



Physician Sessions

Physician Sessions

Wednesday, February 27, 2019

**Ahmadinia
Hall
08:00-09:30**

Plenary Session
Horizon of Cardiovascular Sciences

Chairpersons: **Yousefnia MA, Noohi F, Mehranpour M,
Samiei N, Emkanjoo Z, Jahangirifard AR**

Moderator: **Amin A**

08:00-08:15 Global Burden of Cardiovascular Diseases
Sarafzadegan N

08:15-08:30 New Aspects in Heart Failure Care
Ferrari R

08:30-08:45 Precision Medicine and Cardiovascular Care
Keramatipour M

08:45-09:00 *Future of Cardiac Surgery*
Isbir S

09:00-09:15 From Immunogenetics To Immunogenomics
Amoroso A

09:15-09:30 Top 10 Interventional Trials in 2018
Aminian B

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Hall

10:00-11:30

Paravalvular Leak and LAA Closure

Chairpersons: **Sadrameli A, Mohebi A, Pourhosseini P, Asareh AR, Kiani R, Asdaghpour E**

Moderator: **Emkanjoo Z, Zahedmehr A**

10:00-10:15 Aortic PVL closure by Transcatheter Approach
Dehghan M

10:15-10:30 Mitral PVL closure by Transcatheter Approach
Zahedmehr A

10:30-10:45 Unmet Needs and Future In LAA Occlusion
Oto A

10:45-11:00 Role of Echocardiography in LAA & PVL closure
Roshanali F

11:00-11:15 How To Close LAA
Sanati HR

11:15-11:30 **Q&A**

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Hall

11:30-12:00

Presidential Speeches

11:30-11:45

Professor Mohammad Ali YOUSEFNIA

President of the Iranian Society of Cardiac
Surgeons
& Chairman of the Congress

11:45-12:00

Professor Feridoun Noohi

*President of the Iranian Heart Association
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13:30-15:00

TAVI

Chairpersons: **Nazeri I, Ghafari S, Mandegar MH, Hajizeinali AM, Farshidi H**

Moderator: **Firouzi A**

13:30-13:50 *TAVI In Bicuspid Aortic Valve*
Ghavidel AA

13:50-14:10 *Echocardiography in TAVI*
Sadeghpour A

14:10-14:30 *Conduction Disturbance after TAVI*
Garachemani A

14:30-15:00 **TAVI, Live Case**

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15:15-16:45

Peripheral Vascular Diseases

Chairpersons: *Zafarghandi M, Moeini M, Setayesh A, Sadeghipour P, Najafizadeh Sh, Boromand P*

Moderator: *Shafe O*

15:15-15:40 **How To Improve Dialysis Access Durability**
_The Impact of Teamwork on Dialysis Access
_Trouble shoots of Dialysis Access,
Mechanisms & Pathology
_Is There Any Role For An Interventionist To
Overcome Troubleshoots?
_The Best Practice For Dialysis Access
Maintenance

15:40-16:05 **Technical Consideration:**
AV Access: The Role Of DCBs .
AV Graft: Poor Man'S Thrombectomy
Catheter Related Venous Obstructions

16:05-16:45 **Case Discussion**
Ahmadieh A, Salimi J, Moosavi J, Shafe O
**Impact Of Interventional Approach To
Improve Dialysis Access Maintenance: First
Report from Iran: 10 Min**
Case Presentation: 30 min

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**Ahmadinia
Hall**
17:00-18:30

**Combat the Epidemics
Cardio Metabolic Session Hypertension,
Dyslipidemia, Aspirin, Diabetes, Smoking,
Obesity**

Panelists **Bazargani N, Hadaegh F, Zubaid M,
Sadeghi M**

Moderator: **Riahi H**

*Evidence
Reviewer* **Ghanavati R**

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**Amphi-Theater
Hall**
10:00-11:30

Intervention In CHD

- 10:00-10:15 _Recitation of Some Verses From The Holy Quran
_National Anthem Of The Islamic Republic Of Iran
_Welcome Messages:
Mehranpour M
Davari P
- Chairpersons: **Mehranpour M, Sabri MR, Davari P, Malekan E**
- Moderator: **Mortezaeian H**
- 10:15-10:30 *PVR Post TFTC : When, Why and How?*
Sabri MR
- 10:30-10:45 *Intracardiac Echo In Structural Heart Disease Intervention*
Malekan E
- 10:45-11:00 *Strategic Planning In Management of Patients With PA-VSD*
Ghasemi A
- 11:00-11:30 **Live Case from Cath-Lab:**
Percutaneous Multiple & Large PM-VSD Closure

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Amphi
Theater Hall
13:30-15:00

Adult Congenital Heart Diseases

Chairpersons: **Qureshi Sh, Chamanian S, Afzalnia S, Saedi S, Behjati M**

Moderator: **Khajali Z**

13:30-13:45 *Anticoagulation Therapy In Pregnancy With CHD*
Sabri MR

13:45-14:00 *Hybrid Approach To Mitral PVLs*
Qureshi Sh

14:00-14:10 *Complicated Fontan With Intractable Ascitis*
Jorfi F

14:10-14:20 *Arterial Tortosity Syndrom With PPS*
Ali-Ramezani M

14:20-14:30 *PA In a 27 Y/O Man With Severe Cyanosis*
Saeidi S, Ghaderiran H

14:30-14:40 *Dissection of Pul Artery and Aorta In APW*
Amin A , Mohamadifar A

14:40-14:50 *Severe PR Post TFTC With Small MPA*
Keshavarz M

14:50-15:00 *Live Case from Cath-Lab:*
Using The Fenestrated ASD Occluder In Patients With PH

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**Amphi-
Theater Hall**
15:15-16:45

Challenging Issues in Pediatric EP

Chairpersons: *Sabri MR, Emkanjoo Z, Oto A, Khorgami MR*

Moderator: *Dalili M*

15:15-15:35 *Cardiac Resynchronization In Pediatric Patients*
Khorghami MR

15:35-15:55 *New Aspects In Pediatric Cardiac Electrophysiology*
Dalili SM

15:55-16:45 *Panel Discussion In WPW*
Medical Therapy or Ablation in Recurrent PSVT

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**Amphi
Theater Hall**
17:00-18:30

**Advance Echocardiography
Focus on Valve Anomalies
From Fetus To Adolescence**

Chairpersons: **Tabib A, Tafreshi R, Piravian F, Mehralizadeh S**

Moderator: **Moradian M**

17:00-17:15 *Mitral Valve*
Ghafari Sh

17:15-17:30 *Tricuspid Valve*
Malekan E

17:30-17:45 *Aortic Valve*
Peiravian F

17:45-18:00 *Pulmonic Valve*
Kheirandish Z

18:00-18:15 *Mechanical Valve*
Rashidi-Ghader F

18:15-18:30 **Q&A**

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Hall A

Adult Cardiac Anesthesia Update

10:00-11:30

Chairpersons: *Aghdai N. Yazdaniyan F, Dabbagh A, Mirmansouri F, Bakhshaie MH, Ghiyasi S*

10:00-10:15 Post Cardiac Anesthesia Delirium
Ferasatkish R

10:15-10:30 Fast-Track Adult Cardiac Anesthesia
Hadipourzadeh F SH

10:30-10:45 New Practice in Old Area in Cardiac Anesthesia
Dashti M

10:45-11:00 Risk Stratification In Cardiac Surgery; What Is The Best Score?
Naseh N

11:00-11:15 Early Detectors For AKI After Cardiac Surgery
Karami A

11:15-11:30 LCOS; Diagnosis & Treatment
Sheybani Sh

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Hall A

**Non-invasive advanced hemodynamic
monitoring Jahan Gostaresh Co.**

12:30-13:30

Chairman : Ferasatkish R, Dabagh A , Totonchi MZ,
Jahangirifard A , Azarafarin R

12:30-12:50 Thoraco-Abdominal Surgery
Totonchi MZ

12:50-13:10 CTEPH
Jahangirifard AR

13:10-13:30 New Devices in Advance Hemodynamic
Monitoring
From Jahan-Gostaresh Co.

