



# STS MEETING BULLETIN

THE SOCIETY OF THORACIC SURGEONS  
54th ANNUAL MEETING  
JANUARY 27-31, 2018  
FORT LAUDERDALE, FL | [sts.org](http://sts.org)

PREVIEW EDITION | REGISTER TODAY AT [STS.ORG](http://STS.ORG)

## Relax and Recharge in Fort Lauderdale

Scenic beaches and waterways make Fort Lauderdale a prime vacation destination, but the city offers much more. Before and after the STS Annual Meeting, attendees can take advantage of a diverse selection of lively shopping and entertainment districts, cultural activities, and fine dining.

### STANDOUT CUISINE

It should be no surprise that Fort Lauderdale features a wealth of delicious seafood, given its waterfront location. After the meeting wraps up for the day, head to one of the area's many outstanding restaurants.

The 15th Street Fisheries is located directly inside the Lauderdale Marina, offering you a prime view. There's a more formal dining room upstairs and a casual dockside restaurant downstairs. Both menus feature a variety of fresh seafood, which you can enjoy while watching yachts, fishing vessels, and other boats cruising down the Intracoastal Waterway.

Market 17 is a farm-to-table restaurant featuring housemade charcuterie and a constantly changing rotation of dishes. A unique option is the restaurant's "dining in the dark" experience. This multicourse meal is served in a pitch-black private room, with the idea being it will heighten your other senses by experiencing the food without the help of your sight. The chef creates new dishes separate from the main menu, and reservations are required as only two seatings are offered each night.

Other great dining options include Greek Islands Taverna (authentic Greek), Sea Watch on the Ocean (fresh-caught seafood dining set on a bluff 50 yards from the ocean), and Shooters Waterfront (laid-back experience with a view).

### NEARBY SIGHTS

If you plan to arrive before the meeting or stay after, Fort Lauderdale has plenty to do for every interest.

The Riverwalk Fort Lauderdale spans the north and south banks of the New River, which is located right downtown. Meander along the waterfront while you visit shops, restaurants, museums, and other attractions.

In the area's historic district, the Stranahan House is the oldest surviving structure in Broward County, built in 1901 as a trading post and converted into a residence in 1906. In the arts and science

see **FORT LAUDERDALE**, page 5



Brett C. Sheridan, MD (left) and STS Secretary Joseph F. Sabik III, MD (right) help plan the adult cardiac educational sessions.

## Education with an Edge

Sessions feature innovative research, cutting-edge videos, and lively debates

If you want to stay at the forefront of what's new in cardiothoracic surgery, mark your calendar now for the STS 54th Annual Meeting to be held Saturday, January 27, through Wednesday, January 31, in Fort Lauderdale, Florida.

"The meeting will be an unparalleled educational experience," said STS President Richard L. Prager, MD. "This is an opportunity to meet colleagues and friends from around the world, hear new ideas and concepts, and learn from each other."

This meeting promises to be more edgy. "For example, instead of having several sessions consisting only of scientific abstracts, we encouraged our program committee to incorporate not only the very best abstracts—of which there were many—but also lively debates and surgical videos," said Himanshu Patel, MD, Chair of the Workforce on Annual Meeting.

### HOT TOPICS IN EACH SUBSPECIALTY

All cardiothoracic surgery team members will find educational programming relevant to their everyday practices. Three "How To" video sessions will be held on Sunday—one for each subspecialty (see page 7). These dynamic sessions will feature video presentations on common cardiothoracic surgical procedures, with speakers offering unique insights. Other sessions on Sunday include the Practice Management Summit, the STS/AATS Critical Care Symposium, and the Adult Congenital Heart Disease Symposium.

On Monday and Tuesday, sessions for adult cardiac surgery will cover arrhythmia/atrial fibrillation, ischemic disease, mitral and tricuspid valves, and more.

"Cardiothoracic surgery is moving at a rapid clip. Some of our operations are moving from large, open procedures to small, minimally invasive, transcatheter, and other less invasive procedures to improve the health of our patients," said STS Secretary Joseph F. Sabik III, MD. "It's a very exciting time to be in heart surgery, and we'll explore all of these topics at the meeting."

The general thoracic surgery sessions will feature presentations on robotic surgery, esophageal disease, lung cancer, and more. Monday's "Lung Cancer I" session will tackle the current opioid epidemic in the United States. It also will present an abstract on factors associated with new persistent opioid use after lung resection and an invited talk on the thoracic surgeon's role in addressing the issue.

"For the first time, we'll have a session on Tuesday dedicated to health services research and database analyses," said David Tom Cooke, MD, a member of the Workforce on Annual Meeting. "We'll also have sessions highlighting innovative clinical general thoracic surgery research, including lung cancer, esophageal cancer, and lung transplantation."

Congenital heart surgeons can expect a mix of scientific abstracts, invited talks, debates, and videos covering disease processes in both children and adults.

"We're going to have sessions on management of Ebstein anomaly from the newborn to the adult, complex two-ventricle repairs in patients with heterotaxy syndrome, and systemic atrioventricular valve repair in children with congenital heart disease," said James S. Tweddell, MD, a member of the Workforce on Annual Meeting.

