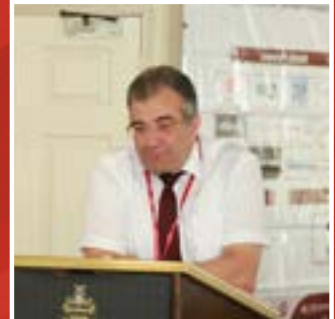


3th World Congress on
**CARDIOLOGY
AND CARDIAC NURSING**
March 25-26, 2019 | Amsterdam, Netherlands

CARDIOLOGY SUMMIT 2019



**SPECIAL SESSION
DAY 1**

3rd World Congress on CARDIOLOGY AND CARDIAC NURSING

March 25-26, 2019 | Amsterdam, Netherlands



Salvador Ceano, J Cardiovasc Med Ther 2019, Volume 3

Salvador Ceano

Andalusian Public Health Service, Spain

BIOGRAPHY

Salvador has completed his degree in physiotherapy at the age of 22 from the Seville University, Spain. He is the director of department of cardiovascular & traumatology rehabilitation in a Primary Care Health Center of Seville. He has updated constantly his formation with a master of sport physiotherapy and a university expert of sport trainer.

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INITIAL EXPERIENCE WITH CARDIAC REHABILITATION PROGRAM IN A PRIMARY CARE HEALTH CENTER

The cardiac rehabilitation programs have demonstrated their effectiveness with a level of evidence I in patients with coronary disease in Phase II of their recovery. However, the access is limited by the scarcity of health resources. The possibility of its realization in primary care expands the number of patients who could benefit from them. We developed a protocol for referral and follow-up in low-risk patients agreed with the professionals of the health centre. For its implementation, these professionals previously received training at the Hospital. During the year 2016-18 the program was carried out by 30 patients carrying out a program of cardiac rehabilitation in primary care in low risk patients is a feasible and safe alternative, with results superimposable to those obtained with the programs carried out in the Hospital.



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CARDIOLOGY SUMMIT 2019



**SCIENTIFIC TRACKS & ABSTRACTS
DAY 1**

DAY 1 SESSIONS

MARCH 25, 2019

Cardiac Imaging | Hypertension | Acute Coronary Artery Syndromes | Cardiovascular Disease
| Invasive and Interventional Cardiology | Heart Failure | Pediatric and neonatal Cardiology

SESSION CHAIR

Salvador Ceano
Andalusian public Health Service, Spain

SESSION INTRODUCTION

- Title:** **Licensed to kill: A bad lifestyle**
Hofstra L, University of Amsterdam Medical Center, Netherlands
- Title:** **Obese's heart: Clinical utility of cardiac ultrasound and contrast-enhanced ultrasound imaging**
Anca Simona Tau, Ponderas Academic Hospital, Romania
- Title:** **The current and future role of echocardiography in pulmonary hypertension**
Rui Da Silva Mota, Royal Papworth Hospital, UK
- Title:** **The influence of illness perception on perceived learning needs among patients treated with percutaneous coronary intervention**
Ala Ashour, Hashemite University, Jordan
- Title:** **Anomalous origin of a coronary artery from the contralateral sinus: Intervene or do nothing**
James J Paul, Naval Regional Medical Center, USA
- Title:** **CPR team performance, how to achieve for excellence**
Mohammad Shaban, Health Point Hospital, UAE
- Title:** **Hypothermia and blood lactate during cardiopulmonary bypass in pediatric patients**
Saeed Taiyari, Tehran University of Medical Sciences, Iran
- Title:** **Risk of cardiovascular disease among HIV patients on highly active anti-retroviral therapy**
Okello Emmanuel Onen, Clarke International University, Uganda

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Hofstra L, J Cardiovasc Med Ther 2019, Volume 3

LICENSED TO KILL: A BAD LIFESTYLE

Hofstra L

University of Amsterdam Medical Center, Netherlands

Cardiovascular Disease (CVD) is a global epidemic. Diet is one of the most important modifiable risk factors for cardiovascular disease next to physical activity, smoking and hypertension. By intervention of modifiable risk factors, such as hypercholesterolemia, smoking, and overweight, the CVD burden can be significantly decreased. 90% of all CVDs are related to unhealthy lifestyle. The majority of the global population is unaware of their risk on developing CVD, which goes hand in hand with the rise in obesity, diabetes and an aging population. In addition, the world's population is targeted by intensive commercial marketing campaigns promoting soda, fast food and high-calorie snacks, all containing mostly carbohydrates. In addition, portrayals of food, physical activity, and body image in news and entertainment media also have an influence on poor nutritional choices and sedentary behaviour, but how do tackle this issue? Currently, lifestyle interventions are performed accordingly to the NHG-guidelines in a face-to-face consultation by General Practitioners (GPs). GPs have stated low confidence in their ability to impact the lifestyle of their patients, which goes together with lack of consultation time and poor training in lifestyle intervention consultation. This calls for innovation in the field of lifestyle intervention.