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Hall A

Pediatric Cardiac Anesthesia Update

13:30-15:00

*Chairpersons: **Tarbiat M, Allavi M, Kiani R, Jalali AR, Jahanbakhsh S, Zirak N***

13:30-13:45 *Non Cardiac Surgery In Cardiac Pediatric Patients*
Totonchi Z

13:45-14:00 *Postoperative Cardiovascular Dysfunction After Pediatric Cardiac Surgery*
Massoumi GH-R

14:00-14:15 *Neonatal Cardiac Surgery; Updates In Hemostasis*
Nouralishahi B

14:15-14:30 *Neurologic Monitoring In Pediatric Cardiac Anesthesia; New Issues*
Hamidi H

14:30-14:45 *Pediatric Cardiac Anesthesia ; Past, Present, Future*
Fani K

14:45-15:00 *Pulmonary Artery Hypertension*
Mahoori AR

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Hall A

15:15-16:45

**Cardiac Anesthesiology
Abstract Presentation**

Chairpersons: *Mahoori AR, NegargarS, Heydarpour E, Mahjoobifard M, Moradi GH, Faritous Z*

15:15-15:25 Prevalence Of Anemia In Patients Undergoing Cardiac Surgery In Rajaie Heart Center And Need For Transfusion Of Blood During Operation Regarding To Hemoglobin Level
Sadeghi A¹, Farasatkish R¹, Azarfarin R¹, Ziyaeifard M¹, Faritous Z¹, Hadipoorzadeh F¹

¹ Rajaie Heart Center, Anesthesiology, Tehran, Iran

15:25-15:35 Factors That Affect Blood And Blood Products Usage In CABG
Saberi K¹, Salehi M², Bakhshandeh A¹, Rahmanian M¹, Alemohammad M¹

¹ Tums Imam Khomeini Complex, Anesthesiology, Tehran, Iran

15:35-15:45 Comparison Of The Malposition Between Midpoint And Lateral Point Approaches For Subclavian Vein Catheter Placement In Patients Undergoing Cardiac Surgery
Tarbiat M¹, Bakhshaei M¹, Salimbahrami S¹, Khorshidi H²

¹ Clinical Research Development Unit Of Farshchian Heart Center, Department Of Anesthesiology, Hamadan, Iran

² Clinical Research Development Unit Of Farshchian Heart Center, Department Of Thorax Surgery, Hamadan, Iran

15:45-15:55 Comparison Of Modified Tight Control Versus Conventional Glucose Control Methods Among Diabetic Patients Undergoing Cardiac Surgery
Javaherforoosh Zadeh F¹

¹ Ahvaz Jundishapur University Of Medical Sciences Ahvaz Iran, Cardiac Anesthesia, Ahvaz, Iran

15:55-16:05 The Relationship Between Fluid Balance And The Incidence Of Post-Operative Acute

Kidney Injury During And 24 Hours After Cabg Surgery
Alavi M

- 16:05-16:15 **The Effect Of Dexmedetomidine On Hemodynamic Responses During Tracheal Extubation**
Karami N
- 16:15-16:25 **The Relationship Between Serum Lactate And Vo2Vco2 In Patients Undergoing Coronary Artery Bypass Grafting In Ardabil City Hospital**
Alavi S¹, Ziyaeifard M¹, Babaei T¹, Bakhshandeh H²
¹ Rajaie Cardiovascular Medical And Research Center, Anesthesiology, Tehran, Iran
² Rajaie Cardiovascular Medical And Research Center, Epidemiology, Tehran, Iran
- 16:25-16:35 **Comparing The Effect Of Lidocaine - Magnesium Sulfate Combination With Amiodarone - Magnesium Sulfate Combination In Preventing Ventricular Fibrillation After Aortic Artery Cross-Clamp Removal During CABG Surgery**
Jarineshin H¹, Kashani S¹, Fekrat F¹, Moradi Shamdadi M¹, Soltani Shahabadi N¹
¹ Anesthesiology Critical Care And Pain Management Research Center Hormozgan University Of Medical Sciences Bandar Abbas Iran, Anesthesiology, Bandar Abbas, Iran
- 16:35-16:45 **An Assessment Of The Renal Function With Pulsatile Perfusion During The Proximal Graft By Using Cardiac Contraction In CABG Surgery**
Amouzegar Zavareh S¹, Lak M¹
¹ Baqiatallah Medical University, Cardiac Anesthesia, Tehran, Iran

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Hall A

Cardio-Oncology

17:00-18:30

Chairpersons: **Noohi F, Ghavamzadeh A, Ghavam-Nasiri MR, Alizadeh-Asl A, Amin A**

17:00-17:20 *New Aspects of Cardiology Branch In Cardio-Oncology*
Mohebi B

17:20 -17:40 *Choosing Chemotherapy Regimen According To Cardiac Risk Assessment*
Roudini K

Panel *Challenging Cases in Cardio-Oncology*

17:40 – 18:30

Moderator: **Ashrafi F**

Panelists: **Anbiaee R, Brahman R, Esfahani F, Esfandbod M, Mirzaee HR, Salmanian S, Taghavi S**

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Hall B

07:00-08:00

Cardiac Surgery Film Session

Chairpersons: ***Khamoushi J, Mirhosseini M, Momtahn Sh, Sadrkhanloo GhR***

Moderator: ***Nassiri B***

Cardiac Surgery Film Presentation

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Wednesday, February 27, 2019

Hall B

10:00-11:30

**Surgical Approach to
Ischemic Heart Diseases**

Chairpersons: **Hekmat M, SadeghiMeibodi AM, Davoodi S,
Nasseri MH**

Moderator: **Marzban M**

10:00-10:15 *Off Pump CABG*
Fourozan-Nia KH

10:15-10:30 *Redo CABG*
Sheikhi MA

10:30-10:45 *TAR In Redo CABG with Re_Using the Old LIMA*
Amirghofran AA

10:45-11:00 *Ischemic Cardiomyopathy*
Hajisadeghi Sh

11:00-11:30 *Discussion and Case Presentation:*
Flow Competition In CABG

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Hall B

Heart Valve Surgery

13:30-15:00

Chairpersons: **Tabatabaei MB, Asdaghpour E, Majidi MM, Zeraatian S**

Moderator: **Parvizi R**

13:30-13:45 *Infective Endocarditis MV And TV*
El-Khoury G

13:45-14:00 *Intraoperative Construction of Native Valve for Redo PVR; First World Report*
Amirghofran AA

14:00-14:15 *Does the Progress of Valve-in-Valve AVR affect the age limit of Bioprosthesis implantation?*
Laali M

14:15-14:30 *Choices of Prosthetic Valves in Redo- PVR*
Afrasiabi A

14:30-14:45 *Alfieri Repair Experience in Madani Hospital*
Parvizi R

14:45-15:00 *Repair or Replacement In IMR*
Ghavidel AA

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Hall B

15:15-16:45

Novel Heart Valve Technology & Abstract Presentation

Chairpersons: *Shirzad M, Mirzaei A , Safiaryan R, Jalilifar N,*

15:15-15:35 *Perceval the Valve of Choice in AVR*

Isbir S

15:35-15:55 *Advanced Technology In Heart Surgery :
Resilia Tissue Valve
From Edwards Co.*

15:55-16:15 *Trifecta Key Features*

Nemati MH

16:15-16:22 *Mid-Term Results of The First Series of
Minimally Invasive Cardiac Surgeries In Rajaei
Cardiovascular Medical And Research Center
Alizadeh Ghavidel A A ¹, Totounchi Z ²,
Firouzi A ³, Jadbabaei A ¹, Daliri M ¹*

¹ Rajaei Cardiovascular Medical And Research
Center, Cardiac Surgery, Tehran, Iran

