

# Keynote Forum August 27, 2018

## *Health & Cardiac Surgery 2018*



International Conference on

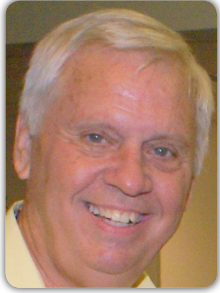
Joint Event

# **Healthcare and Health Management & Cardiology and Cardiac Surgery**

August 27-28, 2018 | London, UK

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## Vance Shaffer

Tube-Evac™, USA

**Tube-Evac device is the new standard of care for surgical drains**

**Background:** Tube-Evac is an award-winning device that makes stripping surgical drainage tubes fast and easy, allowing for better patient outcomes. The Tube-Evac device was invented when my wife Linda had surgery in January 2008 and came home with drains. We were both terrible at clearing the drains and we had conflicting ways we were told for clearing the drains. As a result of this really awful experience I set about to make something that would be beneficial to those following after us so they would not go through the same awful experience we did ever again.

**Methods and Outcomes:** The first try was to weld some bolts on to a pair of water pump pliers, add some rollers and restrictor plates then bingo I had a working model. Quite crude but it worked. The next step was to reduce the size – a lot – and make it out of plastic. We met with Plastic Concepts in Jacksonville, Florida and they introduced us to a prototype builder. We worked with him until we had a device almost exactly the size it is today – a little over 1 inch width by 2 inches length with a set of rollers in it. The prototype had no hinges because it was layered 1/1000 inch at a time with very hard plastic so hinges were not possible. It was simply two halves that were laid one on each side of the drain and then rolled down the drain. It was crude

but worked perfectly. The next step was to make a stainless steel die which we could use to do the plastic injection molding. This was very expensive and took over two months to make the die. However this one cavity die worked great and we could make Tube-Evac devices. A few years later we made a 4 cavity die. We now had the capacity to make 4,000,000 Tube-Evac devices per year. Mayo Clinic tested 500 of the Tube-Evac devices in 2009 and loved them. They were our first customer and still are.

### Speaker Biography

Vance Shaffer, an experienced President with a demonstrated history of working in the medical device industry. He is having strong business development professional skilled in Customer Service, Medical Devices, Entrepreneurship, Strategic Planning, and Business Development. He was the inventor of Tube-Evac. Quick, easy, and safe! Give your patients and their caregivers the peace of mind they deserve after surgery. Tube-Evac is an award winning device that makes stripping surgical drainage tubes fast and easy, allowing for better patient outcomes. He studied Computer Science and Mathematics at University of Cincinnati and worked at various companies in data base and various commercial enterprises. In last 20 years, he was working with Cray Research and IBM Research where he taught PhD's, Post Docs, and Professors how to optimize computer programs to run on High Performance Computer systems with hundreds or thousands of computers. These codes were for molecular modeling, environmental modeling, stellar modeling, radioactive conversion to inert glass, optimization of materials management, keeping track of materials, and many other codes.

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## Xiushan Wu

*College of Life Sciences, Hunan Normal University, China*

### Novel members of the Wnt/ $\beta$ -Catenin pathway in heart development and aging

The heart is the first organ that forms and functions during embryonic development and is one of the organs most closely related to human health. In the early 1990's, the author was the first to demonstrate that canonical Wnt signaling controls the embryonic heart development using fruit fly model, and thus the signaling was introduced into the cardiac development field. Our finding was further proved by other studies with vertebrate models such as *Xenopus*, zebrafish and mice. Nowadays, Wnt signaling has become one of the most important signaling pathways in the cardiac development field. However, it was found that studies with different animal models and even in the same animal model can lead to opposed findings. For example, the author demonstrated that canonical Wnt signaling promotes cardiac development in *Drosophila*, while the others showed that it inhibits the heart development in vertebrate. The two contradictory conclusions about the role of canonical Wnt signaling in the regulation of heart development were not solved until 2007. However, in the same year, it emerged as a new paradox that canonical Wnt signaling activates or inhibits cellular aging. We performed a genomic screen with *Drosophila* P- and chemical mutagenesis

and obtained several candidates such as *pygo* (*pygopus*), *Nulp1* (the nuclear localized protein-1) and *SMRHD* (super master regulator of heart development). *Pygo* is a new member of canonical Wnt signaling, but unexpectedly, its role in adult heart aging is independent of canonical Wnt signaling. We reported that *Nulp1* may act as a novel bHLH transcriptional factor to mediate cellular functions. Our recent findings revealed a new *in vivo* function of *Nulp1* to act as a positive cofactor in canonical Wnt signaling. Unexpectedly, the role of *SMRHD* is likely to act as a negative switch in canonical Wnt signaling expression. Here our studies on the candidates of the canonical Wnt signaling for cardiac development and aging will be discussed based on our recent findings.

