

ICR 2006—Third Workshop on Integrated Coronary Revascularization

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In this special section of the Heart Surgery Forum, scientific material is published that was presented at the 3rd Integrated Coronary Revascularization (ICR) workshop, held on December 6 to 8, 2006, in Innsbruck, Austria (www.icrworkshop.at). Cardiac surgeons, cardiologists, anesthesiologists, intensivists, perfusionists, and other coronary specialists from 20 different countries participated. The aim of the workshop, as in the 2 previous meetings, was to bring together specialists in fields familiar with the treatment of coronary artery disease and to work out new ways of cooperation.

At the beginning of the meeting, the history of integrated coronary revascularization was outlined and colleagues from Kiel, Bergamo, Paris, as well as from a multicenter study group reported on current experiences in hybrid coronary revascularization. Simultaneous approaches to integrated coronary interventions were specifically addressed by the workshop organizers.

Controversial issues like coronary artery bypass grafting (CABG) in the awake patient, stem cell therapy for coronary artery disease, and remote access perfusion were presented. Olympic triathlon champion Kate Allen gave a fascinating talk on the life style and training methods of triathletes. She outlined how 3 disciplines in sports can be integrated, and a long discussion on how to translate her concepts into the needs of our profession followed.

On the second day, anesthesiologists, intensivists, and extracorporeal circulation specialists presented issues of their role in minimally invasive coronary interventions. New imaging modalities and their application in integrated coronary revascularization procedures received special attention. A whole satellite symposium dealt with new aspects of interdisciplinary coronary imaging.

New techniques in both minimally invasive CABG and catheter-based coronary intervention were intensely and interactively discussed. We received cutting-edge information on minimally invasive CABG and on the current role of drug-eluting stents. Participants especially appreciated very open and honest interaction between interventional cardiologists and cardiac surgeons. State-of-the-art lectures on CABG and PCI by Prof. John Pepper and Prof. Steven Manoukian were well received.

Hybrid coronary intervention was demonstrated in live cases by Drs. Guy Friedrich (PCI in cathlab and the operating room), Sudhir Srivastava (robotic totally endoscopic coronary artery bypass grafting (TECAB) on the beating heart), and Johannes Bonatti (robotic TECAB on the arrested heart). Both operations were performed in an attractive time frame under full aspirin and clopidogrel loading. The patient undergoing arrested-heart TECAB received PCI of the circumflex coronary artery in a live intervention the day before the surgical part of the hybrid procedure. The patient undergoing beating-heart TECAB received a drug-eluting stent into the right coronary artery during the same session. The cases went well, and patients were discharged from the hospital in good condition. In another live demonstration, Dr. Ludwig Mueller performed CABG using the Life Optics Varioscope.

In the hybrid simulation lab participants trained for PCI on simulators, robotic and conventional suturing of coronary anastomoses in wet-lab and dry-lab settings, remote access perfusion, and double lumen tube insertion for single lung ventilation. A session on how to build a cathlab operating room and how to organize heart centers concluded the workshop.

The organizing committee received many stimulating comments, the meeting atmosphere was very positive, and intense discussions among attendees and faculty continued even after sessions. The concept that we all should work together on the treatment of coronary artery disease was well supported. Revascularization teams should become a reality.

We thank all faculty members, all speakers, and all attendees for their active participation in the workshop. We thank the medical industry for their generous sponsoring activities. We thank Conventive for perfect collaboration in the organization of the meeting. Innsbruck Medical University, the Departments of Cardiac Surgery, Cardiology, Cardiac Anesthesia, and Radiology II, as well as the hospital administration TILAK need to be especially acknowledged for their support. A 4th ICR Workshop will be held in December 2008 and we hope to see many interested colleagues for the continued discussion on integrated concepts for the treatment of coronary artery disease.

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