### IMPROVING DIVERSITY

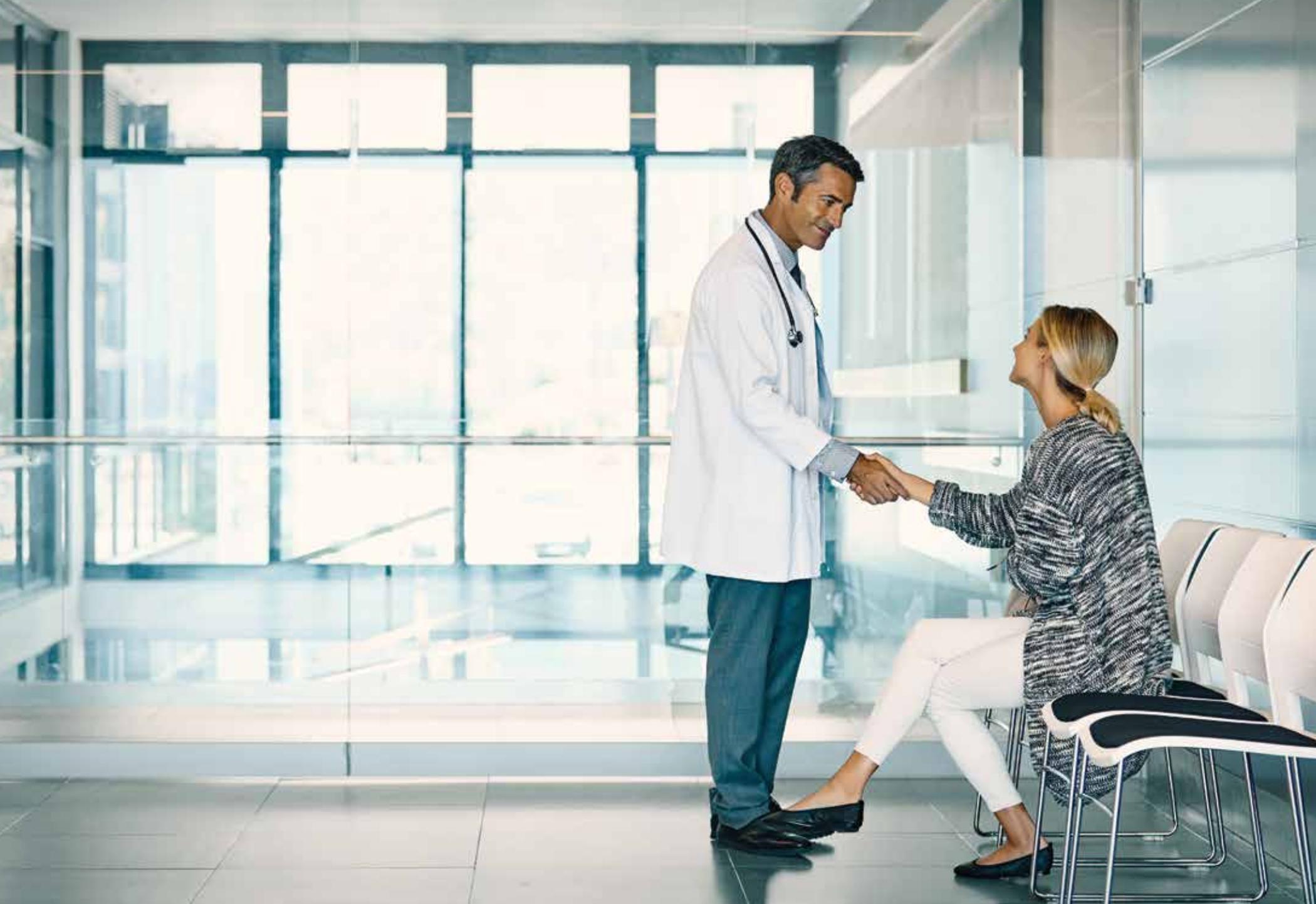
A new session on Monday will tackle diversity and inclusion in cardiothoracic surgery. Speakers will discuss how a diverse cardiothoracic surgery workforce can improve patient outcomes by increasing cultural competency and mitigating unconscious provider bias (see page 6).

"The session will enable you to best interact with your communities and provide care for your patients in a culturally competent manner," said Dr. Cooke, who also chairs the Special Ad Hoc Task Force on Diversity and Inclusion.

Other new offerings include a collaborative session with the International Society for Heart & Lung Transplantation, STS University courses on peroral endoscopic myotomy and minimally invasive aortic and mitral valve surgery, and a session explaining

see **EDUCATION**, page 3

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# Looking at Tomorrow's Technologies

## Tech-Con pulls back the curtain on innovative products

Learn about cutting-edge technologies and new developments in cardiothoracic surgery at STS/AATS Tech-Con 2018. Held Saturday, January 27, the day before the opening of the 54th Annual Meeting, Tech-Con will offer separate tracks for adult cardiac and general thoracic surgery.

Tech-Con also will feature a *Shark Tank* session, in which entrepreneurs will pitch their innovative cardiothoracic surgery products to the audience and a panel of experts in medical device development. Representatives of several companies developing robotic technology also have been invited to present.

"I think not attending Tech-Con leaves you a bit antiquated," said Tech-Con Task Force Co-Chair James D. Luketich, MD. "So many new techniques and technologies will be coming out at Tech-Con. You may not be doing these procedures today, but they're what we're going to be doing tomorrow."

Tech-Con registration is separate from Annual Meeting registration. Register today at [sts.org/annualmeeting](http://sts.org/annualmeeting). Continuing medical education credit will not be offered for Tech-Con programming. ■



Hear about new technology that will change your practice at Tech-Con 2018.

## Symposium Highlights Techniques to Manage Heart Infections

Infectious heart disease, especially as a result of the current opioid epidemic, is on the rise among young adults. At the International Symposium, surgeons from around the world will explain their approaches to dealing with these infections, the central challenges they face, and the ethical disease management dilemmas related to infectious heart disease in young adults.

"Many surgeons in developing countries don't have the resources they need to treat these patients," said session moderator Juan P. Umaña, MD, of Fundacion Cardoinfantil-Institute of Cardiology in Bogota, Colombia. "Imaging techniques are not readily available, so discussing a simple algorithm in how to approach these patients will be a major focus."

Taweesak Chotivatanapong, MD will explain approaches he uses in the treatment of infected mitral valves in patients with rheumatic heart disease. Dr. Chotivatanapong is from the Central Chest Institute of Thailand.

The symposium's focus will then shift to the bicuspid aortic valve in a presentation by Joseph E. Bavaria, MD, of the University of Pennsylvania in Philadelphia.

"One of the issues in developing countries

"This talk will bring into the mix technologies that are being applied in developed countries and try to rationalize their use for the international community."

JUAN P. UMAÑA, MD

is the fact that aortic and mitral valves don't get repaired as often as they should," Dr. Umaña said. "Dr. Bavaria will talk about how to repair and secure the infected bicuspid aortic valve. He will review the long-term prognosis of the repaired valve in young adults."

Michele De Bonis, MD will examine the timing of surgery for endocarditis to avoid neurological complications. He is a surgeon at Vita-Salute San Raffaele University in Milan, Italy.