² Rajaei Cardiovascular Medical And Research
Center, Cardiac Anesthesia, Tehran, Iran

³ Rajaei Cardiovascular Medical And Research
Center, Interventional Cardiology, Tehran, Iran

Discussion

16:22-16:25 **HadadZadeh M**

16:25-16:32 *Prosthetic Valve Thrombosis Replacement or
Preserving The Valve; Single Center Experience
Rahmanian M. ¹*

¹ Tehran University Of Medical Sciences,
Cardiothoracic Surgery Imam Khomeini
Hospital, Tehran, Iran

16:32-16:35 *Discussion*

Sharifi M

16:35-16:42 *No Need to Stop Taking Aspirin And
Clopidogrel Before Open-Heart Surgery
Sobhanian K ¹, Salehi M ¹, Bakhshandeh A ¹,
Rahmanian M ¹, Al E Mohamad M ¹,
Bakhtiari A ², Kassani A ³*

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¹ Tehran University Of Medical Science,
Cardiac Surgery, Tehran, Iran

² Dezful University Of Medical Science,
Emergency Medicine, Dezful, Iran

³ Dezful University Of Medical Science,
Community Medicine, Dezful, Iran

16:42-16:45 *Discussion*

Afjahi R

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Hall B

Minimally Invasive Cardiac Surgery

17:00-18:30

Chairpersons: **Baharestani B, Nezafati MH, khodarahmi M, Heidari A**

Moderator: **Amirghofran AA**

17:00-17:15 Minimally Invasive Versus Micro Invasive Cardiac Surgery
Rinaldi M

17:15-17:30 Case Selection for Minimally Invasive Cardiac Surgery
Kalantarmotamedi MH

17:30-17:45 Minimally Invasive Mitral Valve Surgery. When & Why
Ghavidel AA

17:45-18:00 Minimally Invasive Approach Beyond AVR
Amirghofran AA

18:00-18:30 **Discussion:** Technical Aspects of Minimally Invasive Approach

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Hall C	Review of Latest Guidelines
10:00-11:30	Focused Update On Prevention of SCD in Heart Failure Patients

Chairpersons: **Naderi N, Taghavi S, Navid H**

10:00-10:15 *Developing of Guidelines from Evidence to Recommendation*
Von Haehling S

10:15-10:30 *ESC Guidelines for Diagnosis and Treatment of Acute and Chronic Heart Failure*
Jafari S

10:30-10:45 *ACC/AHA Guidelines For Management of Heart Failure*
Razavi N

10:45-11:00 *AHA/ACC/HRS Guideline for Management Of Patient With Ventricular Arrhythmia And The Prevention Of SCD*
Tabatabaei P

11:00-11:15 *What`s The Role of Advancement in Imaging*
Kasaei MR

11:15-11:30 **Q&A**

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Hall C

Genetics and Pathophysiology, The Key to Approach

13:30 -15:00

Chairpersons: ***Naderi N, Barekat M, Ziaei N, Von Haehling***

13:30-13:45 **MOGs Classification**

Khoshavi M

13:45-14:00 *Personalized Medicine in Heart Failure*

Naderi N

14:00-14:15 *Laminopathy and Distrophinopathy*

Torfi E

14:15-14:30 *Trials in Heart Failure: The Most Recent Development*

Von Heahling S

14:30-14:45 *Myocardial Inflammation and Cell Therapy*

Barekat M

14:45-15:00 **Q&A**

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Hall C

Inflammatory Myocarditis and Reversible CMP

15:15-16:45

Chairpersons: *Sharif-Kashani B, Taghavi S, Mirrazeghi F, Hajahmadi M*

15:15-15:35 *Acute Myocarditis / A New Perspective*
Taghavi S

15:35-15:55 *A Review of Reversible Cardiomyopathy*
Sharif-Kashani B

15:55-16:15 *Reversible Cardiomyopathy or Inflammatory
Myocarditis In Oncocardiology*

16:15-16:35 **Hajahmadi M**

Oncocardiology : A model with future
Von Healing S

16:35-16:45 *Case Presentation*
EnamZadeh E

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Wednesday, Feb 27, 2019

Hall C

17:00-18:30

Abstract Presentation

Chairpersons: ***Taraghi MK, Jadbabaei MH, Mohebbi B***

17:00-17:08 *Efficacy of Dexmedetomidine in Coronary Artery Bypass Graft Surgery under Cardiopulmonary Bypass*

Sedighinejad A¹, Mohammadzadeh Jouryabi A¹, Imantalab V¹, Mirmansouri A¹, Nassiri Sheikhan N¹, Atrkarroushan Z², Biazar G¹, Chaibakhsh Y²

¹ Anesthesiology Research Center Iran, rasht

² Guilan University of Medical Sciences Iran, rasht

17:08-17:16 Trends of major cardiovascular risk factors in Iranian population during 13 years Isfahan Cohort Study

Sadeghi M¹, Heshmat K², Roohafza H³, Sarrafzadegan N³

¹ Cardiovascular Research Institute Isfahan University Of Medical Sciences, Cardiac Rehabilitation Research Center, Isfahan, Iran

² Cardiovascular Research Institute Isfahan University Of Medical Sciences, Heart Failure Research Center, Isfahan, Iran

³ Cardiovascular Research Institute Isfahan University Of Medical Sciences, Isfahan Cardiovascular Research Center, Isfahan, Iran

17:16-17:24 The association of serum HbA1C level and heart failure severity in systolic heart failure patients with diabetes

Vakilian F¹, Bijari M², Naseri H³

¹ Cardiologist Mashhad University Of Medical Sciences, Cardiology, Mashhad, Iran

² Student Research Committee Mashhad University Of Medical Sciences, Cardiology, Mashhad, Iran

³ Islamic Azad University Of Medical Sciences, Cardiology, Mashhad, Iran

17:24-17:32 Study of secretomes from autologous and

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allogenic adipose bone marrow umbilical cord blood-derived mesenchymal stem cells on in vitro model of ischemia reperfusion using induced pluripotent stem cell-derived cardiomyocytes

Moslem F¹, Hosseini M¹, Halvaei M¹, Pahlavan S¹

¹ Royan Institute, Stem Cell Biology And Technology, Tehran, Iran

17:32-17:40 close follow up for patient underwent PCI for LM

Alkenzawi H. 1

¹ Nasseria Heart Center, Interventional Cardiology, Nasseria, Iraq
Proprotein Convertase Subtilisin-Kexin Type 9 PCSK9 Inhibitors for goal-inhibiting statin intolerant and goal-inhibiting statin resistant patients a systematic review

17:40-17:48

Bakhshandeh H¹, Fouladi Vanda H², Amin A³

¹ Rajaie Cardiovascular Medical And Research Center Iran University Of Medical Sciences Tehran Iran, Epidemiology, Tehran, Iran

² Rajaie Cardiovascular Medical And Research Center Iran University Of Medical Sciences Tehran Iran, Cardiology, Tehran, Iran

³ Rajaie Cardiovascular Medical And Research Center Iran University Of Medical Sciences Tehran Iran, Heart Failure, Tehran, Iran
Major cardiovascular risk factors patterns during 13 years follow-up among Iranian adults Isfahan Cohort Study

17:48-17:56

Heshmatghahdarijani¹, Sadeghi M², Sarrafzadegan N³, Dianatkhah M⁴, Vakhshoori M², Roohafza H⁵

¹ Isfahan University Of Medical Sciences Isfahan Iran, Hypertension Research Center Cardiovascular Research Institute, Isfahan, Iran

² Isfahan University Of Medical Sciences Isfahan Iran, Cardiac Rehabilitation Research Center Cardiovascular Research Institute, Isfahan, Iran

³ Isfahan University Of Medical Sciences Isfahan Iran, Isfahan Cardiovascular Research

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Center Cardiovascular Research Institute,
Isfahan, Iran

⁴ Isfahan University Of Medical Sciences
Isfahan Iran, Heart Failure Research Center
Cardiovascular Research Institute, Isfahan,
Iran