#### Speaker Biography

Xiushan Wu completed his PhD from Stockholm University in 1986-1990, postdoctoral studies from Michigan University and etc in 1990-1994 and Scientist in Karolinska Institute in 1994-2000. He is the Director and Professor of The Center for Heart Development, Hunan Normal University. His research focuses on understanding the mechanisms by which embryonic heart is developed using *Drosophila*, zebrafish and mice as models. He has published more than 350 papers including over 110 SCI papers.

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## Hiroko Tadaura

*International University of Health and Welfare, Japan*

### **Nursing Relativity and Carpe diem to support Autonomy and Soul needs**

What is key factors to support patients' autonomy and organic satisfaction of soul needs? Freedom, uncertainty, integration, and creation needs contexts of freedom fundamentally. Autonomy equals own time, own space, and own power. Dignity care needs the elements each in the interaction. Caregiver needs to let patients free. At the same instant, caregiver needs to let go of themselves. If it comes to that, care could be art in presence to be integrated together with patients. To support maintenance and improvement of patients' health and provision of safety life, we analyze using Pathogenesis and design care. In the care design process, our point of view could be limited due to focus of Pathogenesis. In Pathogenesis, there exists a mutual structure between patients and medical personnel who have a role and certain rules and obligations supported by scientific or experimental evidence or education. However, if line of thinking as the roles, rules, and obligations as skills, medical care plan, relationship by the medical profession are conducted in unilateral way fixed, the interaction between patients

and caregivers becomes a one-way communication. Trend of absoluteness makes things to keep staying and its flow fragments in the fixed interaction. It is different from relativity having more space and time in the context. The flow of energy needs between caregiver and caretaker in the care process of interaction. It affects for holistic health and QOL. Based on various research data, nursing relativity for patients will be discussed today.

#### **Speaker Biography**

Hiroko Tadaura works in graduate school of nursing and rehabilitation science in International University Health And Welfare Graduate School, Tokyo, Japan. She is also part-time professor in graduate School Of Medicine, Tohoku University, Miyagi, Japan. She was guest researcher in School Of Nursing Science In University Of Witten/Herdecke, Witten, Germany in 2008-2011 and senior guest researcher in School Of Nursing Science In University Of Witten/Herdecke, Witten, Germany in 2012-2015. She graduated from tohoku university graduate school of medicine. she is a member of European kinaesthetic Association, German and Austrian branch. She got IOS new scholar award of self-care dependent-care nursing, International Orem Society, USA in 2014.

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# Healthcare and Health Management & Cardiology and Cardiac Surgery

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## *Fatimah Aji*

*Voice of Women in Africa, UAE*

**Cancer care delivery and Women's health**

The number of cancer patients and survivors worldwide continues to grow as a result of our aging and growing population. Research has shown a crisis of the cancer care delivery system resulting in large numbers of cancer patients combined with increasingly complex treatments and rising costs associated with health care. Advances in genomics and a call for precision medicine have supported these concerns and still our expenditure on cancer care has continued to rise disproportionately. There are multiple factors within the health-care system that impact the experience of the cancer patient and oncology provider. Most women with cancer are often the primary social support of their family creating unique social impediments for the families of patients. Additionally, part of the diagnosis of breast or gynecologic malignancy may include a perceived loss of "womanhood" and related body image concerns. This work will also look at the historical inequality, cultural perceptions, and attitudes and implicit bias and its impact on the way that the female cancer patients interact with the health-care system and may likely to complicate shared decision-making and generate psychological barriers to quality care delivery. The multilevel interventions needed to advance the care and experience of the breast and gynecologic cancer

patient, are, therefore, distinct. In this issue of *Frontiers in Oncology and Women's Health*, we have to explore the specific challenges of the cancer care delivery system as it relates to the care of women with breast and gynecologic cancer. In this work, we will be looking at all the sub-fields related to oncology like supportive care, onco-dermatology, etc. At the end of the work, contribution would have been made to the world of knowledge.

### **Speaker Biography**

Fatimah Aji enjoys access at the highest levels to key decision makers in both public and private sectors globally and especially in Africa. She has championed the building and strengthening of economic and political relationships between the emerging countries and economies of Africa and those of the more developed world, always with the goal of poverty reduction and capacity building through education and through the creation of employment opportunities to benefit particularly women. She supports the promotion of information technology as a key tool for both social and business-to-business networking and this is an essential part of her mission to improve the quality of life for women in Africa, and to create meaningful opportunities for all. She was one of the first women to organize the All African First Lady Summit on peace, economic development, and the empowerment of women in Africa. She has used her impressive managerial skills to highlight and promote sustainable development in the poorest nations of Africa and to highlight the impressive success and achievements of those that are more prosperous. She is the Princess of support, encouragement, empowerment, and hope, for the woman of Peace.