"With less access to medical and dental care, patients tend to have more infections of native valves or previously implanted prostheses," Dr. Umaña said. "This will focus on two big issues—the fact that valves need to be repaired more often and how to approach and repair those infected valves."

Enrico Ferrari, MD, of Cardiocentro Ticino in Lugano, Switzerland, will explain transcatheter interventions for previous repairs that are failing.

"This talk will bring into the mix technologies that are being applied in developed countries and try to rationalize their use for the international community," Dr. Umaña said.

Darshan Reddy, MBChB will discuss the use of anticoagulants and how they can affect valve thrombosis. He is from Inkosi Albert Luthuli Central Hospital in Durban, South Africa.

"Thrombosis of a previously implanted prosthesis is a big issue," Dr. Umaña said. "How to handle them pharmacologically or perhaps mechanically is something that is worth discussing."

To wrap up the session, Joseph S. Coselli, MD, of the Texas Heart Institute in Houston,



Juan P. Umaña, MD

will explain the latest treatments used at his institution to manage infected aortic prostheses, particularly Dacron tubes or endoprostheses.

"This is a big issue because often you are faced with young patients who require extensive operations to remove the bulk of the disease," Dr. Umaña said. "That may require extra-anatomic bypasses or the use of homografts that sometimes are not available in developing countries. This talk will be of tremendous value to the international community." ■

**INTERNATIONAL SYMPOSIUM:  
CONFRONTING INFECTIOUS  
DISEASES IN YOUNG ADULTS  
UNDERGOING CARDIAC SURGERY**

Monday, January 29

1:30 p.m. – 3:30 p.m.

Room 304

## STS University: Take Learning to New Levels

Cap off your Annual Meeting experience by attending STS University on Wednesday, January 31. These hands-on courses allow you to gain experience performing a variety of cardiothoracic surgical procedures. Expert instructors will work closely with small groups and will provide ample opportunity for questions and individual instruction.

STS U courses will be offered from 7:00 a.m. to 9:00 a.m. and again from 9:30 a.m. to 11:30 a.m. To attend, you must purchase tickets separately from your Annual Meeting registration. Sign up today at [sts.org/annualmeeting](http://sts.org/annualmeeting).

Please note that STS University features *only* hands-on learning. Attendees are strongly encouraged to review the didactic lectures in advance. View course materials at [sts.org/stsuniversity](http://sts.org/stsuniversity). ■

**Course 1:** Essentials of TAVR

**Course 2:** TEVAR and Aortic Arch Debranching Procedures

**Course 3:** Mitral Valve Repair

**Course 4:** Valve-Sparing Aortic Root Replacement

**Course 5:** Aortic Root Enlargement Procedures and Aortic Valve Leaflet Reconstruction

**Course 6:** VATS Lobectomy

**Course 7:** Advanced Open Esophageal and Tracheal Procedures

**Course 8:** Chest Wall Resection, Reconstruction, and Pectus Surgery

**Course 9:** Minimally Invasive Aortic and Mitral Valve Surgery **NEW!**

**Course 10:** POEM Skills **NEW!**

### EDUCATION

*continued from page 1*

how physician documentation drives reimbursement.

View the *Advance Program* and register for the meeting at [sts.org/annualmeeting](http://sts.org/annualmeeting).

The Society of Thoracic Surgeons is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

STS 54th Annual Meeting: The Society of Thoracic Surgeons designates this live activity for a maximum of 26.75 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The Society of Thoracic Surgeons has been approved by the American Board of Cardiovascular Perfusion to award 31.7 Category I CEUs for this activity. ■

# STS 54th Annual Meeting Program

## FRIDAY, JANUARY 26, 2018

**3:00 p.m. – 6:00 p.m.**  
Registration

## SATURDAY, JANUARY 27, 2018

**6:30 a.m. – 6:00 p.m.**  
Registration

**7:00 a.m. – 6:30 p.m.**  
Tech-Con Exhibits

**7:00 a.m. – 8:00 a.m.**  
BREAKFAST—Visit Tech-Con Exhibits

**8:00 a.m. – 9:30 a.m.**  
Tech-Con Adult Cardiac Track I: Innovations in Aortic Valve and Aortic Aneurysm Management

Tech-Con General Thoracic Track I: Emerging and/or Game-Changing Technologies in the Management of Lung Cancer

**9:30 a.m. – 10:15 a.m.**  
BREAK—Visit Tech-Con Exhibits

**10:15 a.m. – 12:00 p.m.**  
Tech-Con Adult Cardiac Track II: Cutting-Edge Surgery for Heart Failure and Coronary Artery Disease

Tech-Con General Thoracic Track II: Emerging and/or Game-Changing Technologies in the Management of Esophageal Diseases

**12:00 p.m. – 1:00 p.m.**  
LUNCH—Visit Tech-Con Exhibits

**1:00 p.m. – 2:30 p.m.**  
Tech-Con Adult Cardiac Track III: Contemporary and Future Mitral Valve and Atrial Fibrillation Practice

Tech-Con General Thoracic Track III: Emerging and/or Game-Changing Minimally Invasive Surgery and Other Technologies

**2:30 p.m. – 3:00 p.m.**  
BREAK—Visit Tech-Con Exhibits

**3:00 p.m. – 5:00 p.m.**  
Tech-Con Joint Session: Robotic Cardiothoracic Innovations and "Shark Tank"—Rapid-Fire Pitches of Revolutionary Technology

**5:00 p.m. – 6:30 p.m.**  
Tech-Con Reception

## SUNDAY, JANUARY 28, 2018

**7:00 a.m. – 6:30 p.m.**  
Registration

**8:00 a.m. – 12:00 p.m.**  
Adult Congenital Heart Disease Symposium: Surgical Management of Hypertrophic Cardiomyopathy and Anomalous Aortic Origin of a Coronary Artery in Children and Adults

Practice Management Summit

STS/AATS Critical Care Symposium: When Things Go Wrong in the CTICU and What to Do About It

CHEST @ STS: Advanced Bronchoscopy and Surgical Airway Symposium

SCA @ STS: Integrating Perioperative Echocardiography Into Cardiac Surgical Clinical Decision Making