⁵ Isfahan University Of Medical Sciences
Isfahan Iran, Psychosomatic Research Center,
Isfahan, Iran

17:56-18:04 Exposure to Occupational Air Pollution and
Vascular Endothelial Dysfunction in Workers
of the Esfahan Steel Industry Iran

**Sadeghi M¹, Golshahi J², Roohafza H²,
Sadeghifar M²**

¹ Cardiovascular Research Institute Isfahan
University Of Medical Sciences, Cardiac
Rehabilitation Research Center, Isfahan, Iran

² Cardiovascular Research Institute Isfahan
University Of Medical Sciences, Isfahan
Cardiovascular Research Center, Isfahan, Iran

18:04-18:12 The predictive role of Insulin-like growth
factor-1 and Pregnancy-associated plasma
protein A biomarkers in acute coronary
syndrome and its related morbidities

**Mehrpooya M.¹, Zebardast J.², Malek
Kandi M.³, Hasan Zade K.³, Arabloo M.³,
Asad Zade L.³**

¹ Tehran University Of Medical Science,
Interventional Cardiology, Tehran, Iran

² Tums, Educational Affair, Tehran, Iran

³ Uromia University Of Medical Science,
Imam Khomeini Hospital Of Naghade,
Naghade, Iran

18:12-18:20 ***The effect of Atorvastatin on mortality and
complications of pulmonary embolism short
and long- term follow-up***

Jenab Y. ¹, Vahidi H. ¹, Mortazavi S. ¹

¹ Tehran Heart Center Tehran University Of
Medical Sciences Tehran Iran, Cardiology,
Tehran, Iran

18:20-18:28 ***Non-surgical treatment of right ventricular
muscle band in a child right ventricular
outlet tract stenting***

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Meraji M. 1, Zolfigol A. 1, Jafari F. 1

¹ Rajaie Cardiovascular Medical And Research Center, Pediatric Cardiology, Tehran, Iran

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Hall D

10:00-11:30

Hypertrophic Cardiomyopathy Risk Assessment and Management

Chairpersons: *Ghavidel AA, Saber S, Sadeghpour Anita, Fazelifar AF*

Moderator: *Haghjoo M*

10:00-10:20 *The Role of Cardiac Imaging in Risk Stratification*
Sadeghpour A

10:20-10:40 *The Role of Genetic Testing in Risk Stratification*
Saber S

10:40-11:00 *The Role of CIED (PPM, ICD, CRT) in HCM Management*
Fazelifar AF

11:00-11:20 *The Role of Cardiac Surgery In HCM Management*
Ghavidel AA

11:20-11:30 **Q&A**

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Wednesday, Feb 27, 2019

Hall D

13:30-15:00

**Scar-Related Ventricular Tachycardia
Ablation**

Chairpersons: **Emkanjoo Z, Taherpoor M, Mikaili J,
Azhari AH**

Moderator: **Oratii S**

13:30-13:50 *Role of EKG in Ventricular Tachycardia*
Oto A

13:50-15:00 **Case Presentation and Discussion**

Physician Sessions

Wednesday, Feb 27, 2019

Hall D

15:15-16:45

***Collaboration of Electrophysiologists and
Cardiac Surgeons
For the Management of Patients with
Arrhythmia***

Chairpersons: Haghjoo M, Baharestani B, Saleh MD

Moderator: Fazelifar AF

Subcutaneous ICD Implantation

Haghjoo M

***Implanting Unipolar Or Bipolar Epicardial
Permanent Lead***

Baharestani B

***Role Of Cervical Sympathectomy (Chemical or
Surgical) for Control of Cardiac Arrhythmias***
Saleh MD

Physician Sessions

Wednesday, 27 Feb, 2019

Hall D

Advanced Hemodynamic Monitoring

17:00 –18:30

Chairpersons: **Minaei Sh, Taban MR, Rezvan-Nobahar M, Jabari-Moghadam M, Zlrak N**

17:00-17:15 *Comparison between Invasive & Non-Invasive (Echocardiography) Hemodynamic Monitoring*
Minaei Sh

17:15-17:30 *Hemodynamics Monitoring In Splanchnic Nerve Block*
Taban MR

17:30-17:45 *Best Inotrope Management*
MohammadRezaei R

17:45-18:00 *Volume Assesment in Heart Failure*
Anvaripour AR

18:00-18:15 *Minimal Invasive Cardiac Monitoring ,Pros and Cons*
Saberi K

18:15-18:30 *Non-Invasive Cardiac Monitoring ,Pros and Cons*
Mahouri AR

Physician Sessions

Wednesday, February 27, 2019

Hall G	CardioVascular Imaging in Collaboration With Asian Society of Cardiovascular Imaging
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Chairpersons: **Tabandeh M, Shabestari A , Alizadeh Sani Z, Motevalli M**

10:00- 10:20 *Ischemic Heart Disease Assessment With Cardiac MR Established Practice And Innovations*
Raj V (ASCI Speaker, Satellite Presentation)

10:20-10:25 **Q&A**

10:25:10:45 *Introduction To Comprehensive Cardiac CT Examination*
Kitagawa K (ASCI Speaker, Satellite Presentation)

10:45-10:50 **Q&A**

10:50-11:10 *CVI Application In CHD*
Rezaee Kalantari K

11:10-11:30 *CMR Application In CMPS*
Rezaeian N

Physician Sessions

Wednesday, 27 Feb, 2019

Ahmadinia

Hall

11:30-12:00

Presidential Speeches

11:30-11:45

Professor Mohammad Ali YOUSEFNIA

President of the Iranian Society of Cardiac
Surgeons
& Chairman of the Congress

11:45-12:00

Professor Feridoun Noohi

*President of the Iranian Heart Association
& Co-Chairman of the Congress*

Physician Sessions

Wednesday, February 27, 2019

Hall G

13:30-15:00

Cardiology/Neurology Team Approach to Closing PFO for Stroke & TIA Patients

Chairpersons: *Saadatian M, AlizadehAsl A, Afzalnias A*

Moderator: *Toufan M*

13:30-13:45 *Update in PFO (General Approach)*
AlizadehAsl A

13:45-14:00 *Risk Stratification (Likelihood Of PFO-Mediated Stroke)*
HajiSadeghi Sh

14:00-14:15 *Neurologic Perspective: Can PFO Cause Stroke or PFO Closure Increase Risk of Stroke?*
Afzalnias A

14:15-14:30 *Medical Versus Interventional Management*
PourZand H

14:30-14:45 *Safety and Efficacy of PFO Closure (Interventional Perspective)*
Saadatian M

14:45-15:00 **Panel Discussion**

Physician Sessions

Wednesday, February 27, 2019

Hall G

15:15-16:45

**XX Population:
Problems & Solutions**

**Chairpersons: Samiei N, Hantoushzadeh S, Parsaee M,
Tavousi A**

15:15-15:35 Cardiac Imaging in Pregnancy
Rezaeian N

15:35-15:55 Hypermenorrhea in Patients With
Cardiovascular Disease
Taheripana R

15:55-16:15 Cosmetic Procedure in Young Ladies with
Heart Disease: Is Body Art a Threat?
Khajali Z

16:15-16:35 Cardiac Vaginal Delivery
Hantoushzadeh S

16:35-16:45 **Q & A**

Physician Sessions

Wednesday, February 27, 2019

Hall G

17:00-18:30

Is Tricuspid the Unforgotten Valve Yet?