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## *Aljuhara Tha'ar Almarzoog*

*KFSH & RC, KSA*

**Challenges facing Saudi nurses... but yes we can do it**

The Kingdom of Saudi Arabia is going under major changes from different perspectives including political, financial, social and educational. Nursing has been always the major priority of the government when its comes to support Saudi nurses to consider nursing as the future job. Eventually there is many challenges facing Saudi nurses which might affect their carrier progress.

### **Speaker Biography**

Aljuhara Thaar Almarzoog completes bachelor degree in nursing from King Saud University, KSA. Then worked at King Faisal Specialist Hospital and research Center as a cardiovascular nurse with main interest in teaching, research, life style improvement. Currently finalizing master thesis and one research paper.

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# Keynote Forum August 28, 2018

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## Sue Peacock

*Well aHead, UK*

### Sleeping with Pain: Evaluation & development of a programme for people with insomnia secondary to chronic pain

**Introduction:** Traditionally, treatment for secondary insomnia has focussed on the condition assumed to initiate sleep disturbance rather than the insomnia (Ashworth, Davidson & Espie, 2010), such as providing one session in a pain management programme focussing on sleep. Research suggests those experiencing insomnia as a result of chronic pain have higher levels of dysfunctional beliefs about their sleep than those without chronic pain (Ashworth, Davidson & Espie, 2010; Afolalu et al, 2016). Initial research suggests that Cognitive Behaviour Therapy (CBT) interventions are effective in improving quality and quantity of sleep, however they remain underused (Currie et al, 2000).

**Method:** An intervention combining CBT and mindfulness was developed for chronic pain patients reporting sleep disturbance. The programme aimed to improve understanding of the biopsychosocial model of pain; to provide patients with a way of assessing their sleep problem; to improve their understanding about normal sleep, sleep disorders and their effect and how to use this information to make a difference to how they think and feel; to develop healthy sleep patterns and relaxation skills; to reshape sleep so it meets their own needs and develops a strong pattern; to teach ways of overcoming mental alertness, repetitive thoughts and anxieties that interfere with sleep; to use all this information to develop their own action plan. Quantitative and qualitative feedback was obtained.

**Results:** Quantitative results show all 40 patients improved aspects of their sleep. Qualitative themes emerged were group support, information, change in thoughts/behavior, challenge of implementing new sleep patterns.

**Conclusions:** Provided evidence that this programme is beneficial. Should the programme become more widely available, it could act as an effective and empowering treatment that relieves some dependence on pharmaceuticals as well as the debilitating effects of chronic pain. To make this programme more accessible, a book *Sleeping with Pain* has been written, course materials are available for health professionals and an online programme for patients is in development.

#### Speaker Biography

Sue Peacock as a Consultant Health Psychologist, registered with the Health and Care Professions Council and she is an Associate Fellow of The British Psychological Society. She has a PhD in psychology. In addition, She is an Advanced Hypnotherapy Practitioner registered on the General Hypnotherapy Register, is an EMDR practitioner. In addition to her NHS post she also runs a private practice, providing specialist psychological therapy. The focus is on improving people's ability to manage their health conditions and adjust to the different circumstances and challenges faced, so that stress reduces and the quality of their general life can improve. The ultimate aim is to enable clients to live fulfilling lives despite their health conditions. She will assess the difficulties with patients by making a working partnership: patients bring all their expertise about them and she will bring her experience and training in a variety of psychological approaches. Then, if it's appropriate, she will develop a psychotherapy intervention specific to the patient as an individual, couple, family, group or organisation. In addition to her clinical practice, she regularly lectures and contributes to national and international study days and conferences. She is also a published author, both in terms of research papers and her latest book 'Sleeping with Pain'.

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## Rachna Chhachhi

Oxford College, UK

### Differentiating between preventive healthcare and emergency healthcare in Healthcare & Disease Management

Very often, we confuse emergency care with healthcare. Healthcare simply means taking care of our health and healthcare management means managing our health with responsible decisions via lifestyle changes that promote good health and a reduced risk of lifestyle diseases. However, in modern terminology, the term health care is often confused with doctors and hospitals who are trained to save our lives when we reach a situation of a health emergency like an accident, an unexpected incident like a heart attack, sudden onslaught of genetic cancers, autoimmune diseases or any infectious diseases. Most of our healthcare emergencies related to lifestyle diseases can be avoided via a healthcare management system that focuses on preventive healthcare, and reduces the burden on the patient and the doctor. Hence, we need to step back and understand how we can institute a system to push patients to become responsible for their own bodies and minds and depend less and less on invasive medicine, thus reducing the pressure of hospitalisation and the load on insurance companies for claims relating to lifestyle issues that can be avoided in the first place. Which are the diseases that we can manage and reduce the burden of via educating patients? Listed below are some with research data:

**Type 2 Diabetes:** As per 2013, 3.2 million in the UK were diagnosed with type 2 diabetes, 65 million in India, 110 million in China and 84 million in USA. However, as per a 2017 research by Yale University a low calorie diet can rapidly reverse type 2 diabetes in animal models. And a University of New Castle 2016 research showed that people who reversed their type 2 diabetes, managed to keep it reversed for 10 years after reversal. This reduces burden on diabetologists, hospitals and doctors not just for diabetes management, but protects patients against complications like glaucoma, gangrene and kidney failure.



**Cardiovascular disease (CVD):** CVD is the number 1 cause of deaths globally as per WHO data. In the UK alone, over 1.6 million men and over 1 million women are living with CHD. Overall CVD is estimated to cost the UK economy 19 billion - 46% direct healthcare costs, 34% productivity losses and 20% to informal care of people with CVD. However, as per a study published in Los Angeles Biomedical Research Institute at Harbor-UCLA Medical Center (LA BioMed) in 2016, even small changes like eating aged garlic can decrease the risk of CVD by reducing the accumulation of certain types of plaque in the arteries. Dr Dean Ornish has built an entire practice covered by the biggest health insurance companies to prove that we do not need medical intervention to reverse heart disease, only lifestyle changes. For both the above, I will be discussing solutions to educate management of patients diagnosed with the above diseases so that emergencies and medical overload for both diseases is reduced, as is the financial burden on the countries funding these healthcare costs.

#### Speaker Biography

Rachna Chhachhi is a certified Nutritional Therapist, Holistic Cancer Coach and WHO Certified in Malnutrition for Infants & Children. She herself suffered from rheumatoid arthritis, an incurable autoimmune condition, which left her bed ridden 12 years ago with deformities, when she was heading business development for a Fortune 50 multinational company. She took a break from her corporate career to heal herself, and then got certified to begin her life to help people. She practices across 21 countries to help prevent, manage and reverse lifestyle diseases, cancer and autoimmune conditions. She uses balanced nutrition, oxygenation, functional training, yoga and meditation as her mainline treatment with success in clinically reversing conditions. She has a health column with BusinessWorld magazine and is the author of the book RESTORE and is working on a book on Cancer this year with a well known publishing house. She has conducted over 500 health awareness workshops and sessions for organisations like Google, GE, Marico, Nomura, Accenture, Honeywell, Dunhumby, Aon Hewitt, Aon Consulting, Cargill etc and for groups for doctors, communities for a cause and cancer associations. She has been writing on health and wellness for 20 years. She has had health columns with Business Today, Outlook Business Magazine and TOI blogs. She has earlier worked with GE Consumer Finance, India Today, Business Today and PPC Worldwide, a United Healthcare group company.

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## Jorge Zafra

Zafra Medical, UK

### Aesthetic medicine in the UK, a conflict between medics and non-medics

Over the past years the term and field of “aesthetic medicine” in the UK has been infiltrated by non-medically trained individuals, which should have caused a concern about the risks of patient safety by regulating bodies. Unlike many European countries like Spain, where only doctors are allowed to carry out aesthetic medicine procedures like injections with botulin toxin, in the UK almost ANYBODY can go ahead and do it ANYWHERE considering they can get the POM prescribed by a nurse prescriber or doctor. This has greater implications that go further than patient safety; it has evidenced a huge grey area where the lack of regulations in the UK and interests of companies of medical devices, insurance companies, tax acquisition and regulating bodies of medical professions have not come to an agreement which has led to a conflict between non-medical individuals and nurses, dentists and doctors carrying out aesthetic treatments. For anyone considering venturing in the business of aesthetic

medicine in the UK, they will find the competition is not only with peers but with individuals that are not required to have a medical degree, insurance or clinical premises. However this business is the largest growing world wide, therefore appealing and profitable for the medical professionals venturing in it; however the business development and marketing strategies have to be adapted to the unique situation in the UK.

#### Speaker Biography

Jorge Zafra is the Founder & CEO of Zafra Medical which is a private medical practice specialised in Aesthetic Medicine and Anti-Ageing, Board Director of Litfield House Medical Centre in the UK and Medical Director of Digital Hermes specialised in Medical Marketing with offices in the UK and Dubai. He has a vast international and multicultural experience throughout his medical career including a Master's degree in Aesthetic and Anti-ageing Medicine from the Universitat de Barcelona, Spain. He is a registered a GP with the GMC and is a published author in the Aesthetics Journal in the UK.

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