**8:00 a.m. – 4:00 p.m.**  
Multidisciplinary Innovations in Cardiothoracic Patient Care

**10:00 a.m. – 4:30 p.m.**  
"My Tube" Adult Cardiac How-To Video Session

**12:00 p.m. – 1:00 p.m.**  
BREAK

**1:00 p.m. – 4:00 p.m.**  
Residents Symposium: Transitioning From Residency to a Successful Practice

**1:00 p.m. – 4:30 p.m.**  
How-To Video Session: Technical Tips to Avoid Pitfalls and Simplify Congenital and Pediatric Cardiac Surgical Procedures

How-To Video Session: Tips and Tricks to Maximize Efficiency in Minimally Invasive General Thoracic Surgery

**2:00 p.m. – 6:30 p.m.**  
Scientific Posters

**4:30 p.m. – 6:30 p.m.**  
Opening Reception in STS Exhibit Hall

**7:00 p.m. – 10:00 p.m.**  
President's Reception

## MONDAY, JANUARY 29, 2018

**6:30 a.m. – 5:00 p.m.**  
Registration

**9:00 a.m. – 4:30 p.m.**  
Exhibit Hall

Scientific Posters

**7:00 a.m. – 7:15 a.m.**  
Opening Remarks

**7:15 a.m. – 8:15 a.m.**  
J. Maxwell Chamberlain Memorial Papers

**8:15 a.m. – 9:00 a.m.**  
Abstract Presentations

**9:00 a.m. – 9:40 a.m.**  
BREAK—Visit Exhibits and Scientific Posters

**9:40 a.m. – 9:50 a.m.**  
Introduction of the President: Keith S. Naunheim

**9:50 a.m. – 10:50 a.m.**  
Presidential Address: Richard L. Prager

**10:50 a.m. – 11:30 a.m.**  
BREAK—Visit Exhibits and Scientific Posters

**11:30 a.m. – 12:30 p.m.**  
Adult Cardiac: Arrhythmia/Atrial Fibrillation

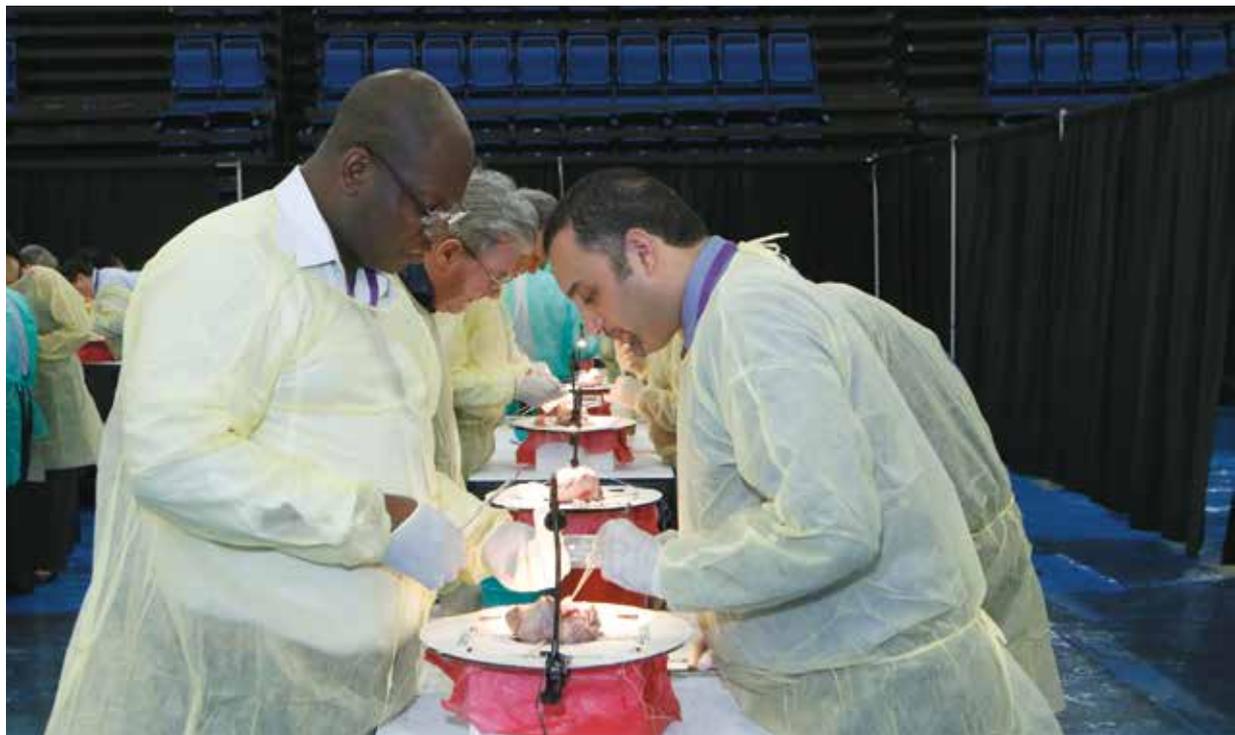
Basic Science Research: Adult Cardiac

Basic Science Research: General Thoracic

Congenital: Adult Congenital

Critical Care

**NEW!** Diversity and Inclusion in Cardiothoracic Surgery: What's In It for Me?



STS University courses will provide opportunities for hands-on learning.

General Thoracic: New Technology

STS/CATS/CSCS: Difficult Decisions in Thoracic Surgery—Advice From Canadian and American Experts

**12:30 p.m. – 1:30 p.m.**  
BREAK—Visit Exhibits and Scientific Posters

**1:15 p.m. – 5:15 p.m.**  
Clinical Scenarios: Cardiologists and Surgeons Working Together

**1:30 p.m. – 3:30 p.m.**  
Adult Cardiac: Aorta I

Adult Cardiac: Ischemic

Congenital: Pediatric Congenital I

General Thoracic: Lung Cancer I

General Thoracic: Lung Transplantation

International Symposium: Confronting Infectious Diseases in Young Adults Undergoing Cardiac Surgery

SVS @ STS: Sharing Common Ground for Cardiovascular Problems

**3:30 p.m. – 4:15 p.m.**  
BREAK—Visit Exhibits and Scientific Posters

**4:15 p.m. – 5:15 p.m.**  
Adult Cardiac: VAD Transplant/ECMO

Ethics Debate: Neighborly Help or Itinerant Surgery?