BIOGRAPHY

Hofstra L Currently, he is the medical director of a successful Cardiology Clinic in the Netherlands, both in terms of patient care and business. He manages to diagnose and treat 500 new referrals plus 500 control patients every month, without having delay in health care delivery due to high flexibility and effective streamlining. In 2015, he received the award of the most patient friendly health care provider in the Netherlands, highlighting the importance of patient hospitality. In addition, he is professor in cardiology at the University Medical Center of Amsterdam. His focus is on prevention of cardiovascular disease, through the creation of health and lifestyle promoting narratives presented on television and social media. One of these projects will be published in the Lancet soon. Based on the success of this innovative approach, he has been invited to start similar health promoting projects in India and USA. Furthermore, he has started to work in AI, with the goal to develop decision support tools for clinicians.

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Anca Simona Tau et al., J Cardiovasc Med Ther 2019, Volume 3

OBESE'S HEART: CLINICAL UTILITY OF CARDIAC ULTRASOUND AND CONTRAST-ENHANCED ULTRASOUND IMAGING

Anca Simona Tau and Catalin Copaescu

Ponderas academic hospital, Romania

The rising prevalence of obesity is driving an increased focus on its role in promoting cardiovascular disease. Morbid obesity (BMI >35 kg/m²) is the fastest growing category of obesity. Obesity, through complex and not fully understood pathogenetic mechanisms, induces different structural and functional changes of both ventricles, chronic systemic inflammation, the 'inside to in' model of atherosclerosis. The resultant syndrome is known as obesity cardiomyopathy. The morbidly obese population now comprises a significant proportion of patients referred for imaging. Transthoracic echocardiography applied in this specific patient population, obese patients, can result in non-diagnostic images in up to 30% of patients and clinicians may reasonably be concerned that such a test will be inconclusive, if feasible at all contrast-enhanced ultrasound imaging (CEUS) is expected to offer diagnostic imaging advantages in the morbidly obese patients. We run a study in a high-volume Bariatric Surgery Centre of Excellence (Ponderas Academic Hospital), focusing on different cardiovascular adaptations to obesity, namely left ventricular function, by measuring ventricular volume and ejection fraction, stress echocardiography in patients with resting regional wall motion, better evaluation of pulmonary hypertension. Finally, the role of weight loss and bariatric surgery is analysed. The utilization of Contrast-Enhanced Ultrasound Imaging (CEUS), a non-invasive imaging modality, in technically difficult patients, obese patients respectively, significantly improves endocardial visualization and impacts cardiac diagnosis, decreases variability of interpretation, resource utilization, and patient management. CEUS is safe, cost-effective and avoids ionizing radiation. CEUS reduces redundant downstream testing, resulting in a positive impact on patient management. CEUS has a prominent role in the diagnosis and management of obese patients with cardiovascular disease. The topics to be covered include targeted drug delivery, tumor therapies, and remote catheter navigation. It will be shown how iMRI enhances the safety and efficacy of these procedures.

BIOGRAPHY

Anca Simona Tau has completed her PhD at the age of 31 years from "Carol Davila" University of Medicine Bucharest, Romania. She is the head of department of cardiology and internal medicine, Ponderas Academic Hospital, Bucuresti, Romania. She attended cardiac ultrasonography courses in University Hospital Gasthuisberg- department of cardiology, Leuven, Belgium. She graduated several courses in contrast enhanced echocardiography, accredited by ASE. She participated as PI, co investigator and study coordinator in 7 international, multicentric, randomized, double-blind/open label clinical trials. She has over 35 publications in national and international medical journals.

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Rui Da Silva Mota, J Cardiovasc Med Ther 2019, Volume 3

THE CURRENT AND FUTURE ROLE OF ECHOCARDIOGRAPHY IN PULMONARY HYPERTENSION

Rui Da Silva Mota

Royal Papworth Hospital, UK

Pulmonary Hypertension (PH) is a condition characterised by increased pulmonary artery pressure. PH can be classified as pre-capillary in the context of primary elevated pressures in the pulmonary arterial circulation or post-capillary related with left heart disease, elevated pressure in the pulmonary venous and capillary circulation or mixed combining pre and post capillary features. PH can be silent and it is one of the causes of right heart failure and eventually left heart failure. Echocardiography is a well established imaging method that allows an efficient non-invasive quantification of the right heart pressures, providing a quick answer about the presence of pulmonary hypertension. Full investigations of this condition have been neglected over the years in many general hospitals and other medical facilities which provide echocardiography services. This can result to delayed diagnosis and subsequently late medical management. Over the last few years, advances in new imaging techniques and training allow a more detailed study of PH patients. The guidelines for PH and for echocardiography assessment of the right heart can be very extensive and many sonographers have not had the opportunity for specialist training or extensive consensus on how to make assessments in daily practice. This presentation aims to cover cases that can be easily detected as well as cases that raise suspicion for PH. It will also focus on parameters related to PH and hopefully this will stimulate further in-depth investigation of patients with confirmed PH or patients fulfilling criteria for screening and appropriate treatment.

