Pre-Conference In-Depth Review of Cardiac Anatomy

By Meryl Cohen, MD

Cardiology 2007 launched today with an outstanding series of talks focusing on several congenital heart lesions. Professor Robert Anderson, of Great Ormond Street Hospital in the U.K., opened our session with a wonderful discussion about the importance of viewing anatomy and describing morphology in an anatomically correct position. It turns out that the posterior descending coronary should more appropriately be called the inferior descending coronary! This lecture was followed by a review of normal cardiac anatomy by Dr. Paul Weinberg. We then had the privilege to see both of these experts “go at it” regarding what to call a ventricular septal defect. Professor Anderson emphasized the importance of using “American” language to describe ventricular septal defects based on surrounding structures while Dr. Weinberg made the argument that you should give each lesion a name so that everyone knows exactly what you are talking about. The audience was left to decide which approach to use, however the terms “supracristal” and “infracristal” are definitely out! These lectures were followed by a session where Dr. Weinberg and Diane Spicer, who works in pathology at the Congenital Heart Institute of Florida at the University of Pennsylvania, explaining how cardiac magnetic resonance imaging particularly in urgent situations to assess airway abnormalities in patients with vascular rings. The conference was a great success thanks to our outstanding expert faculty.

Opening and CPR Plenary Session

By David Hehir, MD

Cardiology 2007, Tenth Annual Update on Pediatric Cardiovascular Disease officially opened with a entertaining talk by Martin Elliot entitled “Cutting wit.” With characteristic tongue-in-cheek style, Dr. Elliot focused on the role of humor in medical practice, medical training, and as therapeutic tool. Dr. Elliot chronicled his own medical education via humiliation as both the butt and originator of cruel and finally, to “be aware of your own dissonance.”
Welcome Cardiology 2007 to the Walt Disney World® Resort!

By Anne Hamilton
Resort, Sales and Services
Disney Resort Destinations

On behalf of the Cast Members of the Walt Disney World® Resort, we’re happy to serve as the host location for Cardiology 2007. You’re here at an ideal moment in our history, as we celebrate The Year of a Million Dreams – a first-of-its-kind event celebrating your dreams and the dream-making magic Disney Cast Members create for Guests like you every day.

While you’re with us, I hope you’ll take full advantage of everything Disney’s Yacht Club Resort and the rest of our “World” has to offer. Disney’s Yacht Club is a complete resort experience, offering business support services with incredible amenities like the Yacht Club Resort, health club and feature lagoon pool. In addition to our picture-perfect lakeside location, the excitement of both Disney’s Boardwalk entertainment district and Epcot® is just a short stroll away. Of course, you also have access to five championship golf courses, luxurious spas, dazzling nightlife and endless recreational opportunities throughout our 47 square miles.

No visit to Walt Disney World® Resort would be complete without a visit to our four Theme Parks – and to help you experience the magic, Disney’s After 2pm and After 4pm Meeting/Convention tickets are designed with a busy conference schedule in mind. If you’re here with family and friends, special Multi-day tickets are also available. Be sure to mention you’re with the Cardiology 2007 conference before you purchase your tickets here at the hotel, as they’re not available at the Theme Park ticket windows.

No other destination on earth offers so much to see and do – and there’s no better time or place to make all of your dreams come true. Again, welcome, and best wishes for a successful meeting!

Pre-Conference Session on Mock Codes

By Stacie B. Feddy, MD

A diverse group of practitioners took part in the first ever Cardiac Simulation program yesterday. “Practice Makes Perfect: Cardiac Postoperative Simulations & Mock Codes” kicked off bright and early today. Pre-Conference Session on Mock Codes started with 60 participants from 3 countries and included cardiologists, intensivists, advanced practice nurses, physician assistants and perfusionists.

Through technology and techniques developed by CHOP’s simulation center, cardiac intensive care simulation scenarios were simulated in a realistic, hands-on clinical experience. Working in small groups, the participants were taken through many of the predictable (low cardiac output, tachyarrhythmias) and sudden, unanticipated events (respiratory failure, cardiac tamponade and shunt thorbosis) that characterize the 24-48 hours after cardiopulmonary bypass. In addition, pre-operative scenarios (hypertensive spell in the unprepared Tetrology of Fallot) and medical scenarios (acute fulminant myocarditis) were used as well.

Each Simbaby station was staffed with clinical and simulation facilitators and teams of 3-4 participants “rotated” through all 5 scenarios. In a combined open debriefing and role assignment each team actively worked through the clinical scenarios presented to them. The learning objectives were reviewed and an inclusive debriefing session was given at the completion of each scenario.

Through simulation we all trained to excellence!!!

Pre-Conference Golf Tournament

By Paul Stephens, MD

Greetings from the Cardiology 2007 Research Desk!

Attendees were thrilled to view posters in the Wednesday to Thursday Abstract/Poster session which started 21 February in the afternoon’s break. For the meeting as a whole, over 100 abstracts were presented. The faculty accepted more than 60 contributions from 40 institutions and 30 countries.

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The breadth and depth of work presented here is truly amazing. Even considering just the Pre-Conference Session on Mock Codes, posters for Wednesday and Thursday’s sessions noted above) attendees to Cardiology 2007 were provided a stunning tribute to the efforts of so many of our colleagues tirelessly working to solve challenges for patients living with congenital heart disease. We are looking forward to the Cardiology 2007 Friday-Saturday posters and the work that is sure to come forward during Cardiology 2008!

Faces from Cardiology 2007

By Geoffrey Bird, MD

The most challenging aspects of HLHS and other single ventricle heart disease were tackled by researchers showcasing several “outcomes challenges.” Areas covered included fetal intervention for intact atrial septum, staged repair of infants with single ventricle and trisomy 21, catheter intervention for HLHS with intact atrial septum, neurodevelopmental abnormalities overall, and the role that inherent coagulation abnormality may play – even before any surgery – in patients with single ventricle heart disease.

For other areas of congenital heart disease, many contributions focused on practice variability and within individual centers. Topics covered included use of milrinone, ambulatory lines, pacing wires, bilateral internal iliac arterial perfusions, prolonged mechanical ventilatory support, early or intraoperative extubation, lower postoperative packed red blood cell transfusion thresholds, and follow-up of patients after surgery for ALCAPA. Propranolol has limited effect on the postoperative course in patients with tetralogy of Fallot, and alpha-adrenergic agents play a certain, but variable role in overall hospital length of stay. The challenges of the older infant presenting with transposition of the great arteries was also discussed.

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