, M.D., Children’s Hospital of Philadelphia. “Periventricular leukomalacia (PVL) is a risk factor for neuro-cognitive dysfunction in premature in-fants and has been attributed to maturation-dependent vulnerability of the cerebral white matter to hypoxic-ischemic injury.” In the study, full-term infants with HLHS or TGA were prospectively evaluated with pre-operative brain magnetic resonance imaging (MRI). “Delay in maturation of cerebral white matter may increase susceptibility to hypoxic-ischemic injury and thus the risk of periventricular leukomalacia (PVL) during the peri-operative period in these patients,” Dr. Licht said.

Off-pump vs. On-pump CABG

Acute myocardial infarction (AMI) patients fare much better with off-pump coronary artery bypass grafting (CABG) than on-pump CABG. So revealed Khalil Fattouch, M.D., of University of Palermo, Palermo, Italy. “Off-pump CABG in patients with AMI is better than on-pump CABG in terms of early mortality and morbidity,” Dr. Fattouch said. “Our results suggest that CABG without cardiopulmonary bypass is effective in patients with AMI and can be performed safely with good results. Off-pump surgery could be a challenge in this kind of patient and must be performed by experienced surgeons.”

Esophagectomy for esophageal cancer

Age, race, medical co-morbidities, smoking status and significant obstructive lung disease are predictors of major morbidity and mortality after esophagectomy for esophageal cancer, according to the authors of “Predictors of Major Morbidity and Mortality after Esophagectomy for Esophageal Cancer: An STS General Thoracic Surgery Database Risk Adjustment Model.” “The prediction of perioperative risk in esophagectomy for esophageal cancer is unreliable,” said Cameron D. Wright, M.D., of Massachusetts General Hospital, Boston. “We sought to create a model adjusted for preoperative risk factors using the STS General Thoracic Database.” Study investigators tapped into this database for all patients treated with esophagectomy for esophageal cancer for the time period from January 2002 to June 2006. In 50 participating centers, 1,393 esophagectomies were performed. Major morbidity in this esophagectomy group included reoperation for bleeding, anastomotic leak, pneumonia, reintubation and ventilation beyond 48 hours. “Prognostic factors identified in this analysis may help to predict risk in individual patients and guide quality improvement by risk-adjusted feedback,” Dr. Wright said. “We did find that thoracic surgeons participating in the STS General Thoracic Database perform esophagectomy with a low mortality.”
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and Cardiovascular Surgery, official publication of the AATS. Trust ELSEVIER to offer innovative resources to expand your knowledge in the healthcare field. ELSEVIER also publishes Saunders, Mosby and Churchill Livingstone titles. Browse through our complete selection of publications including books, periodicals and online solutions! www.downtimehealth.com

Scanlan International, Inc 1301 One Scanlan Plaza, St. Paul, MN 55127 USA

Siemens Medical Solutions USA, Inc. 1421 51 Valley Stream Parkway, Malvern, PA 19355 USA
Siemens is the ocean’s revolutionary, multi-axis system that enables variable working height and delivers large-volume image results to meet your current and future imaging needs. www.medical.siemens.com

Society Of Thoracic Surgeons 1531 633 North Saint Clair, Chicago, IL 60611 USA
The Society of Thoracic Surgeons is a not-for-profit organization representing more than 5,600 surgeons, researchers, and allied health professionals worldwide who are dedicated to ensuring the best possible heart, lung, esophageal and cardiovascular care for patients. www.sts.org

Somnatics Corporation 1201 622 East Maple Road, Troy, MI 48009 USA
Somnatics’ ENVIRON® System helps detect site-specific tissue and cerebral ischemia so the cardiac OR team can intervene to prevent or lessen complications. Cerebral oximetry is now a collected metric in the STS Adult Cardiac Surgery Database. www.somnatics.com

Sontec Instruments, Inc. 1321 5248 South Rancocas Way, millville, NJ 08035 USA
Sontec offers the most comprehensive selection of exceptional hand held surgical instruments available to the discriminating surgeon. There is no substitute for quality, expertise and individualized service. Sontec’s vast array awaits your consideration at our booth. www.sontecinstruments.com

Sorin Group 1213 14901 West 65th Way, Lenexa, KS 66219 USA
With a comprehensive portfolio and more than 50 years of clinical experience, Sorin Group’s innovative prosthetic heart valves and repair devices deliver superior hemodynamic performance, implant flexibility and exceptional durability to surgeons and patients. Visit us at booth #1213 to see why Sorin Group is THE CHOICE of Cardiac Surgeons Worldwide.

St. Jude Medical, Inc. 1013 807 Lake Circle Parkway, Suite 400, Austin, TX 78746 USA
St. Jude Medical is dedicated to making life better for patients worldwide through excellence in medical device technology and services. Visit booth 1013 to see innovative solutions for the cardiac surgeon, featuring the Epic® Stented Tissue Valve and the Epic® Cardiac Ablation System. www.stj.com

STI/AATS Joint Health Policy Action Center 1535 642 North Saint Clair, Chicago, IL 60611 USA
The STS/AATS Joint Health Policy Action Center (Booth #1535) is the best place to learn about STS/AATS government relations activities and to find out how you can help your practice and the future of the specialty. Start by helping to fight the proposed 16% reductions in your Medicare reimbursement rates. Stop by Booth #1535, where you can e-mail your Congressional representatives, discuss election-year healthcare policy issues, and explore options for grassroots advocacy in your home town. www.sts.org

SuperDimension 1229 161 Cheshire Lane, Suite 100, Plymouth, MN 55441 USA
SuperDimension, Inc. develops and manufactures software, hardware and disposables for the lung disease market. superDimension’s system is the total bronchial access and navigation system that provides a safe pathway to peripheral or central lung lesions, even for patients with procedure-restricting conditions. www.superDimension.com

Surge Medical Solutions, LLC 1328 3710 Sports Court, SE, Grand Rapids, MI 49512 USA
Surge Medical Solutions LLC, designs, manufactures, and distributes a full line of cardiology cannulae and accessories, adapters for cardiology administration systems, and cardiovascular surgery accessories.