BIOGRAPHY

Rui Miguel Da Silva Mota graduated with a BSc honors degree in cardiopneumology (clinical physiology) in 2003 and obtained a post graduate diploma in management and administration of health services in 2004. He is an experienced registered clinical physiologist in cardiology with 16 years of practice and specialist training in clinical echocardiography (pediatric and adult TTE including congenital heart disease, stress echocardiography and TOE). Currently he works at Royal Papworth Hospital, UK. He holds several international accreditations in adult, pediatric and congenital echocardiography (ARDMS, CCI, EACVI and BSE). He has been serving as peer reviewer for an International Cardiology Journal and he has a project to start a PhD in congenital heart diseases.

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Ala Ashour, J Cardiovasc Med Ther 2019, Volume 3

THE INFLUENCE OF ILLNESS PERCEPTION ON PERCEIVED LEARNING NEEDS AMONG PATIENTS TREATED WITH PERCUTANEOUS CORONARY INTERVENTION

Ala Ashour

Hashemite University, Jordan

Statement of the Problem: Illness perception among patients with coronary heart diseases influences their outcomes, recovery, and quality of life. Little is known about the role of illness perception on perceived learning needs among patients treated with percutaneous coronary intervention.

Aims and Objectives: The aim of this study was to assess patients' illness perception and to examine its influence on perceived learning needs among patients treated with percutaneous coronary intervention.

Methodology: A cross-sectional design was used. A convenience sample of 208 patients who had undergone first time percutaneous coronary intervention participated in the study. Data were collected before patients were discharged from hospital using the Brief Illness Perception Questionnaire and the Percutaneous Coronary Intervention Learning Need Scale. Multiple linear regression was used to examine the ability of illness perception to predict perception of learning needs.

Findings: Patients were highly concerned about their illness, perceived high consequences and symptoms related to coronary heart disease. They perceived low levels of personal and treatment control over their illness. Patients reported high learning needs. Multiple linear regression showed that low perception of personal control, treatment control, and high perception of disease identity significantly predicted high perceived learning needs.

Conclusion: Patients illness perception influences perceived learning needs. It may be included in routine clinical assessments. Considering the results from this study, tailored health education programs are needed for patients treated with percutaneous coronary intervention; such program should target patients who perceived low levels of personal and treatment control over illness, and have high perception of symptoms..

BIOGRAPHY

Ala Ashour professional experience is more than fifteen years in critical care nursing and academia. He completed his bachelor's and master's degree in nursing (critical care nursing) from Jordan University of Science and Technology and PhD in 2014 from University of Ulster, Belfast, United Kingdom. Currently, he is working as an assistant professor in nursing, faculty of nursing at Hashemite University-Jordan. His research interest mainly focused on cardiac care nursing, critical care nursing, refugee's health, and primary and secondary prevention particularly for patients with coronary artery disease.

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James J Paul, J Cardiovasc Med Ther 2019, Volume 3

ANOMALOUS ORIGIN OF A CORONARY ARTERY FROM THE CONTRALATERAL SINUS: INTERVENE OR DO NOTHING

James J Paul

Naval Regional Medical Center Portsmouth, USA

Young adults at high risk for Sudden Cardiac Death (SCD), and is the second leading cause of SCD in the young behind only hereditary disorders (ion channelopathies). Presently, there is no method for risk stratification, since no one knows the true incidence of AAOCA or the etiology that precipitates SCD. The present day literature provides no guidance as to what to do with these patients given there is no consensus among institutions as to what management is most appropriate for AAOCA in an otherwise normal pediatric patient. The purpose of this presentation is to provide more clarity as to the diagnosis and treatment of AAOCA in young adults.

BIOGRAPHY

James J Paul is an advanced cardiac sonographer with an expertise in fetal and pediatric congenital heart disease. He completed his bachelor of science in diagnostic medical imaging at Thomas Jefferson University, Philadelphia, Pennsylvania. Prior to college he served 4 years in the military as a field medical service corpsman with the United States Marine Corps. He is licensed as an advanced cardiac sonographer, as well as a fetal and pediatric echocardiographer. He has been in the medical field for over 35 years, and during this time has authored, or co-authored, many scientific publications in International Peer-Reviewed Journals. In addition, he has lectured and presented original research at all major cardiology meetings and the American Society of Echocardiography. He currently works at Naval Medical Center Portsmouth as a fetal and pediatric echocardiographer.

