**PEDIATRIC and CONGENITAL INTERVENTIONAL CARDIOLOGY (PCIC)**

**SYMPOSIUM**

**May 11-13, 2017**

**SCIENTIFIC PROGRAM**

Dr. Siyami Ersek Göğüs Kalp ve Damar Cerrahisi Eğitim ve Araştırma Hastanesi

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| **May 11, 2017, THURSDAY** | | |
| 07.00-08.00 | Breakfast at the Congress Center | | |
| 07.00-18.00 | Registration | | |
| 08:00-08.05 | Opening Ceremony | | |
| 08.05-08.15 | Follow up of the patients 2014 | | |
|  | IMAGING SESSIONS in Main Hall | | |
|  | IMAGING OF ATRIAL SEPTUM | | |
| 08.15-08.30 | TTE before and during ASD closure: do we need anything else? | | |
| 08.30-08.45 | TEE in ASD closure: It should be used in all | | |
| 08.45-09.00 | ASD closure; when to close when not after imaging? | | |
| 0.900-09.15 | The role of the 3-D ECHO in complex ASD closure | | |
| 09.15-09.30 | Intra-cardiac ECHO (ICE) in ASD closure; is it tool or toy? | | |
| 09.30-10.30 | LİVE CASEs transmisions | | |
| 10.30-11.00 | Coffee break | | |
|  | IMAGING OF VENTRICULAR SEPTUM | | |
| 11:00-11.15 | TTE evaluation of VSD with a view to transcatheter closure | | |
| 11:15-11.30 | Matching the defect with the device by imaging in VSD closure | | |
| 11.30-11.45 | Patient and defect selection for coil closure: imaging perspective | | |
| 11:45-12:30 | LİVE CASEs transmisions | | |
| 12:30-13:30 | LUNCH-BOX and LUNCH-BREAK SESSIONS | | |
|  | Room 1  TC closure of coronary artery fistulae  Chairmen: ………. | Room 2  Coarctation of the Aorta  Chairmen: ……… | |
| 12.00-12.15  12.15-12.30  12.30-12.45  12.45-13.00 | When close and when not?  Single centre experience from Turkey  Single centre experience from Vietnam  Single centre experience from South Korea | MR and CT angio in COA; which one and when?  Recoarctation; balloon vs stent  How to deal with isthmus atresia and complex COA?  Middle aortic syndrome and abdominal coarctation | |
|  | AFTERNOON SESSIONS in Main Hall | | |
|  | IMAGING OF RVOT: Chairman: ……………., Panelists: ………………. | | |
| 13:30-13.50 | MRI in post-operative TOF – What should be looked for and pitfalls? | | |
| 13:50-14:10 | Echo assessment of the RV as an alternative to MRI | | |
| 14.10-14.30 | ICE to guide tPVR | | |
| 14:30-15.30 | LİVE CASEs transmisions | | |
| 15.30-16.00 | Coffee break | | |
|  | NEW DEVELOPMENTS IN IMAGING FOR INTERVENTIONS | | |
| 16.00-16:15 | The role of 3-D ECHO in valvar interventions | | |
| 16.15-16.30 | Rotational and 3D angiography in stenting | | |
| 16.30-16.45 | 3-D remodelling (prototyping) and computation | | |
| 17.00-18.00 | LİVE CASEs transmisions | | |
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| **May 12th 2017, FRIDAY** | | |
| **07.00-08.00** | **Breakfast at the Congress Center** | |
| **07.00-18.00** | **Registration** | |
|  | **MORNING SESSIONS in Main Hall** | |
|  | **PERCUTANEOUS INTERVENTIONS IN CYANOTİC NEONATES** | |
| 08.00-08.15 | Duct stent for pulmonary circulation; When to stent and when send to surgery? | |
| 08.15-08.30 | Options in the perforating of pulmonary valve; step by step | |
| 08.30-08.45 | Duct stent immediate after the perforation in PA-IVS; when and how? | |
| 08.45-09.00 | Palliative RVOT dilation in TOF infants; when to balloon when to stent and how? | |
| 09.00-10.00 | **LİVE CASEs transmisions** | |
| 10.00-10.30 | **Coffee break** | |
|  | **HYBRID INTERVENTIONS** | |
| 10.30-10.45 | Hybrid RVOT stent in pulmonary atresia with VSD | |
| 10.45-11.00 | Hybrid approach in HLHS | |
| 11.00-11.15 | Hybrid pulmonary vein stenting | |
| 11.15-11.30 | Hybrid pulmonary valve implantation | |
| **11.30-12.30** | **LİVE CASEs transmisions** | |
| 12:30-13:30 | **LUNCH-BOX and LUNCH-BREAK SESSIONS** | |
|  | **Room 1**  **ASD closure** | **Room 2**  **PDA closure** |
| 12.00-12.15  12.15-12.30  12.30-12.45  12.45-13.00 | Deployment techniques in complex ASD closure  Cardiac erosion: should we restrict in our practice?  When and how to close the ASDs in cyanotic children  How to predict and deal with complications | Coil closure; Is it still an option for PDA closure?  PDA closure in premature and low weight infants  PDA Closure with vascular plugs  Matching PDA morphology with devices and coils |
|  | **AFTERNOON SESSIONS in Main Hall** | |
|  | **PERI-OPERATIVE, POST-OPERATIVE AND REDO INTERVENTIONS** | |
| 13.30-13.45 | Interventions under ECMO | |
| 13.45-14.00 | BT shunt or Sano shunt recanalization and dilation | |
| 14.00-14:15 | Atrial septal stenting | |
| 14.15-14.30 | Dealing with the branch PA stenosis after TOF and TGA surgery | |
| 14.30-15.30 | **LIVE CASE Transmissions** | |
| 15.30-15.45 | **Coffee break** | |
|  | **INTERVENTIONS IN HEART FAILURE, PAH AND RESIDUEL DEFECTS** | |
| 16.00-16.15 | How to fenestrate the intact atrial septum or Fontan conduit | |
| 16.15-16.30 | Atrial flow regulator in heart failure, IPAH and Failing Fontan | |
| 16.30-16.45 | Residual VSD closure | |
| 16.45-17.00 | Paravalvar leak closure | |
| 17.00-18.00 | **LIVE CASES transmissions** | |
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| **19.30-23:00** | **BOSPHORUS CRUISE and GALA DINNER ON BOAT** | |