Chairpersons: **Abdi S, Mandegar MH, Ojaghi SZ, Salehi M**

Moderator: **Sattarzadeh R**

17:00-17:25 *Imaging the Tricuspid Valve*
Tricuspid Regurgitation
Sattarzadeh R

17:25-17:50 *New Percutaneous Approach to Tricuspid Valve*
Firouzi A

17:50-18:15 *Surgery of Tricuspid Valve*
El-Khoury G

18:15-18:30 **Q & A**

Physician Sessions

Thursday, February 28, 2019	
Ahmadi-Nia Hall 08:30-10:00	Plenary Session Current Worldwide Status of Cardiovascular Medicine
<i>Chairpersons:</i>	<i>Gandjbakhch I, Karimi AA, Peighambari MM, Arefi H, Zubaid M,</i>
<i>Moderator:</i>	<i>KalantarMotamedi MH</i>
08:30-08:40	<i>Current Status of Cardiovascular Medicine in France</i> <i>Laali M</i>
08:40-08:50	<i>Current Status of Cardiovascular Medicine in Kuwait</i> <i>Zubaid M</i>
08:50-09:00	<i>Current Status of Cardiovascular Medicine in Iraq</i> <i>Ghani A</i>
09:00-09:10	<i>Current Status of Cardiovascular Medicine in Afghanistan</i> <i>Daifoldi AA</i>
09:10-09:20	<i>Current Status of Cardiovascular Medicine in Syria</i> <i>El-Kanj H</i>
09:20-09:30	<i>Current Status of Cardiovascular Medicine in Oman</i> <i>Sulaiman K</i>
09:30-09:45	<i>Current Status of Cardiovascular Medicine in Africa and the need of south-South cooperation.</i> <i>Bouzaid A</i>
09:45-09:55	<i>Current Status of Cardiovascular Medicine in Iran</i> <i>Hosseini S</i>
09:55-10:00	<i>Q&A</i>

Physician Sessions

Thursday, February 28, 2019

Ahmadnia

Hall

10:30-12:00

CTO the Last Frontier

Chairpersons: **Kojuri J, Shabestari M, KazemiSaleh D, Khosravi AR, Namazi H, Zibaeinezhad MJ**

Moderator: **Norozi J**

10:30-10:40 *Do We Need CTO Interventions?The Evidence for CTO PCI*
Mohammadi A

10:40-10:55 *Overview Of Wires Devices*
Ahmadieh A

10:55-11:05 *The Uncrossable & Undilatable Lesions*
Mohebi B

11:05-11:20 *The Antegrade Approach*
Hashemi A

11:20-11:35 *The Retrograde Approach*
Ghofranhia A

11:35-11:45 *ISR CTO*
Norouzi J

11:45-12:00 *Post CABG CTO*
Jamshidi P

Physician Sessions

Thursday, February 28, 2019

**Ahmadinia
Hall**

13:00-14:30

**Debate on Revascularization;
PCI or CABG
Case Base Discussion**

Panelists **Afrasiabi A, Garachemani A, Hashemian M,
Heidari A, Kalantarmotamedi H, Kasaeian E**

Moderators: **Abdi S, Ghavidel AA**

Case Presenter **Grayeli B**

Physician Sessions

Thursday, February 28, 2019

Ahmadinia

Hall

14:45-16:15

**Interventional Cardiology
& Echocardiography
Session**

Panelists **Abdi S, Ghasemi M, Sadeghpour Anita,
Sahebjam M, Samiei N, Salarifard M,
Shojaeifard M**

Moderator: **Eskandari M**

Case Base Discussion

Physician Sessions

Thursday, February 28, 2019

**Ahmadinia
Hall**

16:30-18:00

**Diabetes for the Cardiologists
Joining Clinical Practices
Cardiovascular Diseases & Type 2 Diabetes**

Chairpersons: **Amin A, Alemzadeh M, Esteghamati AR,
Ghaemmaghami Z**

Moderator : **Riahi H**

*Changing Focus in Diabetes: From Glucose To
CV Risk Management*

Jahed A

*Clinical Trials In T2DM & CVD :Review of Key
Outcomes with SGL2i & GLP-1 RA*

Ghanavati R

*The Clinical Landscape For T2DM & CVD: Impact
on Guideline & Practice*

Riahi H

Thursday, Feb 28, 2019

**Amphi-
Theater Hall**
10:30-12:00

Intervention In CHD

Chairpersons: **Qureshi Sh, Davari P, Kocharian A, Ghasemi AR**

Moderator: **Alizadeh B**

10:30-10:45 **Uses of Venous Valve In Native RVOT**
Qureshi Sh

10:45-11:00 *Heart Function and Remodeling after Successful Stenting of Coarctation of Aorta in Children*

Amoozgar H¹, Rashid H², Edraki M³, Mohammadi H⁴, Ajami G³, Borzoei M³

¹ Shiraz University Of Medical Sciences, Cardiovascular Research Center, Shiraz, Iran

² Shiraz University Of Medical Sciences, Pediatric Department, Shiraz, Iran

³ Shiraz University Of Medical Sciences, Cardiovascular Research Center, Shiraz, Iran

⁴ Shiraz University Of Medical Sciences, Neonatal Research Center, Shiraz, Iran

11:00-11:15 *Aortic Arch Atresia, Catheter Treatment By Covered Stents*
Qureshi Sh

11:15-11:30 *Lymphangectasia , Case Presentation and Review*
Ajami GhH

11:30-12:00 *Live Case from Cath-lab*
Stenting of IAA (Type A)

Physician Sessions

Thursday, 28 Feb, 2019

Amphi-Theater

Hall

13:00-14:30

UniVentricular Approach In CHD

Chairpersons: **Radmehr H, Ajami GhH, Givtaj N, Bigdelian H**

Moderator: **Amirghofran AA**

13:00-13:15 *Debate: Univentricular Anatomy and
Borderline PA Pressure*
Baghaie R

13:15-13:30 *Debate: Univentricular Approach and AV
Valve Regurgitation*
Anvari Sh

13:30-13:45 *Surgery For A-V Fistula after Kawashima
Operation*
Amirghofran AA

13:45-14:00 *Update on Failing Fontan*
Lacour-Gayat F

14:00-14:30 *Challenging Case Presentation*
Mirzaaghayan MR, Navabi MA

Physician Sessions

Thursday, 28 Feb, 2019

**Amphi-
Theater Hall**
14:45-16:15

Surgery In TOF
Neonate up to Adult

Chairpersons: **Navabi MA, Gholampour M,**
Mojtahedzadeh S, Omrani Gh

Moderator: **MirzaAghayan MR**

14:45-14:55 *Guidelines For TOF Surgery*
Gholampour M

14:55-15:10 *Neonatal Management of TOF-Pulmonary*
Atresia; The Left PA Stenosis Issue
Lacour-Guyet F

15:10-15:20 *A Modification of Transannular Patch*
Hosseinzadeh M

15:20-15:30 *Free Margin Augmentation for Preservation of*
Pulmonic Valve
MirzaAghayan MR

