

Cardiovascular surgery: reflections at the threshold of the 60th Jubilee of the ESCVS

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Ladies and Gentlemen, Colleagues,

It is the second time that the welcoming Turkey has been the host of our Congress. After the memorable 52nd ESCVS Congress that took place in Istanbul in October 2003, today the charming and hospitable Cesme welcomes the participants of the 59th Congress.

A big thank you to the Hosts: Prof. Oztekin Oto and the entire team of collaborators. It is thanks to your efforts and organizational skills that we have the possibility to discuss here in Cesme the most important current problems in cardiovascular surgery but at the same time to become familiar with your beautiful country, a region where Europe and Asia meet, and where the proud and sometimes complex history mingles with modernity. It should be remembered that the ancient Smyrna, that is today's Izmir, as well as Sardes were once among the most important Roman and then Byzantine cities. I would like to thank the Authorities of the city for their hospitality towards the Congress and its participants, from the earliest stages of its organization up until the actual international gathering.

The European Society for Cardiovascular Surgery (ESCVS) is the oldest European Society devoted to cardiac, vascular

and endovascular surgery. The beginnings of the ESCVS go back to 1950 when Rene Leriche, a famous French surgeon, the author of 15 monographs and more than 1,400 publications, together with J.C. Dos Santos, E. Malan and G. Arnuf met in Paris and decided to hold a meeting in Turin, Italy on 31 May 1951 where the ESCVS was founded (Fig. 2). The first congress of the ESCVS was held in Strasbourg in October 1952 (Fig. 1).

Much earlier, in 1917, the American Association for Thoracic Surgery was created in the USA and in 1947 the American Society for Vascular Surgery. Among the leaders and pioneers of the ESCVS of that time were vascular surgeons, such as Rene Leriche and R. dos Santos but also cardiac surgeons, such as E. Derra, C. Crafoord, F. Martorell, A. Dogliotti and Francis Fontain – one of the founders of EACTS, a sibling 24-year-old organization, whose membership we are proud of.

Interestingly, in 1959, the oldest organization in the USA, that is the AATS, reacting to the dynamic development of cardiovascular surgery and medicine, noticed the urgent need for a change and transformation of the Journal of Thoracic and Cardiovascular Surgery (Fig. 3).

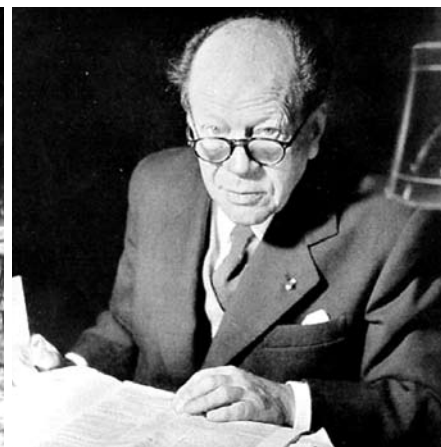
In Europe, thanks to the imagination of outstanding people, such as Professors J. Schoevaerds, Marco Turina



Fig. 1. ESCVS – The genesis. The 1st Congress of the ESCVS was held in Strasbourg, France on October 1952



Fig. 2. J.C. Dos Santos, E. Malan, G. Arnuf and R. Leriche met in Paris and decided to hold a meeting in Turin, Italy on 31st May, 1951, where the ESCVS was founded



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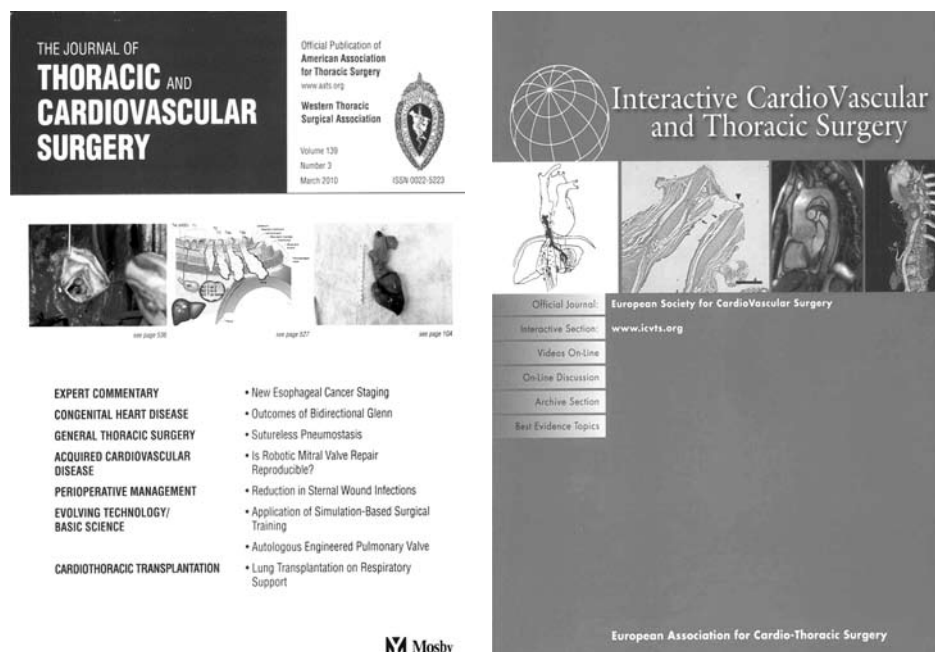