Research Using the STS National Database

STS Key Contacts: Advocates for Cardiothoracic Surgery

*The Annals* Academy: Preparation and Interpretation of National Database Research

**NEW!** The Importance of Physician Documentation in Reimbursement

Women in Thoracic Surgery: How to Successfully Implement Surgical Innovations and New Technologies Into Practice

**5:15 p.m. – 6:30 p.m.**  
Scientific Posters and Wine

**5:30 p.m. – 6:30 p.m.**  
Business Meeting (STS Members Only)

## TUESDAY, JANUARY 30, 2018

**6:30 a.m. – 4:30 p.m.**  
Registration

**9:00 a.m. – 3:30 p.m.**  
Exhibit Hall

**9:00 a.m. – 5:00 p.m.**  
Scientific Posters

**7:30 a.m. – 8:30 a.m.**  
Meet the Experts Sessions

**7:30 a.m. – 8:30 a.m.**  
Health Policy Forum: The Changing Medicare Quality Reporting and Payment Landscape

**9:00 a.m. – 10:00 a.m.**  
Thomas B. Ferguson Lecture

**10:00 a.m. – 10:45 a.m.**  
BREAK—Visit Exhibits and Scientific Posters

**10:45 a.m. – 11:00 a.m.**  
Award Presentations

**11:00 a.m. – 12:00 p.m.**  
C. Walton Lillehei Lecture

**12:00 p.m. – 1:00 p.m.**  
BREAK—Visit Exhibits and Scientific Posters

Residents Luncheon

**1:00 p.m. – 3:00 p.m.**  
Adult Cardiac: General

Adult Cardiac: Mitral and Tricuspid Valves

Congenital: Pediatric Congenital II

EACTS @ STS: Bicuspid Aortic Valve Repair With Aortic Valve Insufficiency and Proximal Aortic Aneurysm Repair

**NEW!** STS/ISHLT Joint Symposium: LVAD Therapy in 2018—Worldwide Perspectives

General Thoracic: Lung Cancer II

General Thoracic: Mediastinal/Pulmonary

**1:00 p.m. – 5:30 p.m.**  
Patient Safety Symposium: Biases and Errors—Why We Do What We Do

**3:00 p.m. – 3:30 p.m.**  
BREAK—Visit Exhibits and Scientific Posters

**3:30 p.m. – 4:30 p.m.**  
Cardiothoracic Surgical Education

**3:30 p.m. – 5:30 p.m.**  
Adult Cardiac: Aorta II

Adult Cardiac: Aortic Valve/Novel Technologies

Advanced Therapies for End-Stage Cardiopulmonary Disease

Congenital: Pediatric Congenital III

ESTS @ STS: Controversial Issues in General Thoracic Surgery—Perspectives From Europe and North America

General Thoracic: Esophageal

**4:30 p.m. – 5:30 p.m.**  
Quality Improvement

## WEDNESDAY, JANUARY 31, 2018

**6:30 a.m. – 9:30 a.m.**  
Registration & Breakfast

**7:00 a.m. – 9:00 a.m.**  
STS University

**9:30 a.m. – 11:30 a.m.**  
STS University (courses repeated)

Indicates that a ticket is required to attend.

# Understanding Bias Helps Improve Patient Safety

## Medical errors may have roots in cognitive biases

In this era of evidence-based medicine, evidence can sometimes be ignored during diagnosis and treatment, leading to adverse events. The 2018 Patient Safety Symposium will explore how cognitive biases and “rules of thumb” can affect clinical decisions.

“The purpose of the symposium is to explore, understand, and talk about these biases,” said moderator Michael S. Kent, MD. “We will give specific examples to help explain these biases and how we make decisions when it comes to individual patients.”

Symposium topics include how heuristics affect everyday decisions, why evidence is sometimes ignored, how root cause analysis could be used to reduce biases, and how surgeons can learn from errors.

Physicians often must make decisions when the evidence does not appear to fit a specific case or if no guidelines have been developed, said Dr. Kent, a member of the STS Workforce on Patient Safety.

“Even though there is a lot of evidence for helping us make clinical decisions, it is our

“There are a lot of biases that come into play when we make decisions.”

— MICHAEL S. KENT, MD

job as physicians to make individual decisions based on individual patients,” he said. “With that context, there are a lot of biases that come into play when we make decisions.”

One speaker will be a psychiatrist with an expertise in understanding biases. He will explain heuristics, which are rules of thumb used in everyday life.

“We allow these biases to become part of our subconscious, and they make a great impact on how we make decisions,” Dr. Kent said. “The

psychiatrist will explain how they are present even if we don’t know about them and how they affect our decision making.”

A cardiothoracic surgeon will explore why surgeons override guidelines, such as those for blood transfusion rates. There is

great variability among institutions and even among surgeons in the same institution about transfusion rates, Dr. Kent said.

Biases are at the root of this variability, and one option to reduce their impact is root cause analysis.

“This is a technique where providers look at a surgical error in retrospect and try to understand why it happened,” Dr. Kent said. “The goal is to prevent future errors. Root cause analysis has been useful in helping providers identify biases that might impact their decisions.”

In addition, a cognitive psychologist, whose focus has been the integration of concepts from psychology, computer science, and the social sciences, will address how experts in medicine and other high-pressure environments make decisions and deal with complexity.

The symposium will conclude with a panel discussion and a question-and-answer session. ■

### PATIENT SAFETY SYMPOSIUM: BIASES AND ERRORS—WHY WE DO WHAT WE DO

Tuesday, January 30

1:00 p.m. – 5:30 p.m.

Rooms 301-302

## Register Today

Register and reserve your housing for the STS 54th Annual Meeting at [sts.org/annualmeeting](http://sts.org/annualmeeting). You must register by Thursday, January 4, 2018, to receive special Annual Meeting rates for your housing.