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Mohammad Shaban, J Cardiovasc Med Ther 2019, Volume 3

CPR TEAM PERFORMANCE, HOW TO ACHIEVE FOR EXCELLENCE

Mohammad Shaban

Health Point Hospital, UAE

Background: Cardio Pulmonary Resuscitation (CPR) it's the way to save someone life after he suffer of cardio-pulmonary arrest, this need good knowledge from many aspect like: human anatomy and physiology, awareness of ECG and its arrhythmia, skills of IV/IO lines and correct practice of hand chest compression and ventilation. CPR team contain 6 members: team leader, compressor, airway/ventilation, defibrillator/ Monitor, IV/Medication, Observer/Recorder.

Objective: This study demonstrates the psychological condition for the CPR team when they work under stress.

Methods: A schedule training was conducted frequently for nurses who's selected to be a member in CPR team, they have been chosen from different area and specialties.

By providing life support courses as initial step, then train them for the communication skills and the proper way to interact for different clinical situation, discuss with them the potential challenges that they could face it, conducting frequent mock drills in training room and in small clinic before go to hospital level in critical care area and busy area. Finally conduct summarize and review of mock drill out come with positive and negative points. Give a chance for team to be self-directed and perform an action plan for improving performance.

Results: The result show that CPR team have a higher performance in vary situation and areas, enhancing the 8 element of successful CPR team as per ACLS that maintain the level of professional and performance for all team and have positive impact for the entire health care organization.

Conclusions: Quality of professional communication are required for life support skills and it is mandatory to maintaining patients life and minimizing potential errors and decline the hospital rate of morbidity and mortality.

BIOGRAPHY

Mohammad Shaban is currently working as clinical educator and head of education department in Health Point Hospital- Abu Dhabi. As clinical educator she believes that nurses must keep updated with knowledge and skills because of the evolution in nursing science and researches, every day is good chance to develop our knowledge and skills by maintaining education for nurses in many ways, from open discussion with nurses, direct observations for nurses skills and knowledge test, cover the nurses gap analysis with unit managers, establish educational plans with nursing administration. Through her education activity (CME lectures, case presentation, practice demonstration, Conferences, workshops...etc.), she hopes that she will be able to gain impact in future nursing education, share her clinical expertise and participate in research. She believes by participating in nursing conferences, the clinical educator will be able to share and deliver care-effective, cost effective and performance-effective leadership, prepare front-line leaders, educators and researchers which will have direct and indirect impact on their leadership insights and their achievements.

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Saeed Taiyari et al., J Cardiovasc Med Ther 2019, Volume 3

HYPOTHERMIA AND BLOOD LACTATE DURING CARDIOPULMONARY BYPASS IN PEDIATRIC PATIENTS

Saeed Taiyari¹, Zia Totonchi², Pouya Farokhnezhad Afshar³ and Sara Taiyari³

¹Tehran University of Medical Sciences, Iran

²Shahid Rajaie Cardiovascular Medical and Research Center, Iran University of Medical Sciences, Iran

³University of Social Welfare and Rehabilitation Sciences, Iran

Introduction: Hypothermic perfusion is widely used in pediatric cardiac surgery units. The present study evaluated the effect of hypothermia severity on serum levels of lactate during Cardio Pulmonary Bypass (CPB) in the surgical repair of congenital heart defects in children.

Methods: 185 pediatric patients' candidate for the elective surgical repair for congenital heart disease were recruited. The patients' arterial serum lactate, central venous pressure, diuresis, glucose and arterial blood gases were measured and recorded in four time points including before the CPB, when cooling the patient, when warming the patient, after the CPB and upon admission to the intensive care unit (ICU).

Results: The mean age of the patients was 28.1 ± 19.6 months. Lactate level significantly raised more quickly in the patients with hypothermia < 30 compared to in those with hypothermia ≥ 30 ($P < 0.001$). These two groups were significantly different in duration of CPB ($P < 0.001$), duration of cross-clamping ($P < 0.001$) and volume of blood filtered ($P < 0.001$). No statistically significant differences in the volume of the red blood cell (RBC) transfused was observed between two groups ($P = 0.12$).

Conclusions: Deep hypothermia is associated with higher blood lactate levels which may be associated with poor outcomes during and after CPB. It is recommended normothermia or mild hypothermia to be used during CPB in paediatrics. When using deep hypothermia is inevitable, patients are better to be strictly monitored and screened for adverse outcomes associated with hyperlactatemia.

BIOGRAPHY

Saeed Taiyari has completed his MSc in critical care nursing and clinical perfusion in cardiac surgery from Tehran University of Medical Sciences. He has been as one of the main writers of some researches which mostly are at publication in high impact journals. He is senior perfusionist in congenital tertiary at Children Medical Center and is also collaborating with some research centers located at the hospital.

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Okello Emmanuel Onen, J Cardiovasc Med Ther 2019, Volume 3

RISK OF CARDIOVASCULAR DISEASE AMONG HIV PATIENTS ON HIGHLY ACTIVE ANTI-RETROVIRAL THERAPY

Okello Emmanuel Onen

Clarke International University, Uganda

Background: The risk of Cardiovascular Diseases (CVD) in Human Immunodeficiency Virus (HIV) infected patients on Highly Active Antiretroviral Therapy (HAART) from some rural parts of Africa and Uganda isn't well known. We assessed CVD risk factors, and used the lipid panel relationship to estimate the risk to CVD in persons with HIV infection on HAART in Gulu, Uganda.

