

Highlights from the 25th Annual General Meeting Pages 14-29

EACTS News meets



Ludwig Karl von Segesser EACTS President

Professor von Segesser has had a long and distinguished career as a cardiothoracic surgeon. In this unique interview, he discusses his early career and influences, his aim and ambitions over the next 12 months as President and the importance of educating new residents in less invasive procedures, image guided procedures and wire skills.

Why did you decide to pursue a career in medicine?

When I was close to the baccalaureat, I had very broad interests, from architecture to engineering, science and others, but finally I settled on studying something that seemed to me to be useful, and that would also be beneficial to others, like medicine.

Why did you enter cardiac surgery?

I was training in general surgery, but when I came close to board certification an opportunity opened in cardio-vascular surgery. It was completely unexpected and unplanned. However, cardio-vascular surgery is very technology and device driven, and thus this became a perfect match to the potential engineer mentioned above. As you know, we use conduits, valves, pumps, filters, oxygenators, pacemakers and so on.

Who have been your greatest influences and why?

Certainly my father who was a surgeon-urologist and therefore already active in repairing pipes.

What experience in your training, taught you the most valuable lesson?

Well, I had worked in a centre where the rule for coarctation repair was to use a technique called 'subclavian flap' and this was because the alternative, called 'end-to-end', would result in restenoses. Later I worked in a different center

in lesser known regions to self-expanding cannulas used in small access surgery and more recently in routine open heart surgery as well. As mentioned above, grafts, stents, valves, pumps, man-machine interfaces, and modification of blood exposed surfaces are at the core of our research.

As President of the EACTS, what do you hope to achieve over the next 12 months?

Specialisation has been a long lasting trend in medicine and EACTS has responded to that by its recent reorganization in specific Domains, namely the Thoracic Disease Domain, the Acquired Cardiac Disease Domain, the Congenital Heart Disease Domain, and the Vascular Disease Domain. Although there are good reasons to pursue this route and to push for hyperspecialisation in order to get larger volumes, economies of scale and hopefully also improved quality, there are also possible benefits by working more closely together. There are a number of

reasons for the latter approach. First of all the heart, the lungs and the other organs are all connected by vessels. Cardiac output is only possible to the extent that the vessels are willing to accept the blood that flows in first and back afterwards – or is it the other way round? Furthermore, we all rely on the same surgical techniques as well as the same technology. As mentioned earlier, I have a rather broad view of things. To me, a composit-graft repair of the aortic root, an implantation of a stentless valve or a

sense to re-invent the wheel for each domain even if some domain may require specific designs, there is none that can do without our "wheels" stents at all.

Hence, for my coming 12 months of presidency, I feel that some sort of consolidation of the progress made in the different domains is necessary, in order to develop further from a higher level. There are a number of issues the domains can solve together. This includes common EACTS meetings between domains, common sessions at the annual EACTS meeting, common EACTS courses, common EACTS databases, common EACTS studies, and of course the new common EACTS House which will be inaugurated soon.

What are the biggest challenges facing cardiothoracic surgery over the next decade?

In my view, the biggest challenge in the near future will be the education of our new residents in less invasive procedures, image guided procedures, and wire skills. Most of the senior surgeons have gone through multiple steps of improvement in surgical techniques and technology. Hence, they know and have also practiced all the intermediate steps culminating in a fully catheter driven procedure. For the newcomers it is different: here is the device a needle, and a wire, and you may or you may not identify the target on the screen. The next case is waiting...

I believe firmly that it is important to foster international collaborations as we can all learn something from each other.

Away from your professional life, how do you relax?

Away from the clinical activity I relax by problem driven experimental research in silico, in vitro, and in vivo. However, I do have a family, and time with my family is certainly the best way to relax.

Please feel free to mention anything else about your career, EACTS or cardiac surgery which you think will be of interest to readers.

Finally I wish to further strengthen CTSnet the common platform of the thoracic and cardio-vascular surgeons and allied professionals on the world wide web.

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Ludwig Karl von Segesser (centre) accepts the Presidential Chain from Pieter Kappetein and Ottavio Alfieri