STS/AATS Tech-Con 2018

and the STS 54th Annual Meeting require separate registration. Tech-Con registration provides access only to the educational sessions on Saturday, January 27. Annual Meeting registration provides access only to the educational sessions from Sunday, January 28, to Tuesday, January 30. You also will receive complimentary access to Annual Meeting Online with your Annual Meeting registration. (See page 6.)

Tickets for the President’s Reception at the Fort Lauderdale Marriott Harbor Beach Resort & Spa on Sunday evening, January 28, and STS University courses on Wednesday, January 31, require separate purchases with Annual Meeting registration.

If you have questions about registration, contact the Society’s official registration partner, Experient, at (800) 424-5249 (toll free), 00-1-847-996-5829 (for international callers), or [sts@experient-inc.com](mailto:sts@experient-inc.com). ■



## Reimbursement Changes Require Better Reporting from Surgeons

Cardiothoracic surgeons spend years learning and honing skills related to surgery, but most spend relatively little time studying the business side of medicine. That may be about to change. New reimbursement rules are forcing changes in the day-to-day activities of surgeons

who must now place more emphasis on documentation, coding, and data collection.

“Daily billing needs are emerging as more important, and they will play a role in

the future,” said Scott C. Silvestry, MD.

“Understanding what a physician has to do in terms of documenting their visits and potentially billing for these visits is emerging as an important skill set.”

Dr. Silvestry is the moderator of a new session designed to teach surgeons the nuances of documenting all aspects of their work. Presenters will explain how to note



Scott C. Silvestry, MD

the complexity of the case, the number of patient visits, time spent on a case, and the effort required by the surgeon.

“If you are going to write it once, it should reflect the amount of work that you put in and use

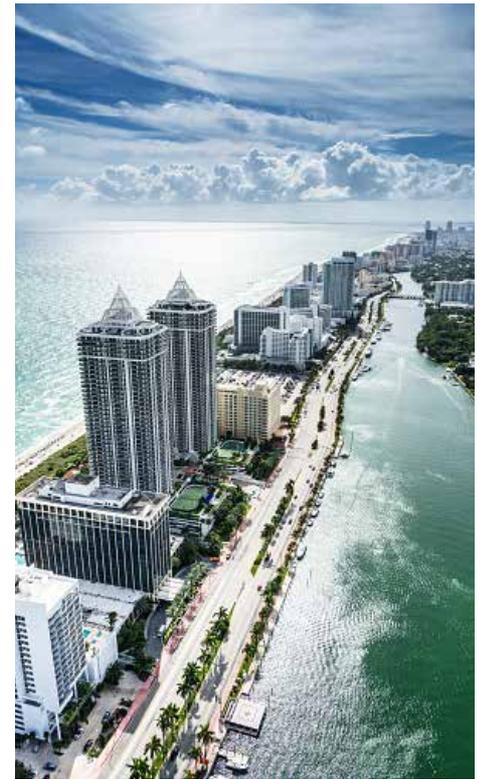
the appropriate words so that the coders can record the appropriate credit for your work, as well as the complexity of the illness,” said Dr. Silvestry, a member of the STS Workforce on Coding and Reimbursement. “We will address how that is done in the current environment.”

The session’s speakers will explain reimbursement requirements, the documentation needed for medical necessity, diagnosis, and services rendered.

“This session will provide the start of competency toward a more productive interaction with one’s coders, coding applications, and hospital data personnel,” Dr. Silvestry said. “Attendees will leave with a good idea of the current requirements for documentation.” ■

“Understanding what a physician has to do in terms of documenting their visits and potentially billing for these visits is emerging as an important skill set.”

SCOTT C. SILVESTRY, MD



## FORT LAUDERDALE

continued from page 1

district farther west, the Broward Center for the Performing Arts features concerts, dance performances, comedy, and more.

### DAY TRIPS

If you have the opportunity to extend your visit, there are several things to do within a day’s drive.

The Florida Everglades is a tropical wetlands spanning 1.5 million acres. A 30-minute drive from the convention center will take you to Everglades Holiday Park, a working park and rescue operation that offers airboat rides, a gator show, and one-on-one encounters with a variety of animals such as tortoises, snakes, and a baby alligator.

If you want to trade Fort Lauderdale’s vintage vibe for the exotic atmosphere of Miami, head less than an hour south and hit the city’s Design District, which features luxury shops, restaurants, art galleries and museums, and home design showrooms. South Beach is well-known for its glamorous nightlife, as well as its art deco architecture.

For additional information on dining, attractions, and much more, visit [sunny.org](http://sunny.org). ■

## STS MEETING BULLETIN

JANUARY 27–31, 2018

THE OFFICIAL NEWSPAPER OF THE STS 54TH ANNUAL MEETING

### STS STAFF

**Robert A. Wynbrandt**  
Executive Director & General Counsel

**Natalie Boden, MBA**  
Director of Marketing & Communications

**Heather Watkins**  
Communications Manager

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## Should Patients Be Left in the Care of a General Surgeon?

Ethics Debate explores postoperative coverage

**M**ore smaller or remote health care facilities are requesting assistance from cardiothoracic surgeons at major hospitals, leading to controversy over what happens when the cardiothoracic surgeon leaves.

Oftentimes, patient care is transferred to a less experienced general surgeon. During the 2018

Ethics Debate, two cardiothoracic surgeons will explore the pros and cons of this trend.

The American College of Surgeons states that the surgeon remaining at the hospital must be able to “render surgical care equivalent to that performed by the surgeon who performed the operation.”



Robert M. Sade, MD

“What does that mean?” asked STS/AATS Cardiothoracic Ethics Forum Chair Robert M. Sade, MD. “Does that mean that the surgeon who stays behind needs to be a cardiothoracic surgeon? There are people who believe strongly that is the case.”

James S. Allan, MD, of Massachusetts General Hospital, will argue that postoperative coverage by a general surgeon is an acceptable arrangement, while Alberto Ferreres, MD, PhD, of the University of Buenos Aires School of Medicine, will argue that a cardiothoracic surgeon must provide postoperative coverage.

“The best part of the debate is when we open the floor for discussion,” Dr. Sade said. “That is when sparks start to fly, and things get really interesting. We usually get a lot of comments from the audience.”

The situation of a traveling surgeon leaving a patient behind shortly after surgery is “a growing phenomenon” and an ethical quandary, he said.

