**EBCP Annual meeting 2016 : 16th Edition**

***Progress in Perfusion : Research & Science & Philosophy***

**October 1st, 2016**

**Barcelona, Spain**

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4 sessions (2 morning – 2 afternoon)

2-3 invited speakers/session + 2 scientific abstracts/session

No oral poster presentation (only poster display during breaks)

Moderators : EBCP board + invited speakers

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**Preliminary program** *(invited speakers only)*

***Session I : CPB Technology – The Benefits & Concerns of Progress***

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

* + **Minimal Invasive Extracorporeal Technology - a contradiction in terminus : Should we embrace this demanding strategy for all cases or diversify our technical approaches?**

***Kyriakos Anastasiadis, MiECiT President***

*As we move towards minimal invasive surgery, we move towards minimal invasive Extra Corporeal Technology (MiECT); in contrast to what we would expect from this term, MiECCT is a very complex technology and a demanding strategy for the entire team. Remains the question if this approach should be implemented in all centres, for all cases or only in centres where large numbers of this technology can be safely implemented.*

* + **Readdressing Micro Emboli in CPB Patients in an Era of Integrated Arterial Filters, Contemporary Venous Reservoirs & Assisted Venous Drainage**

***Filip De Somer, ECCP, PhD, Ghent - Belgium***

*The last decade most oxygenators were redesigned and appeared on the market with an integrated arterial filter, eliminating the need of a separate arterial filter. Also many efforts and investments have been done by the industry to improve the venous reservoirs. At the other hand, with the awareness of importance to reduce prime and surface area, CPB systems become smaller and are being set-up closer to the patient, resulting in the need to assisted venous drainage. All these changes, technology + techniques, have impact on the blood and microbubble handling so it is necessary to evaluate and objectively investigate if we’re still providing quality care to the patients*

***Session II : CPB Practice - Targets & Tools to improve Quality of Perfusion***

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

**Abraham Lincoln**

* **Microcirculatory alterations during ECC : What’s the clinical importance & how can end organ perfusion be optimized?**

***Prof. Gavin Murphy, MD, FRCH, Leicester, UK***

*Looking at the high incidence of CPB related organ dysfunction, it is important to look at the factors which influence microcirculation and how we can intervene during CPB + meaning of lactate during CPB*

* **Cerebral autoregulation during CPB or How to optimize the post-operative cognitive & neurological status in CPB patients?**

***Gudrun Kunst, EACTS representative in the EBCP***

*Post-operative cognitive and neurological decline experienced by cardiac surgery patients is a serious and growing health issue. Hence, it is important to gain understanding concerning cerebral autoregulation during CPB and how we can optimize cerebral perfusion so our patients can return to a productive if not quality life after hospital discharge*

***Session III : CPB patients – Tailoring CPB approach to changing patient population***

***“If we knew what it was we were doing, it would not be called research, would it?”***[**Albert Einstein**](http://www.goodreads.com/author/show/9810.Albert_Einstein)

* **The Return of our grown up Congenital Heart Surgery Babies : How to tailor perfusion practice to their needs?**

***Tim jones, Birmingham, UK***

*Focus on the differences in CPB practice encountered in this population presenting for cardiac surgery; due to chronic cyanosis, abnormal anatomy, aortic shunts, redo access sites, excess collaterals, polycythemia, pregnancy,…)*

* **CPB and ECLS for the elderly patient : Are there age limits?**

***Roberto Lorusso , EuroELSO president***

* **Is Emergency and Salvage CABG justified?**

***Tomas Gudbjartsson, EBCP-ECTA Delegate***

*Emergency and salvage CABG are relatively rare procedures, especially salvage CABG. There have been very few reports on outcome after emergency and salvage CABG, and most studies have only included a few patients from single institutions. The early mortality for emergency and salvage CABG is highly variable (2–30%) and markedly higher than for elective procedures(1–3%)*

*A high rate of complications after emergency and salvage CABG is to be expected. In an attempt to justify the use of CABG in these patients, the outcome of emergency and salvage CABG was investigated in a contemporary multicenter study.*

***Session IV : CPB derived technology – The booming of***

***The real problem is not whether machines think but whether men do***

**B.F. Skinner**

* **Is there still room for IABP as mechanical support in failing hearts and is there a benefit for combined use with ECLS?**

***Dr. Leprince – Paris, France EACTS***

* **ECPR – Pumping new life into patients**

***Jan Belohlavek, Prague - EuroELSO representative***

***Closing talk (collection evaluation)***

* **Ex vivo organ perfusion – Pumping new life into the lungs**

***A. Neyrinck - ECCTA representative***

**Preliminary program**

08.30 – 09.00 : Welcome address

**SCIENTIFIC SESSION 1 : 09.00 – 10.30**

09.00 – 09.20 : Invited speaker (15’ talk + 5’ discussion)

09.20 – 09.40 : Invited speaker

09.40 – 09.55 : Abstract (10’ talk + 5’ discussion)

09.55 – 10.10 : Abstract

10.10 – 10.25 : Abstract

*Coffee break : 10.30 – 11.00 +* ***Poster session***

**SCIENTIFIC SESSION 2 : 11.00 – 12.30**

11.00 – 11.20 : Invited speaker (15’ talk + 5’ discussion)

11.20 – 11.40 : Invited speaker

11.40 – 11.55 : Abstract (10’ talk + 5’ discussion)

11.55 – 12.10 : Abstract

12.10 – 12.25 : Abstract

*Lunch Break : 12.30 – 13.30 +* ***Poster session***

**SESSION ‘MEET THE INDUSTRY’****: 13.30 – 14.00**

**SCIENTIFIC SESSION 3 : 14.00 – 15.30**

14.00 – 14.20 : Invited speaker (15’ talk + 5’ discussion)

14.20 – 14.40 : Invited speaker

14.40 – 14.55 : Abstract (10’ talk + 5’ discussion)

14.55 – 15.10 : Abstract

15.10 – 15.25 : Abstract

*Coffee break : 15.30 – 16.00 +* ***Poster session***

**SCIENTIFIC SESSION 4 : 16.00 – 17.30**

16.00 – 16.20 : Invited speaker (15’ talk + 5’ discussion)

16.22 – 16.40 : Invited speaker

16.40 – 16.55 : Abstract (10’ talk + 5’ discussion)

16.55 – 17.10 : Abstract

17.10 – 17.25 : Abstract

17.30 – 17.50 : Invited talk (evaluation sheets)

17.50 – 18.00 : Closing remarks – Adjourn – Price for best abstract