15:30-15:45 *RVOT Management. The First Report of RAA*
Valve
Amirghofran AA

15:45-16:15 *Debate: Redo PVR, Which Valve to Be Used?*
Discussion
Navabi MA

Physician Sessions

Thursday, 28 Feb, 2019

**Amphi-
Theater Hall**
16:30-18:00

Heart Failure in Childhood

Chairpersons: **Aarabi YA, Shabanian R, Meraji M, Amin A, Baghaei R**

Moderator: **Mahdavi M**

16:30-16:45 *Heart Failure Post Transplantation*
Mahdavi M

16:45-17:00 *PH Crisis Post Operation*
Abbaszadeh R

17:00-17:15 *Childhood Cardio-Renal Syndrome*
Hosseini R

17:15-17:30 *The Failing Myocardium in Sepsis*
Sayyahfar Sh

17:30-17:45 *Idiopathic PH in Children (Pulmonologist View)*
Rezaie M

17:45-18:00 **Q&A**

Physician Sessions

Thursday, February 28, 2019

***Amphi-Theater
Hall
18:00-19:00***

ISPC Annual General Assembly

Chairpersons: ***Board Members of
IRANIAN SOCIETY OF PEDIATRIC
CARDIOLOGY***

Physician Sessions

Thursday, Feb 28, 2019

Hall A

10:30-12:00

***Electrophysiology Procedures Complications
How To Avoid? How To Manage?***

Chairpersons: ***VasheghaniFarahani A, Madadi Sh,
Akbarzadeh MA, Bozorgi A***

Moderator: ***Eftekharzadeh M***

10:30-12:00 **Case Presentation and Discussion**

Physician Sessions

Thursday, Feb 28, 2019

Hall A

14:45-16:15

Lead Extraction Panel

Panelist **Yaminsharif A, Eslami M, Rahmanian M, Dehghani A**

Moderator: **Mollazadeh R**

14:45-15:00 Practical Guide for the Use of Apixaban
SeyyedHosseini M

15:00-16:15 **Lead Extraction Panel**
Case Presentation & Discussion

Physician Sessions

Thursday, February 28, 2019

Hall B

07:15-08:15

**Cardiac Surgery
Film Session**

Chairpersons: **Bagheri J, Yaghoubi AR, Babveynezhad M,**

Moderator: **Ziabakhsh Sh**

Physician Sessions

Thursday, February 28Th, 2019

Hall B	Cardioplegia Update & Abstract Presentation
10:30-12:15	

Chairpersons: *Ahmadi H, Ghafarinezhad MH, Mirmohammad-Sadeghi H, Ramezani A*

Moderator: *Babazadeh K*

10:30-11:00 **Cardioplegia Update**

Babazadeh K

11:00-11:10 **How Is Possible To Increase Cardiac Surgery Safety, 20 Years Experience**

Masoumi MA

11:10-11:20 **Cardiac Surgery in Pregnancy**

Ghods K

11:20-11:27 **Coronary Artery Fistulas A Case Series Of Surgical Results And Clinical Characteristics In Iranian Population**

Salahi S¹, Azizi Z², Hosseini S¹, Gholampour M¹, Baharestani B¹, Yaghoubi A¹, A Ghavidel AA¹

¹ Rajaei Cardiovascular Medical Research Center, Cardiac Surgery, Tehran, Iran

² Southlake Regional Hospital, Electrophysiology, Toronto, Canada

11:27-11:30 **Discussion**

Ansari Z

11:30-11:37 **An Investigation Of Changes In The Quality Of Life Of Patients Undergoing Minimally Invasive Mitral Valve Surgery And Surgical Ablation For Atrial Fibrillation Using Ex-Maze Iii Procedure**

Nezafati M¹, Nezafati P¹, Shomali A¹

¹ Mashhad University Of Medical Sciences, Cardiac Surgery, Mashhad, Iran

11:37-11:40 **Discussion**

BaniAsadi F

11:40-11:47 **Constrictive Pericarditis Mimicking Liver Cirrhosis What We Should Do**

Physician Sessions

**Zarrabi K¹, Abtahi F², Moarref A²,
Zamirian M²**

¹ Shiraz University Of Medical Sciences,
Cardiac Surgery, Shiraz, Iran

² Shiraz University Of Medical Sciences,
Cardiology, Shiraz, Iran

11:47-11:50 **Discussion**

Asar Omid

11:50-11:57 **Central Versus Peripheral Va ECMO In Critical
Heart Failure Patients**

**Ahmadi Z¹, Jahangirifard A², Sharifi M¹,
Farzaneghan B³, Sharif Kashani B⁴,
Naghashzadeh F⁴, Behzadnia N⁴**

¹ National Research Institute Of Tuberculosis
And Lung Disease, Cardiothoracic Surgery,
Tehran, Iran

² National Research Institute Of Tuberculosis
And Lung Disease, Cardiac Anesthesia, Tehran,
Iran

³ National Research Institute Of Tuberculosis
And Lung Disease, Intensive Care, Tehran, Iran

⁴ National Research Institute Of Tuberculosis
And Lung Disease, Cardiology, Tehran, Iran

11:57-12:00 **Discussion**

Mir Mohammad-Sadeghi A

12:00-12:07 **Wilms Tumour To The Heart How To Deal
With This Challenge**

Almandil A¹, Sultan S¹

¹ Nassirriah Heart Center, Nassirriah Heart
Center, Nassirriah, Iraq

12:07-12:10 **Discussion**

Kalantar Motamedi MH

12:10-12:17 **Myocardial protection by single dose
cardioplegia in on-pump CABG**

**Salehi M¹, Bakhshandeh A¹, Rahmanian M¹,
Alemohammad M², Saberi K², Sattarzadeh
R.³, Tavoosi A³**

¹ Tums Imam Khomeini Hospital, Cardiac
Surgery, Tehran, Iran

² Tums Imam Khomeini Hospital,
Anesthesiology, Tehran, Iran

Physician Sessions

³ Tums Imam Khomeini Hospital, Cardiology,
Tehran, Iran

12:17-12:20

Discussion

Babazadeh K

Physician Sessions

Thursday, Feb 28, 2019

Hall B

13:00-14:30

Heart Failure , Present and Future

Chairpersons: **Sulaiman K, Vakilian F, NaghashZadeh F**

13:00-13:15 Heart Failure , Gulf Care

Sulaiman K

13:15-13:30 Acute Heart Failure Registry HFrEF

Soltani MH

13:30-13:45 Gulf DYSPNEA: A look at contemporary management of heart failure patients in the Middle East

Zubaid M

13:45-14:00 Cardiac Transplantation

Vakilian F

14:00-14:15 Heart Failure with Preserved EF

Naghashzadeh F

14:15-14:30 **Q&A**

Physician Sessions

Thursday ,28 Feb , 2019

Hall B

Heart Transplantation & VAD

14:45 -16:15

Chairpersons: **Sharif Kashani B, Taban MR, Laali M, Taghipour HR**

Moderator: **Ahmadi ZH**

14:45-15:00 Post-Cardiotomy Shock, ECMO or Impella
Laali M

15:00-15:15 **Heart Failure Surgery, What will be happen next decade**

Rinaldi M

Challenging Cases Presentation & Discussion

15:15-16:15

Case presentation 1

Taghavi S

Case presentation 2

Vakilian F

Case presentation 3

NaghashZadeh F

Physician Sessions

Thursday, February 28, 2019

Hall B

16:30-18:00

Aortic Root Surgery

Chairpersons: *Laali M, Hosseini S, Marzban M, Salehi M, Firozi A*

Moderator: *Ghavidel AA*

Case 1 *A Patient in Emergency Room with Acute Type A Aortic Dissection*

Case Presentation

Ghavidel AA

Pre-Op Evaluations

Daliri M

Strategy of Surgery (Panel Discussion)

Cannulation Routes

Baghaie R

Late Outcome, Late Complications
(Panel Discussion)

Frozen Elephant Trunk, Necessary or Luxury?!

Sarzaeim MR

Conclusion

Ghavidel AA

Case 2 *A Patient with Concomitant BAV, Dilated Root, Small VSD & Co-A*

Case Presentation

Ghavidel AA

Best Management Strategy
(Panel Discussion)

Co-A Stenting

Firouzi A

Surgical Plan (Panel Discussion)

How to Deal with Dilated Root In BAV

Shafie M

Conclusion

Ghavidel AA

Case 3

*Marfan Patient Presented With Sever AI,
Moderate MR and Dilated Ascending Aorta
and Arch*

Case Presentation

Ghavidel AA

Best Management Plan? (Panel Discussion)

How To Deal With Patient` MR

Abbasi M

Valve Preserving In Marfan Patients

Jadbabaei AN

*Late Follow Up and Late Complications
(Panel Discussion)*

Hybrid Approach

Mandegar MH

Physician Sessions

Thursday, February 28, 2019

Hall B

18:00-19:00

ISCS Annual General Assembly

Chairpersons: ISCS Board Members

Physician Sessions

Thursday, Feb 28, 2019

Hall C

Clinical Application of Hemodynamic Study

10:30-12:00

Chairpersons: *Mahmoudi E, Shafiei D, Soltani MH*

10:30-10:50 **Hemodynamic Profile of Patients With Heart Failure**
Minaei Sh

10:50-11:10 **Predicting Time of Worsening in End-Stage Heart Failure Based on Hemodynamic**
Ziaei N