“The debate is unlikely to provide a definitive answer to this question,” Dr. Sade said. “It is going to provide two different ways of thinking about it. Then, it will be up to whoever is in the audience to take that information and decide how they would handle it if it comes up.” ■

“The best part of the debate is when we open the floor for discussion. That is when sparks start to fly.”

ROBERT M. SADE, MD

## STS Moves to Create a More Diverse Specialty

Session aims to cultivate environment of inclusion in cardiothoracic surgery

**R**ecognizing the growing diversity of cardiothoracic surgery patients and the population at large, the Society’s Special Ad Hoc Task Force on Diversity and Inclusion has designed

a new session to address the role of diversity and inclusion in the cardiothoracic surgery workforce and explore why physicians who are underrepresented in medicine are important for the optimal delivery of cardiothoracic surgical care.



David Tom Cooke, MD

“It is the vision of our President, Dr. Richard Prager, and the STS leadership to see a workforce equipped to care for diverse

populations both nationally and internationally by cultivating an inclusive environment,” said David Tom Cooke, MD Task Force Chair.

During the session, David A. Acosta, MD will explain how a diverse environment can improve health care outcomes, as well as an organization’s overall effectiveness and

“Diversity and inclusion are important to the STS. We know that the more diverse the cardiothoracic surgery workforce is, the better we can serve our communities.”

DAVID TOM COOKE, MD

productivity. Dr. Acosta is the Chief Diversity and Inclusion Officer at the Association of American Medical Colleges. Afterward, Dr. Cooke will lead a discussion among a panel of Society leaders, a patient advocate, a medical student, a cardiothoracic surgery resident, and academic and community-based cardiothoracic surgeons. Results from a recent survey of US-based STS members will be presented, and questions from the audience will be encouraged.

“The panelists will offer their insights on the importance of a diverse workforce and how it benefits their patients,” Dr. Cooke said. “The goal of the session is to educate attendees about how diversity and inclusion can be valuable to their practices, service lines, training efforts, and relationships in the communities where they practice.”

Moving forward, the Task Force will help STS develop programs and resources that will not only further diversify the cardiothoracic surgery workforce, but also lead to a better understanding of health care disparities among cardiothoracic surgery patients and, ultimately, better patient outcomes.

“Diversity and inclusion are important to the STS. We know that the more diverse the cardiothoracic surgery workforce is, the better we can serve our communities,” Dr. Cooke said. ■

### DIVERSITY AND INCLUSION IN CARDIOTHORACIC SURGERY: WHAT’S IN IT FOR ME?

Monday, January 29

11:30 a.m. – 12:30 p.m.

Floridian Ballroom B-C

## Mingle Oceanside at the President’s Reception

**N**etwork with STS leaders and fellow meeting attendees at the President’s Reception on Sunday evening, January 28. This high-profile event will be held on an oceanfront terrace at the luxurious Fort Lauderdale Marriott Harbor Beach Resort & Spa. While a tropical-themed band plays in the background, enjoy gourmet food stations and an open bar. Colorful tropical birds will be on hand to enhance the mood.

The reception replaces the STS Social Event, which formerly took place on Monday evening at previous Annual Meetings. This change leaves Monday evening open for industry-sponsored events and socializing with your colleagues.

Tickets can be purchased for \$95. Don’t miss this opportunity to connect with leaders in cardiothoracic surgery in a picturesque, informal setting. ■



## ANNUAL MEETING NEWS AND NOTES

### REGISTER FOR THE STS/CTSNET CAREER FAIR

Meet face-to-face with potential employers at the STS 54th Annual Meeting. During the STS/CTSNet Career Fair, recruiters will be available to talk with you about career opportunities.

Maximize your exposure by posting your CV to the candidate database prior to the meeting. Participating employers will be able to view your CV in advance of the event and may schedule an appointment with you for an in-person interview to take place during the meeting. You can find more information about how to register at [sts.org/careerfair](http://sts.org/careerfair).

The Career Fair will be held in the Exhibit Hall:

Sunday, January 28	4:30 p.m.–6:30 p.m.
Monday, January 29	9:00 a.m.–4:30 p.m.
Tuesday, January 30	9:00 a.m.–3:30 p.m.

### INTERNATIONAL ATTENDEES: REQUEST A LETTER OF INVITATION

If you need a personalized letter of invitation, visit [sts.org/annualmeeting](http://sts.org/annualmeeting) and complete the Visa Invitation Letter Request Form. Once

you have completed the request form, STS will email a personalized letter of invitation to you within 1 business week. Please note: STS cannot promise that you or your colleagues will receive a visa, nor can it change the decision of any governmental agency should your application be denied.

### TAKE ADVANTAGE OF FREE ANNUAL MEETING ONLINE ACCESS

Access to the STS 54th Annual Meeting Online is included with Annual Meeting registration. With such a full meeting schedule, it’s impossible to attend every presentation. This web-based video presentation will provide an opportunity to review sessions of special interest and **earn CME credit**—all from the comfort of your home or office. The Online product will be available approximately 1 month after the conclusion of the Annual Meeting and will be accessible for up to a year. Learn more at [sts.org/AMonline](http://sts.org/AMonline).

Content from the STS 53rd Annual Meeting Online is still available at [learningcenter.sts.org](http://learningcenter.sts.org). Access is free if you attended the 2017 meeting

in Houston; if you did not attend, you can purchase access and earn up to 105.75 AMA PRA Category 1 Credits™ through January 31, 2018.

### BECOME AN STS MEMBER

STS membership offers a wide range of benefits, including complimentary subscriptions to *The Annals of Thoracic Surgery*, the quarterly newsletter *STS News*, and more. STS members also receive reduced registration rates for the STS Annual Meeting and many other educational events throughout the year. Surgeon members may qualify for discounted participation fees in the STS National Database.

Anyone with an interest in cardiothoracic surgery can become a member. Visit [sts.org/apply](http://sts.org/apply) and fill out the application that best fits your role. If you are a member and know someone who has not yet joined, encourage him or her to apply! By promoting membership in STS, you’ll help your colleagues, the Society, and the specialty. ■



# Video-Based Sessions Highlight Unique Insights into Common Procedures

**T**extbooks and peer-reviewed publications are not ideal formats for showing the technical nuances of challenging operations.