Methods: A cross-sectional study in which data on demographic, lifestyle, diet and physical activity were collected using the WHO Stepwise approach to surveillance questionnaire, Biochemical measurements were tested using standard Biochemical methods on the Humastar 200 chemistry analyzer, Physical measurements; BMI and Hip to waist circumference were measured using standard methods, alongside the blood pressure. Multivariate logistic regression was used to analyze predictors of CVD risk factor.

Results: Mean HDL-C was 38.8 (SD 14.4) (CI: 36.8—39.8), mean T.CHOL was 187.8 (SD 42.3) (CI: 169—200), the mean TRIG was 130.2 (SD 7.5) (CI: 121—148) and the mean FBS was 4.5 (SD 1.1) (CI: 4.2—5.0). The most common risk factor was the low HDL-C of 40.4%, the HAART regimen that caused the most dyslipidemia was the efavirenz based HAART regimen (TDF-3TC-EFV), hypertriglyceridemia of 5.9%, hypercholesterolemia of 3.6%, hyperglycemia of 2.9% and by the TC/HDL-C ratio; 33(9.9%) participants were at risk for CVD while by the TG/HDL-C ratio 61(18.3%) participants were at risk for CVD. Obese participants were 2(0.6%), combined hypertension was 11(3.3%), systolic hypertension 11(3.3%) diastolic hypertension 3(0.9%).

Conclusion: The risk factors for CVD exist at 9.8%(TC/HDL>1.49), 18.3%(TG/HDL>5) and a combined risk of 28.1% lower than the risk in Mashinya et al., (2015) so the Null hypothesis was rejected and alternative accepted hence justifies clearly a considerable health burden that can possibly be reduced by increasing educational programs on CVD prevention for people on HAART. There is however a need to develop and evaluate a race/ethnicity-specific CVD risk estimation tool for HIV infected Africans and assessment at HAART initiation and follow-up alongside developing a testing algorithm for lipid panel during monitoring for HAART.

BIOGRAPHY

Okello Emmanuel Onen has completed his BMLS at the age of 29 years from Clark International University, Kampala, Uganda where he was the publicity coordinator for the Clark International University Research Club. He is a registered clinical pathologist/medical laboratory scientist, also the CEO of the independent medical laboratory detectives and investigators in Gulu, Uganda with a passion for cardiovascular disease especially in HIV in the local setting of Gulu, Uganda. He has unpublished work in the pipeline for publication in the area of HIV/aids, diabetes, fungal and enrolled for MSc in infectious disease at London School of Hygiene and Tropical Medicine. Emmanuel has presented his paper in scientific conferences/seminars at both national and international level, supported a number of manuscript writing and guardians to fellow researchers in the field of medicine to achieve valid research findings and currently a laboratory scientist at Gulu regional referral hospital and safety auditor waiting to present at the world cardiology congress in March, 2019.

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SCIENTIFIC TRACKS & ABSTRACTS
DAY 2

DAY 2 SESSIONS

MARCH 26, 2019

Cardiac Imaging | Hypertension | Acute Coronary Artery Syndromes | Cardiovascular Disease
| Invasive and Interventional Cardiology | Heart Failure | Pediatric and neonatal Cardiology

SESSION CHAIR

Salvador Ceano
Andalusian public Health Service, Spain

SESSION INTRODUCTION

- Title:** We “CAUTI” a problem!
Monette Mabolo, Moses Cone Memorial Hospital, USA
- Title:** Direct evidence of viral infection and mitochondrial alterations in the brain of fetuses at high risk for schizophrenia
Segundo Mesa Castillo, Psychiatric Hospital of Havana, Cuba
- Title:** Extracorporeal membrane oxygenation (ECMO): Engineering, indications, cannulation strategies and management
Marco Piciche, San Bortolo Hospital, Italy
- Title:** Chronic renal failure — Cardiovascular Risk Factor
Daniela Loncar, University Clinical Center, Bosnia
- Title:** Percutaneous closure of patent forame ovale (PFO): The new suture-mediated system vs. older systems
Anca Irina Corciu, IRCCS Policlinico San Donato, Italy
- Title:** PRESTO score: Simple score for early discharge of patients with ST-elevation myocardial infarction treated with primary percutaneous coronary angioplasty
Alejandro Avila Carrillo, Santiago Clinic Hospital, Spain
- Title:** Giant left atrial myxoma with mitral valve obstruction: A case report
Amine Bahloul, Hedi Chaker Hospital-Tunisia

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Monette Mabolomoses, J Cardiovasc Med Ther 2019, Volume 3

WE “CAUTI” A PROBLEM!