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| **May 13th 2017, SATURDAY** | |
| **07.00-08.00** | **Breakfast at the Congress Center** |
| **07.00-18.00** | **Registration** |
|  | **MAIN HALL** |
|  | **TRANSCATHETER PULMONARY VALVE IMPLANTATION** |
| 08:00-08:15 | Melody Valve in stenotic conduits and bioprosthesis |
| 08.15-08.30 | Sapien valves in stenotic RVOT |
| 08.30-08.45 | Sapien valve in large RVOT with balloon expandable Sapien XT and S3 |
| 08.45-09.00 | Self-expandable Venus P valve for native RVOT and conduits |
| 09.00-09.15 | New self-expandable PULSTA valve; preliminary results in native RVOT |
| 09.15-09.30 | **Coffee break** |
|  | **INTERVENTIONS IN FONTAN TRACT AND FAILING FONTAN** |
| 09.30-09.45 | The role of interventionist in preparing good Fontan candidates |
| 09.45-10.00 | Hybrid stenting in univentricular hearts during Glenn operation |
| 10.00-10.15 | Interventions in post-Glenn patients |
| 10.15-10.30 | Options for early re-coarctation following Norwood Surgery |
| 10.30-10.45 | Interventional options for hypoxic Fontan and/or failing Fontan |
| 10.45-11.00 | **Coffee break** |
| 11.00-12.00 | **RECORDED AND CHALLENGING CASES in cyanotic or postoperative patients** |
| 11.00-11.10 | Case 1 |
| 11.10-11.20 | Case 2 |
| 11.20-11.30 | Case 3 |
| 11.30-11.40 | Case 4 |
| 11.40-11.50 | Case 5 |
| 11.50-12.00 | Case 6 |
| **13.00** | **CLOSURE REMARKS** |