Cardiothoracic surgeons are visual learners, and videos are an important educational tool. To showcase this dynamic learning format, the 2018 Annual Meeting will feature three sessions that focus exclusively on videos within adult cardiac, general thoracic, and congenital heart surgery.

“Most meetings present a lot of data. The video presentations step away from the data and show you how to perform a typical operation,” said Gorav Ailawadi, MD, co-moderator of the adult cardiac session. “Attendees will get advice from experts on how to perform these operations quickly and safely.”

## ADULT CARDIAC SURGERY

In a daylong session, 24 videos will be shown in the categories of mitral/atrial fibrillation surgery, coronary artery disease, aortic valve/aortic surgery, and heart failure surgery.

“A lot of different topics will be covered, but the theme is to provide surgeons with something they can take back to their practices and institute immediately,” Dr. Ailawadi said.

In the first part of the session, videos will demonstrate challenging scenarios for mitral valve repairs, including patients with mitral annular calcification, rheumatic disease, and hypertrophic obstructive cardiomyopathy. Two of the videos will demonstrate a robotic repair and minimally invasive techniques to reposition the papillary muscles together, Dr. Ailawadi said.

Another two videos will demonstrate techniques to close the left atrial appendage during cardiac surgery. One is effective surgical closure using sutures, while the other uses clips and devices to close the appendage, he said.

During the section on coronary artery disease, videos will show a coronary endarterectomy to remove plaque, minimally invasive and robotic approaches to coronary artery bypass grafting procedures, and robotic hybrid coronary revascularization.

Several presentations will feature aortic valve procedures, such as sutureless aortic valve replacement, transcatheter aortic valve replacement (TAVR) through alternative approaches including the carotid and transcaval arteries, removing a dysfunctional TAVR valve, arch reconstruction, and dealing with abscesses in the aortic root.

Extracorporeal membrane oxygenation (ECMO) and left ventricular assist devices (LVADs) will be among the topics highlighted in presentations about treating heart failure. Videos will demonstrate how to maintain perfusion to the lower extremities and how to decompress the left ventricle. Other videos will demonstrate techniques for the use of short- and long-term LVADs, as well as the subcostal approach for a pump exchange and a non-sternotomy approach for implanting an LVAD.

## CONGENITAL AND PEDIATRIC CARDIAC SURGERY

Twelve video presentations in a half-day session will explore Ebstein anomaly, systemic atrioventricular (AV) valve disease, complex biventricular repairs, and mechanical surgical support.

“We’ve focused the videos in categories that highlight the procedures that congenital heart surgeons face every day. We want to emphasize interaction between the presenters and the audience so that attendees have all their questions answered,” said co-moderator James S. Tweddell, MD.

Videos will highlight approaches for treating newborns with severe Ebstein anomaly, including surgery on the tricuspid valve to achieve a two-ventricle repair, as well as a conversion of single-ventricle palliation. Patient selection for the various approaches also will be explained.

The second group of presentations will explore repair options for the left side systemic AV valve. Videos will show the use of a CorMatrix cylinder valve in newborns and infants with mitral valve disease, the use of a Melody valve as a mitral valve replacement, and an AV repair for patients with single-ventricle anatomy, Dr. Tweddell said.

Complex biventricular repairs will be highlighted in three videos. The first will explain the use of a Nikaidoh procedure to achieve a two-ventricle repair in patients with complex transposition, he said. A second video will demonstrate biventricular repairs in patients with complex heterotaxy, and a third will show a double-switch procedure for patients with a congenitally corrected transposition.

The final group of presentations will examine mechanical surgical support options, including an ECMO simulation training program, how to identify treatment options for patients with heart failure with congenital heart disease, and how to manage the complex anatomic challenges seen in older Fontan patients, Dr. Tweddell said.

## GENERAL THORACIC SURGERY

Minimally invasive approaches for lobectomies, segmentectomies, and esophagectomies will be demonstrated in a series of general thoracic surgery video presentations. Other videos in the session will explain lean approaches to surgery and recovery, as well as novel techniques for finding nodules during procedures.

“This session is set up to help STS members engage in the process of higher quality, minimally invasive surgery. These videos are about better ways to do it and better ways to do it faster with higher quality and at lower cost,” said session moderator Robert J. Cerfolio, MD.

Video-assisted thoracoscopic (VATS) and robotic approaches to lobectomies and segmentectomies will be shown. For esophagectomies, presenters will detail three approaches—robotic Ivor Lewis, transhiatal, and endoscopic.

“The robotic platform allows more patients to get a minimally invasive operation, but it comes down to the surgeon,” said Dr. Cerfolio. “If we can teach surgeons how to perform really good surgery with VATS, they don’t need a robot. If you have a robot, you can do it without VATS. We want high-quality surgery

either way. We want them to do it with a robot or VATS, not an open technique.”

The one non-technical presentation in the session will be “Lean and Efficient Surgery and Recovery: A Systems Approach.” Lean systems can be used to reduce variables by optimizing processes supporting surgeries, from developing a surgery team to setting up the operating room.

“Reducing variables reduces costs and increases quality. That improves value,” Dr. Cerfolio said. “The goal of this session is to show via video what quality surgery looks like. As in sports, everything is on the videotape. All of your mistakes and all of your victories are videotaped and can be broken down and assessed. That is true for surgery.” ■

## “MY TUBE” ADULT CARDIAC HOW-TO VIDEO SESSION

Sunday, January 28

10:00 a.m. – 4:30 p.m.

Grand Ballroom A-B

## HOW-TO VIDEO SESSION: TIPS AND TRICKS TO MAXIMIZE EFFICIENCY IN MINIMALLY INVASIVE GENERAL THORACIC SURGERY

Sunday, January 28

1:00 p.m. – 4:30 p.m.

Floridian Ballroom D

## HOW-TO VIDEO SESSION: TECHNICAL TIPS TO AVOID PITFALLS AND SIMPLIFY CONGENITAL AND PEDIATRIC CARDIAC SURGICAL PROCEDURES

Sunday, January 28

1:00 p.m. – 4:30 p.m.

Floridian Ballroom A

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