Monette Mabolomoses

Cone Memorial Hospital, USA

Indwelling urinary catheters are commonly used for heart failure inpatients to support strict intake and output monitoring related to IV diuretic administrations. In our 30 bed heart failure unit, high indwelling catheter utilization and high Foley days led to increased Catheter Acquired Urinary Tract Infection (CAUTI). As we drilled down the problem, we identified inconsistent use of the nurse driven urinary catheter protocol and inaccurate documentation of I & O. These triggers prompted our team to use the IOWA model to identify best practices in CAUTI prevention.

Methods/Materials: Using the IOWA model, the team reviewed literature for best practice strategies. Baseline data on I & O documentation and catheter care practices were collected. Staff were re-educated on the urinary catheter guidelines, proper Peri and Foley care, use of nurse driven protocol to discontinue Foley catheter and I&O documentation through daily huddle messages and one on one staff education. Practice was changed in Intake and Output documentation of catheter output to every 4 hours; Foley/Peri care annual competency was established and the team selected a Nurse tech and a nurse to be CAUTI champions.

Results: The unit CAUTI rate in 2013 was 3.16 with 7 CAUTI's and 949 Foley utilization days. After staff re-education and practice change in 2014, the CAUTI rate decreased to 1.22 with 1 CAUTI and 807 in Foley utilization days. In 2015 the unit CAUTI rate continued to decline despite a slight increase in Foley utilization of 924 days. By 2016, the unit continued to be CAUTI free, and YTD they remain CAUTI free with Foley utilization reduced to 350 days.

Conclusion: This evidence based project positively impacted practice by promoting early removal of Foley catheters and accurate documentation of Intake and output. The results demonstrate a dramatic and consistent decrease in CAUTI rates, as well as a decrease in catheter days. Adherence to Protocol driven care and commitment to maintaining increased staff awareness has dramatically reduced the incidence of CAUTI on this department resulting in the unit's achievement of 4 years CAUTI free.

BIOGRAPHY

Monette Mabolomoses completed her doctor degree in nursing practice from American Sentinel University in Aurora, Colorado with a focus in executive leadership. She is currently the director of a 30 bed heart failure unit at Moses Cone Memorial Hospital, a 500 bed acute care hospital that is a part of a 6 hospital enterprise in Southeastern North Carolina. She has presented numerous evidence based posters to various national nursing conferences including the American Nurses Association and the American Association of Critical Care Nurses.

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Segundo Mesa Castillo, J Cardiovasc Med Ther 2019, Volume 3

DIRECT EVIDENCE OF VIRAL INFECTION AND MITOCHONDRIAL ALTERATIONS IN THE BRAIN OF FETUSES AT HIGH RISK FOR SCHIZOPHRENIA

Segundo Mesa Castillo

Psychiatric Hospital of Havana, Cuba

There is increasing evidences that favor the prenatal beginning of schizophrenia. These evidences point towards the intra-uterine environmental factor that act specifically during the second pregnancy trimester producing a direct damage of brain of the fetus. The current available technology does not allow observing what is happening cellular level since the human brain is not exposed to a direct analysis in that stage of the life in subjects at high risk of developing schizophrenia.

Methods: In 1977 we began an direct electron microscopic research of the brain of fetuses at high risk from schizophrenic mothers in order to finding differences at cellular level in relation to controls.

Results: In these studies we have observed within the nuclei of neurons the presence of complete and incomplete viral particles that reacted in positive form with antibodies to herpes simplex hominis type I [HSV1] virus, and mitochondria alterations.

Conclusion: The importance of findings can have practical applications in the prevention of the illness keeping in mind its direct relation to the aetiology and physiopathology of schizophrenia. A study of gametes or the amniotic fluid cells in women at risk of having a schizophrenic offspring is considered. Of being observed the same alterations that those observed previously in the cells of the brain of the studied foetuses, it would intend to these women in risk of having schizophrenia descendant previous information of the results the voluntary medical interruption of the pregnancy or an early anti HSV1 viral treatment as preventive measure of the later development of the illness.

BIOGRAPHY

Segundo Mesa Castillo is specialist in neurology, he worked for 10 years in the institute of Neurology of Havana, Cuba. He has worked in electron microscopic studies on schizophrenia for 32 years. He was awarded with the International Price of the Stanley Foundation Award Program and for the professional committee to work as a fellowship position in the Laboratory of the Central Nervous System Studies, National Institute of Neurological Diseases and Stroke under Dr. Joseph Gibbs for a period of 6 months, National Institute of Health, Bethesda, Maryland, Washington D.C. USA, June 5, 1990. At present he is member of the Scientific Board of the Psychiatric Hospital of Havana and give lectures to residents in psychiatry.