11:10-11:30 **Uf in Heart Failure: Indications and Considirations**
Taban MR

11:30-11:50 **Role of Hemodynamic Study in Management of VHD (Focus on Mitral Valve)**
Khoshavi M

11:50-12:00 **Q&A**

Physician Sessions

Thursday, February 28, 2019

Hall C

13:00-14:30

Side Topics for Young Heart Doctors

Moderator: **Riahi H**

*Presentation Skills for Medical Professionals:
Making Your Next Teaching Presentation Go
Better Than Your Last*

Riahi H

*Power Through Presentation: Tips & Tricks to
Build a Better Slide Deck*

Ghanavati R

Physician Sessions

Thursday, Feb 28, 2019

Hall C	Cardio-Vascular Imaging Collaboration With Iranian Heart Association CVI-Working Group
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Chairpersons: **Nasiraei Moghadam A, Sajadieh AR,
Ghaemian A, Kiavar M, Tavoosi A**

Moderator: **AlizadehSani Z**

14:45-15:00 **Are CT FFR & Perfusion Ready For Clinical Use?
Gialuca P (Satellite Presentation)**

15:00-15:15 **CMR In Pericardial Disease
Kasaei M**

15:15-15:30 **Imaging Of TAVI Thrombosis and Degeneration
Mirsadraee S (Satellite Presentation)**

15:30-15:45 **CVI in Vascular Disease
Asadian S**

15:45-16:00 **CT in Pericardial Disease
Omid N**

16:00-16:15 **CMR in Cardiac Devices
Saravi M**

Physician Sessions

Thursday, Feb 28, 2019

Hall C

16:30-18:00

***Approach to Challenging /
Complex HF Cases***

Panelists: ***Rad S, Kasaei MR, Ganji H***

Moderator: ***Naderi N***

Case Presentations

Navid H

Physician Sessions

Thursday, February 28, 2019

Hall C

18:00-19:00

ISHF annual General Assembly

Chairpersons: ***Iranian Society of Heart Failure
Board Members***

Physician Sessions

Thursday, February 28, 2019

Hall D	Cardiac Anesthesia Interesting Cases Presentation
10:30-12:00	

*Chairpersons: **Naemi C, Habibi MR, Sedighinezhad ,
Tavakoli Rad M, Khosravi MB , Bagheri K***

10:30-10:45 *CPR And ECMO In A Patient With Advanced Heart Failure
Jahangirifard AR*

10:45-11:00 *Visual Loss After Cardiac Surgery
Ziyaeifard M*

11:00-11:15 *Massive Bleeding After Cardiac Valve Surgery
Javaherforosh Zadeh F*

11:15-11:30 *Management Of Pulmonary Hypertension Crisis
Norouzi MR*

11:30-11:45 *Anesthetic Management In Adult Congenital Heart Dis. (A 48 Yrs Old TOF)
Askarian Omran S*

11:45-12:00 *Acute Renal Failure After Complex Cardiac Surgery
Mesbah Kiai M*

Physician Sessions

Thursday, Feb 28, 2019

Hall D

13:00-14:30

***Perioperative Arrhythmia Management
Joint Session Cardiac Anesthesiologist
& Cardiac Electrophysiologists***

Chairpersons: **Rezvan Nobahar M, Ghorbanisharif AR,
Foroghi M, Shahrzad S**

Moderator: **Mirmasoomi M**

Case Presentation and Discussion

Physician Sessions

Thursday, 28 Feb, 2019

Hall D	Cardiac Anesthesia Standards and Protocols Update
14:45-16:15	

Chairpersons: **Jelvehmoghadam H, Soleimani A, Kianfar AA, Naghipour B, Ghorbandaie I**

14:45-15:00 *IO-TEE*

Ghafaripour M

15:00-15:15 *Post Cardiac Surgery Management Protocol In ICU*

Moshtaghion H

15:15-15:30 *Standby protocol In Cardiac Anesthesia*

Shirvani M

15:30-15:45 *ECMO Management Protocol*

Jabbari A

15:45-16:00 *Cardiac Anesthesia Education Curriculum*

Jahangirifard AR

16:00-16:15 *Cerebral Function Monitoring Protocol In Cardiac Anesthesia*

ShahAbbasi A

Physician Sessions

Thursday, February 28, 2019

Hall D

Transfusion & Hemovigilance

16:30-18:00

Chairpersons: **Pourfatoullah AA , JahangiriFard AR, Frouzannia Kh , Zadsar M, Azarafarin R, Ahmadi ZH**

Moderator: **Chegini A, Kargar F**

16:30-16:45 *Hemovigilance, What is the Definition?*
Alaei M

16:45-17:00 *PBM in Cardiac surgery*
Chegini A

17:00-17:15 *TRALI*
Zadsar M

17:15-17:30 *Indications of Transfusion in Cardiac Surgery*
ShahAbassi A

17:30- 18:00 *Panel Discussion*

Physician Sessions

Thursday, February 28, 2019

Hall D

18:00-19:00

**Iranian Society of Cardiac Anesthesia ,
Annual General Assembly**

***Chairpersons:* Iranian Society of Cardiac Anesthesia
Board Members**

Physician Sessions

Thursday, 28 Feb, 2019

Hall G

8:30-10:00

Challenging Cases In Cardio-Oncology

Moderator: ***AlizadehAsl A***

Panelists ***Alemzadeh MJ, Aminian F, Azadeh P,
Barkhordari M, Foudazi H, Naderi N, Vaezi
M***

Physician Sessions

Thursday, 28 Feb, 2019

Hall G

10:30-12:00

3D Echocardiography

Chairpersons: **Saeidi J, Samiei N, Sadeghpour A**

Moderator: **Sahebjam M**

10:30-10:50 Added Value of 3D Echocardiography:
Case-Based Approach
Sadeghpour A

10:50-11:10 3D Echo Assessment of Mitral Valve (Case-
Based)
Zoroufian A

11:10-11:30 3D Echocardiography and Aorta with Some
Case Presentation
Mirdamadi SA

11:30-11:45 3D Echo In Cath Lab : ASD – PFO Device
Closure(Case Selection and Monitoring During
Closure)
Eskandari M

11:45-12:00 3D Echo In Cath Lab :
Paravalvular Leak Closure (Case
Selection And Monitoring During Closure)
SavandRoomi Z

Physician Sessions

Thursday, February 28, 2019

Hall G

13:00-14:30

Infective Endocarditis Case Base Discussion

Panelists **Sadeghipour P, Kamali M, Firouzi A,
Rinaldi M, Talebitaheer M**

Moderator: **Sadeghpour Anita**

Case 1: A 27-Year-Old Man Was Admitted 1 Week After His Wedding With Fever And Weight Loss

Panel Discussion for the Approach to Splenic Abscesses and Visceral Mycotic Aneurysms

Case 2: A 67-Year-Old Man With ESRD, a Hemodialysis Catheter, and A RA Mass.

Therapeutic Approach: Surgical Resection, Thrombolytic Therapy, or Anticoagulation Therapy

Case 3: Mass on The TV With The Perforation of the TV and a Past Hx of IE , Fever With Negative B/ C on Admission.