Surgo/General Scientific Corporation 1428 77 Enterprise Drive, Ann Arbor, MI 48102 USA
Lightheaded digital video camera, the first laparo-mounted videos camera called surgicam, will be demonstrated which can record DVD-quality videos on a personal laptop computer. Surgicam’s Ergo/nomic loupes and headlights present or eliminate chronic neck pain.

Syncardia Systems Inc. 340 1992 East Silverlake, Tucson, AZ 85713 USA
The CardioWest temporary Total Artificial Heart (TAH-t) is the only FDA and CE approved device that provides circulatory restoration in medically ill patients with irreversible bi-ventricular failure, bridging them to transplantation. At AATS, we will provide information about our upcoming clinical trial of the Companion device, designed for use in the operating room, hospital room and at home. www.syncardia.com

Synthecem, Inc. 1429 200 Middlesex Estate Turnpike, Suite 210, Mays, NJ 08050 USA
REPEL-CV Adhesives is a thin, transparent, bioresorbable membrane made from synthetic polymers that is placed over the epicardial surface during an open heart surgical procedure to reduce the severity of post-operative adhesions. REPEL-CV is a CE Mark approved and marketed outside the US. FDA approval is pending. www.synthecem.com

Synthex, Inc. 1329 1201 Goshen Parkway, West Chester, PA 19380 USA
Synthes CME develops, produces and markets instruments and implants for the surgical reconstruction of the human skeleton and soft tissues. Our product offering includes systems for primary or secondary closure and repair of the sternum following sternotomy or fracture. Successfully restoring the sternum and promoting healing. www.synthes.com

Tapestry Medical, Inc. 1230 1404 Concourse Boulevard, Livonia, MI 48150 USA
Tapestry provides patients with warfarin therapy with services and products to test their INR at home. Tapestry is the only company to provide a service where you can e-mail your Congressional representatives, discuss election-year healthcare policy issues, and explore options for grassroots advocacy in your home town. www.tapestry.com

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2008 EXHIBITORS (CONTINUED)

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6200 Jackson Road, Ann Arbor, MI 48103 USA
Terumo’s cardiac and vascular companies will display the VirtuoSaph™ Endoscopic Vein Harvesting System, Vascutek’s Graftevo™ Graft Geometrics range of polytetrafluoroethylene sealed woven grafts, DuraHeart™ Left Ventricular Assist Systems. www.terumo-cvs.com

THORAMET Surgical Products, Inc.

1530 201 Route 77 North, Suite 800, Rutherford, NJ 07070 USA
THORAMET offers the Lewis VALS instruments, conventional ring-handled thoracoscopic instruments with a unique “switchback” feature designed for access and maneuverability in minimally invasive lung and chest procedures. See our new innovative percutaneous pickup for your window procedures. www.thoramet.com

Thoratec Corporation

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With over 11,000 patient implants and three decades of experience, Thoratec® Corporation offers the broadest portfolio of mechanical circulatory support devices. Thoratec’s product line includes the CentriMag® Acute Circulatory Support Device, HeartMate® LVAS, Thoratec PVAD™ and IVAD™, and the HeartMate II™, an investigational device in clinical trial. www.thoratec.com

Transonic Systems, Inc.

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Fast, easy and reproducible intrapulmonary blood flow measurements with Transonic’s surgical Hemometers improve surgical outcomes. Flowbased assessment of coronary bypass grafts ensures surgical success by confirming their presence in Off-pump and On-pump cases, or by prompting the surgeon to re-examine an anastomosis while the patient is still in the OR. www.transonic.com

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1326 200 Pioneer Road, Huntington Valley, PA 19006 Introducing the World’s First Completely Disposable One-Handed Internal Defibrillation Delivery System. The Monofib™ System is completely disposable, lightweight, easy and safe to use! www.usbmedical.com

Vitalcor, Inc. & Applied Fiberoptics


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534 10 Congress Park Circle, Plymouth, MA 02360 USA Vitaltec will be showing a full range ofatraumatic flexible and X-ray handled vascular clamps, twenty, delicate spring clips, Choose™ Bulldog adjustable spring clips as well as a line of unique manual load ligation clips, high quality titanium and stainless surgical instruments. www.vitaltec.com

Welch Allyn

1027 4847 State Street Road, Skaneateles Falls, NY 13153 www.welchallyn.com

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1413 11232 Cheyenne Ave, S.E. Newcastle, WA 98055 USA Wexler surgical designs and manufactures a wide range of innovative, high quality surgical products, including titanium and stainless steel specialty instruments for Cardiovascular, Vascular, Microsurgical and Thermic applications. Our instruments are handcrafted from the finest materials and our customer service is among the best in the industry. www.wexlersurgical.com

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