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Marco Picichè, J Cardiovasc Med Ther 2019, Volume 3

EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO): ENGINEERING, INDICATIONS, CANNULATION STRATEGIES AND MANAGEMENT

Marco Picichè

San Bortolo Hospital, Italy

The basic operating principle behind ECMO is that a portion of the patient's blood is removed from the intravascular space, passed through a circuit which provides oxygen and removes carbon dioxide, and then returned back to the bloodstream. The main components of an ECMO circuit are the drainage and return cannulas, the centrifugal pump, the blender, the oxygenator, and the controller. The pump is constituted by a rotating configuration of blades (called an impeller) coupled magnetically to a motor. The blades spin to create a vortex which creates a pressure differential to drive blood through the circuit. The rotation is set at a constant rate, so the rate that blood travels through the pump is continuous and not pulsatile. Venous-Venous ECMO should only be considered in patients with preserved cardiac function, who have hypoxemic respiratory failure or refractory hypercapnia causing acidosis despite optimal management with a mechanical ventilator. Indications to venous-arterial ECMO are a low cardiac output state despite volume resuscitation, inotropes and vasopressor support, and aortic counterpulsation. Other indications are malignant cardiac arrhythmias refractory to antiarrhythmic therapy, severe pulmonary hypertension with hypoxemia despite pulmonary vasodilator therapy, septic shock (in selected cases) refractory to volume resuscitation, inotropes and vasopressor support. Some centers perform ECMO during Cardiopulmonary Resuscitation (called ECMO-CPR) for patients with undifferentiated cardiac arrest. There are two configurations of ECMO: peripheral and central. In peripheral ECMO the distal end of the drainage cannula is in the proximal IVC or right atrium, and the arterial cannula is in the femoral or axillary artery. In central ECMO the distal end of the drainage cannula is in the proximal IVC or right atrium while the return cannula is in the ascending aorta..

BIOGRAPHY

Marco Picichè graduated with a degree in medicine from the University of Florence in 1995 and completed his cardiac surgery residency at Tor Vergata University of Rome in 2000, both summa cum laude. He held regular teaching appointments at the university of Montpellier school of medicine, obtained certification by the French Board in cardiac surgery (Paris, 2007), earned his research master in surgical science (Paris, 2007), and received a university diploma in vascular surgery (Paris, 2007). In Canada he authored a research project on the occlusion of the internal mammary arteries as an alternative method of myocardial blood supply (2008, Laval University). In May 2009 he had the honor of opening the 44th Congress of the European Society for Surgical Research with a lecture on "The history of surgical research." In September 2011 he received a doctor of philosophy (Ph.D.) in therapeutic innovations from Paris-Sud University. He is the Editor in Chief of the book : « Dawn and evolution of cardiac procedures : research avenues in cardiac surgery and interventional cardiology » (Springer-Verlag publishing house, September 2012). He patented a new surgical instrument. Currently he is a cardiac surgeon in Italy.

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Daniela Loncar, J Cardiovasc Med Ther 2019, Volume 3

CHRONIC RENAL FAILURE — CARDIOVASCULAR RISK FACTOR

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Cardiovascular diseases are a major cause of morbidity and mortality in patients at the end stage of renal disease. Left ventricular hypertrophy, coronary heart disease and heart failure are the most prevalent cardiovascular diseases in dialysis patients. The patients on chronic dialysis have a 10 to 20-fold higher risk of development of cardiovascular disease than the general population. The aim of this study is to define the frequency of risk factors (traditional and non-traditional) for cardiovascular diseases in dialysis patients. The most frequent traditional factors in this study were hypertension (62%) and hyperlipidemia (60%), while anemia (86%) and hyperhomocysteinemia (82%) were the most frequent non-traditional factors. To present the study and repeat again that dialysis patients have high risk of development of cardiovascular disease and this population should be an ideal target group for primary prevention.

BIOGRAPHY

Daniela Loncar lives in Tuzla, Bosnia and Herzegovina. She is an internist at the Clinical Center Tuzla, Clinic for Internal Diseases, ICU. She deals with the noninvasive cardiology with a particular focus of interest in echocardiography. She is senior assistant on the subject of internal medicine at the Medical school of the University of Tuzla. She is a member of the Association of Cardiologist of Bosnia and Herzegovina and European Society of Cardiology. She is the autor of papers and books in the filed of cardiology.

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Anca Irina Corciu, J Cardiovasc Med Ther 2019, Volume 3