Fig. 3. The Journal of Thoracic and Cardiovascular Surgery – wide range of topics, its high scientific and clinical level have made it a role model for Interactive CardioVascular and Thoracic Surgery and European cardiac surgeons

and Ludwig K. von Segesser, beside the European Journal of Cardiothoracic Surgery, a new journal was created on the occasion of the 52nd Congress in Istanbul: the Interactive CardioVascular and Thoracic Surgery (Fig. 4). This official journal of the ESCVS is a very dynamic publication, focused on practical and instructional aspects, appreciated by residents as a living journal representing the contemporary European thought on the entire cardiovascular and thoracic surgery.

A sign of the development and integration in the European cardiovascular and thoracic environment is the fact



Fig. 4. Prof. Ludwig von Segesser, Editor-in-chief of *European Journal of Cardiothoracic Surgery* and *Interactive CardioVascular and Thoracic Surgery*

that since the 53rd Congress in Ljubljana, the abstract book of the congress has been printed as a Supplement to ISVTS, with the ESCVS Editorial Board and with cardiac and vascular Associate Editors: Prof. Edouard Kieffer from Paris and Prof. C. Muneretto from Brescia in Italy.

Another example of the search for similar integration-oriented actions is the very young publication of the ISMICS: “Innovations”, devoted to the Technology and Techniques in Cardiothoracic and Vascular Surgery. This shows that we should not only preserve but in fact strengthen the co-operation between Cardiovascular and Thoracic Surgery instead of looking for new pretexts for separation.

I have no intention of entering into the artificial, competence disputes concerning the CARDIOVASCULAR specialty – together or separately? This leads to dangerously excessive formalization and promotes care for parity instead of joint search for solutions to existing and new problems that we face. I shall not hypothesize which specialty will develop faster, which specialties will join and which component of the “cardiovascular” will in the future be more important. It is my heartfelt belief that at the core of our interests should always be the patient, who very frequently requires our joined specialist care: effective, safe and if only possible, free of complications.

Thus we are dealing with the here-and-now of our specialty. From this perspective, the role of ESCVS is to create a platform for task co-operation between specialists of different fields, mainly between cardiac surgeons and vascular surgeons, in effective problem solving.

Examples from everyday practice

1. In 1998, our centre was visited by a distinguished vascular surgeon, Professor Karl Lauterjung from Munich.



Fig. 5. Prof. Alain Cribier, cardiac surgeon from Rouen, France, the first in the world to perform a transcatheter aortic valve implantation, together with prof. M. Zembala and Cribier's patient (of Polish origin)

When during a conference with Polish cardiac and vascular surgeons he predicted that classic vascular surgery would become drastically reduced in the face of the developing endovascular techniques, his opinion did not have many followers and in fact gave rise to a very heated discussion. When during instructional workshops Prof. K. Lauterjung successfully inserted two home and hand-made stentgrafts, the distrust diminished only slightly, still leaving space for doubts as to the mid and long-term observation.

Today, as follows from the 2008 report of the German Society for Thoracic and Cardiovascular Surgery, the number of stentgrafts placed with the use of CPB was 26, with a 7.7% mortality rate and 330 patients without CPB, with a mortality rate of 5.2%. Moreover, 331 endostents were positioned in abdominal aorta aneurysms.

In Poland, the number of stentgrafts inserted into the thoracic aorta in 2009 was 160. It is no secret that joined sessions of cardiac and vascular surgeons, radiologists and cardiologists have the greatest attendance and are considered the most attractive by the participants –doctors of various specialties.

Most importantly, however, with our experience, imagination and the sense of responsibility, we have managed to overcome next barriers and limitations.

With regard to the most difficult patients with aortic stenosis, elderly, with past and concomitant diseases, on 16 April 2002, Alain Cribier, a French cardiologist from Rouen for the first time in history performed a transcatheter aortic valve implantation. Since then, several thousand such operations have been carried out in the world, continuously improving the equipment used, and despite the fact that the method is in the process of developing, the very good results obtained render its use reliable even in the most difficult patients (Fig. 5).

The TAVI and PAVTI programs made it particularly clear that co-operation with invasive cardiologists, vascular cardiologists and radiologists is essential for successful and effective treatment. The concept of task medicine, composed of a team



Fig. 6. TAVI Silesian Center for Heart Diseases Team: cardiac surgeons, cardiologists and radiologists, with patients and Edwards Company representatives

of experts in different specialties, has not only been a medical success but also economic and organizational, as shown by the swift transformation and reorganization of wards not only in renowned centres such as the Cleveland Clinic or Leipzig but dozens of others, including my centre in Zabrze.