PERCUTANEOUS CLOSURE OF PATENT FORAME OVALE (PFO): THE NEW SUTURE-MEDIATED SYSTEM VS. OLDER SYSTEMS

Anca Irina Corciu

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In patients with paradoxical embolism through a Patent Foramen Ovale (PFO) who are at increased risk of recurrent thromboembolic events, transcatheter closure of the atrial communication represents a more effective therapy than prolonged medical treatment. Indeed, percutaneous PFO closure was shown to be safe and feasible with several prosthetic implantable occluder devices implementing different technologies based on an umbrella-like double disc design. Despite the efficacy of PFO occluder devices, their use has a potential risk of early and late complications including, in extreme cases, device dislodgement, atrial wall erosion, perforation, fracture, migration-embolisation, infection, thrombosis, induction of arrhythmias and even death. Additionally, the interatrial septum encumbrance of the prosthetic device may hinder future transeptal puncture and left-sided interventions such as left atrial appendage closure, arrhythmia ablation and mitral valve interventions. Finally, risk of allergic reactions to nickel mesh cannot be excluded, and the necessity of prolonged dual antiplatelet therapy after the procedure might not be tolerated by all patients. Hence, a strategy of percutaneous PFO closure without a permanently implanted device represents an intuitive and revolutionary technique overcoming most of the limitations of traditional PFO occluders. Recently, a new percutaneous “deviceless” system based on surgical suture-mediated PFO closure (NobleStitch EL system) has been introduced in interventional practice. Early results indicate that the new system is feasible in the majority of septal anatomies, and provides an effective closure of PFO comparable to traditional devices with a good safety profile at medium-term follow-up.

BIOGRAPHY

Anca Irina Corciu graduated from School in Medicine and Surgery in Cluj Napoca, Romania, and completed her PhD at Scuola Superiore Sant’Anna, Pisa, Italy. She is working in the department of clinical and interventional cardiology from Policlinico San Donato, Milan, Italy, as an expert in echocardiography, as well as in Cath Lab. She is directly involved in multiple research studies, with many participations at national and international conferences as speaker, and published papers in peer reviewed journals.

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Alejandro Avila Carrillo, J Cardiovasc Med Ther 2019, Volume 3

**PRESTO SCORE: SIMPLE SCORE FOR EARLY DISCHARGE OF PATIENTS
WITH ST-ELEVATION MYOCARDIAL INFARCTION TREATED WITH PRIMARY
PERCUTANEOUS CORONARY ANGIOPLASTY**

Alejandro Avila Carrillo

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Background: Early Discharge (ED) for low-risk patients treated with primary coronary angioplasty is safe and cost-effective. Scoring systems for ED are sophisticated and time-consuming for daily use.

Methods: We developed a score to identify low-risk patients suitable for ED; 10 points was the cutoff. Sensibility and specificity was calculated. A survival analysis was performed comparing the results versus the GRACE score.

Results: Based on the PRESTO score we classified 1723 patients, 43.23% were in the low-risk group (<10) getting a less cumulative incidence of major adverse cardiovascular events (MACE) and all-cause death than patients with high-risk (≥10). The estimated hazard ratio for MACE was (HR) 11, 73 (95% confidence interval [95% CI] 3.64-37.77, $p < 0.001$) and for all-cause death HR 36, 77 (95% CI 5.07-266.67, $p < 0.001$) in the low-risk group at 7 days of follow-up. PRESTO score got a sensitivity (SE) of 90.2% and a specificity (SP) of 45.9% for predicting MACE with an area under ROC curve (AUC) of 0.68. The AUC for predicting all-cause death was 0.71 (SE of 98.0% and SP of 45.7%). There were significant differences in favor to our score for predicting all-cause death ($p = 0.005$ to 7 days, $p < 0.001$ to 30 days, $p < 0.001$ to 90 days) and without difference for predicting MACE.

Conclusions: The PRESTO score is a simple and accurate tool for identifying low-risk patients for early discharge after primary angioplasty, with a better prediction of all-cause death compared to the GRACE score.

BIOGRAPHY

Alejandro Avila Carrillo completed his medical degree at the age of 24 years from University of Guadalajara, Mexico. After he completed his cardiology fellowship at Hospital de Especialidades "Antonio Fraga Mouret", Mexico City, then completed his interventional cardiology fellowship at Hospital Clínico de Santiago de Compostela, in this fellowship he performed a clinical and basic investigation, involving interventional cardiology and biomaterials in interventional cardiology, even winning a grant to develop a new material for bioabsorbible coronary stent (today ongoing), also participated in a clinical project of clinical 3d printing, publishing a paper at revista Española de cardiología. Today he is attending physician at cardiology staff of Hospital de Especialidades "Antonio Fraga Mouret", Mexico City and combine this with private medical activity.

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Amine Bahloul, J Cardiovasc Med Ther 2019, Volume 3

GIANT LEFT ATRIAL MYXOMA WITH MITRAL VALVE OBSTRUCTION: A CASE REPORT

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Myxoma is the most common type of cardiac tumor that occurs primarily in the left atrium. Clinical symptoms depend on size and location, it can be revealed by complications such as embolic accidents, heart failure and pulmonary hypertension. Transthoracic echocardiography is the mainstay of diagnosis. Surgical removal of the tumor allow an excellent long-term prognosis. we report a case of a giant left atrial myxoma in a 54-year-old woman that caused mitral valve obstruction and pulmonary hypertension.

BIOGRAPHY

Amine Bahloul has completed his medical assistant at the age of 30 years from Medical School of Sfax-Tunisia. He is a cardiologist who is specialized in interventional cardiology.

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