According to the Register of the German Society for Thoracic and Cardiovascular Surgery, in 2008 as many as 934 patients underwent procedures with the TAVI method, with a mortality rate of 8.5% within the in-hospital period. From my own Polish experience, I would like to emphasize that with the assistance of excellent mentors, within the 16 months of the TAVI program we have succeeded in taking it up to 28 procedures, with a low 6% mortality rate within the in-hospital period (Fig. 6). But what is also very important, we have done so nurturing partnership and active participation of cardiac surgeons and vascular surgeons in procedures involving transapical and transaxillary approaches.

At the same time we have succeeded in preserving a basic level of reimbursement for the purchase of TAVI equipment without impoverishing the funds assigned for cardiac surgery and vascular surgery.

The role of cardiac and vascular surgeons who actively participate in the PAVTI program (Percutaneous treatment of pulmonary valve disease) started in 1992 by Pavcnik and Andersen, is similar. From Warsaw and Zabrze experience, obtaining such a low level of complications in patients after corrections of multiple congenital diseases and who underwent 3-4 previous procedures would be very difficult without these new possibilities.

Thoracoabdominal aortic aneurysms still remain an area of combined cardiovascular actions, and following Prof. Kiefer's motto, only in this way can the best choice of treatment strategy and its effects be assured.

Regardless of the field of our everyday activity, I believe that the objective of the ESCVS is to stimulate actions that would integrate our specialties towards specific tasks and the patients' needs.

The objectives of the ESCVS for the next two years:

In the scientific aspect:

To enliven the scientific formula of the annual Congress through a further increase in integrative sessions and debates, joint focus-type sessions, not only with cardiac and vascular surgeons but also with anaesthetists, cardiologists, radiologists, transplantologists and angiologists.

To ensure a growing scientific and instructional importance of the Interactive CardioVascular and Thoracic Surgery Journal as the official publication of our society.

To ensure a high quality program of next congresses that will satisfy the expectations of both residents and consultants through introducing the Congress Scientific Committee, together with the Committee Chair and Co-Chair.

To recognize that the ageing population is an important challenge to contemporary cardiovascular medicine and to support research devoted to this most difficult group of patients.

To promote basic and clinical research and its value in cardiovascular medicine through strengthening its presence at congresses.

In the instructional aspect:

To participate in the European Board of Thoracic and Cardiovascular Surgeons (EBTCS), together with EACTS, ESTS and other societies, in actions integrating the cardiovascular and thoracic environments in the development of resident training programs, also with regard to catheter-based techniques of intervention, modern diagnostic imaging and in the preparation of guidelines, registers and randomized clinical research.

To co-operate in the development of modern cardiovascular medicine in countries where the activity of the cardiovascular specialty is still too low, seen both as the number of procedures and the quality of treatment results.

To participate in the informative-instructive CTNET platform to the extent required by the Organizers and the environment.

In the organizational aspect:

To manage jointly, together with the Secretary General and the Treasurer, the activities of the ESCVS Board, aiming

at opening the Society to new and original initiatives but at the same time to guard the ESCVS statute and to obtain new funds facilitating its further development.

To nurture actions conducive to integration, especially with the EACTS, with regard to jointly undertaken statute tasks.

Ladies and Gentlemen, Colleagues,

Once more, I would like to thank first of all the reformers in the ESCVS Board, whose care, honesty and involvement have saved our society from further negative consequences.

A big thank you to the Hosts, represented by Prof. Oto whose talent and organizational skills we will be able to admire for the next few days and thanks to which we will remember this Congress as a big success.

Last but not least, I would like to thank you, the participants of this Congress, wishing you to leave this Congress with the belief that we are united not only by the patients who need our help but also by similar humanitarian values present in Europe and in the world. These are values to be protected, but also, similar to our medical experience, shared with others.

In 2011, during the 60th anniversary of the ESCVS which we will celebrate at the 60th Congress in Moscow, we must remember our mission but also our obligations towards the ESCVS and cardiovascular surgical medicine, which we represent today.

Today nobody needs convincing that in the so-called task medicine, the natural connection between vessels, the heart and lungs becomes even stronger. To quote Ludwig von Segesser "interdisciplinary co-operation can be achieved not only between surgeons and non-surgeons but also between surgeons with related interests. There can be little doubt that e.g. the development of synthetic grafts, stented grafts, and valved stent, towards bio-engineered grafts and ultimately autologous, bio-engineered grafts with or without valves but mounted on bio-absorbable stents affect all of us with cardio-vascular and thoracic surgical practice".

I wish all the participants and guests very constructive discussions and excellent impressions of the Congress and this so very welcoming city and country.