Panel Discussion for the Diagnosis and Treatment

Interesting Cases, Including an Atypical Form of Vegetation, Libman-Sacks Endocarditis, and Artifacts or True Vegetation

Physician Sessions

Thursday, February 28, 2019

Hall G

14:45-16:15

**Empowering Stroke Prevention By Getting
NOACs Know-How**

Panelists ***Oratii S, Mirmasoumi M, Emkanjou Z,
Talsaaz A***

Moderator: ***Riahi H***

The Reality of Real-World Data

Ghanavati R

Risk & Reward: a Justified Approach

Riahi H

*Avoiding Confusion with Dosing Across
Scenarios*

Oratii S

Physician Sessions

Thursday, February 28, 2019

Hall G

16:30-18:00

Echo Jeopardy

Panelists **Khesali H, Kaviyani R**

Moderator: **Larti F**

Physician Sessions

Thursday, February 28, 2019

Hall G

18:00-19:00

ISE annual General Assembly

Chairpersons: ***Iranian Society of Echocardiography
Board Members***

Friday, March 1, 2019

Ahmadinia

Hall

08:30-10:00

Plenary Session;

Highlight Of Cardiovascular Research In Iran

Chairpersons: *Bazargani N, Haghjoo M, Akhondzadeh Sh, Motevalian A, Sadeghi M, Sadeghian S*

08:30-08:37 *Postoperative Antibiotic Prophylaxis In The Prevention Of Cardiac Implantable Electronic Device Infection.*

Madadi S, Kafi M, Kheirkhah J, Azhari A, Kiarsi M, Mehryar A, Fazelifar A, Alizadehdiz A, Emkanjoo Z, Haghjoo M

Electrophysiology Research Center , Rajaei Cardiovascular Medical And Research Center , Tehran, Iran

08:37-08:44 *Implementation Of An ECG Holter Monitor Recorder And Analyzer Software, And Its Clinical Trial*

Shirafkan R, Ghanbari M, Moftakharzadeh A, Shoaee O, Ghadrdoost B , And Fazelifar AF

08:42-08:51 *Adenosine Or Nitroglycerin For Tilt Testing In Patients Suspicious To Syncope; A Randomized, Semicrossover Trial; A Follow-Up Study*

Bozorgi A, Rahimi B, Sadeghian S, Vasheghani Farahani A, Yamini Sharif A, Isapour Moghaddam M, Masih Tajdini SH,

08:49-08:58 *Shed Light (Structural Heart Diseases In Pupils By Echocardiographic Test) Study, Echo Study Of 15000 Students In Tehran*

Samiei N, Noohi F, Maleki M, Tabib T, Peighambari MM, Mohebi A, Ghavidel AA, Omrani Gh, Moradian M, Rahsidi Ghader F, Parsaee M, Shojaei Fard M, Emkanjoo Z, Bkshshandeh H, Amin A, Haghjoo M, Saedi S, Naderi N, Taghavi N, Nikpajooh A, Khajali Z, Khorgami MR, Rezaei Y, Hosseini S

Heart Valve Diseases Research Center, Rajaei Cardiovascular Medical And Research Center , Tehran, Iran

08:58-09:05 *Effect Of Melatonin On Cardiovascular And Muscle Function In Patients With Heart Failure: Rational And*

Physician Sessions

Design For A Double Blinded Prospective Randomized Clinical Trial.

Sadeghi M, Ghaffari SH

09:05-09:12 *Effect Of Rosuvastatin In Preventing Chemotherapy-Induced Cardiotoxicity In Women With Breast Cancer: A Randomized, Single-Blind, Placebo-Controlled Trial*
Nabati M, Janbabai GH, Esmailian J, Yazdani J

09:12-09:19 *Bioengineering Of A Humanized Heart By Seeding Of Hipsc-Derived Cardiovascular Progenitor Cells Into Growth Factor-Tethered Rat Heart Matrix*
Rajabi S, Pahlavan S, Baharvand H

09:19-09:26 *Effect of Post-surgical Control of Cardiovascular Disease Risk Factors on Long-term Outcomes of 30000 CABG Surgeries at Tehran Heart Center: Findings From Tehran Heart Center's CABG Follow Up Registry*
Masoudkabar F, Karimi A, Ahmadi H, Sadeghian S, Pourhosseini, Davoudi S, Abbasi K, Salehi Omran A, Bagheri A, Pashang, M, Yavari N
Tehran Heart Center, Tehran University of Medical Sciences, Tehran, Iran

09:26-09:33 *An Ultra-Low-Power Ic For Implantable Cardiac Pacemakers And/Or Ambulatory Ecg Recorders*
Y. Rezaeiyan, M. Zamani, O. Shoaee, And W. A. Serdijn

09:33-09:40 *Doppler Phonolyzer: Smart Heart Sound Analyzer Based On Doppler Effect*
B. Alizadeh, Mj. Maleki, S. Naderi-Mahmoudi, H. Rezaei-Dehsorkh

09:40-09:52 *Engineering Innovations In The Field Of Cardiovascular Medicine*
Nasiraei Moghadam A
Amirkabir University Of Technology

09:52-10:00 **Q & A**

Physician Sessions

Friday, March 1 St, 2019

**Ahmadinia
Hall
10:30-12:00**

**Plenary Session;
Role of Technology in The Practice and
Promotion of Cardiovascular Medicine**

Chairpersons: *Pezeshkian M, Nematipour E, Bassiri H,
Momtahn M, Omrani GH*

Moderator: *Sadeghipour P*

10:30-10:50 3D Printing
Abolfathi M

10:50-11:10 Role Of Social Media In The Practice And
Promotion Of Medicine
Yousefi-Nouraei R (By Sattelite)

11:10-11:30 The Role Of Artificial Inteligence &Big Data In
Medicine
Oveisi M

11:30-11:50 Nano-Technology In Medicine
Solati N

11:50-12:00 **Q&A**

Physician Sessions

Friday, March 1 st, 2019

Ahmadinia

Hall

12:00-12:30

Closing Remark

Physician Sessions

Friday, March 1, 2019

**Amphi-Theater
Hall**
8:00-10:00

Intervention in Complex CHD

Chairpersons: ***Qureshi Sh, Borzouee M, Shahmohammadi A, Amozegar H***

Moderator: ***Sayadpour K***

08:00-08:15 Extending PDA Stenting: How and When?
Sayadpour K

08:15-08:30 Catheter Repair of Sinus Venosus ASD with PAPVD
Qureshi Sh

08:30-08:45 PA Stenosis ; Balloons or Stents
Qureshi Sh

08:45-09:00 Rvot Stenting :When and Why?
(Iranian Experience)
Alizadeh B

09:00-10:00 Live Case from Cath-Lab
Challenging In Stenting

Physician Sessions

Friday, March 1, 2019

**Amphi Theater
Hall**
10:30-12:00

**Challenging Cases
&
Abstract Presentation**

Chairpersons: ***Vahid Shahi K, Zamani H, Rastkar B,
Birjandi H, Ghaderian M***

Moderator: ***Vesal A***

- 10:30-10:37 PREVALENCE AND RISK FACTORS OF ATTENTION DEFICIT HYPERACTIVITY DISORDER AFTER ARTERIAL SWITCH OPERATION IN NEONATAL PERIOD
Peiravian F¹, Akhavan Z¹, Toubae S², Amirghofran A³
¹ Faculty Of Medicine Kazerun Branch Islamic Azad University, Pediatrics Ward, Kazerun, Iran
² Faculty Of Medicine Kazerun Branch Islamic Azad University, Psychiatry Ward, Kazerun, Iran
³ Shiraz University Of Medical Sciences, Cardiac Surgery Ward, Shiraz, Iran
- 10:37-10:44 A Large Venovenous Collateral from Renal Vein as a Cause of Desaturation in Fontan Circulation
Shabanian R¹, Navabi Shirazi M², Dadkhah M¹
¹ Children Medical Center Tehran University Of Medical Sciences, Department Of Pediatric Cardiology, Tehran, Iran
² Children Medical Center Tehran University Of Medical Sciences, Department Of Pediatric Cardiac Surgery, Tehran, Iran
- 10:44-10:51 Rehabilitation of the Pulmonary Artery in Tetralogy of Fallot with Unilateral Absent Pulmonary Artery
Edraki M¹, Keshavarz K¹
¹ Shiraz University Of Medical Sciences, Pediatric Cardiology, Shiraz, Iran
- 10:51-10:58 Non Pharmacologic Treatment Are Enough To Prevent Neutrally Mediated Syncope
Dehghan B

Physician Sessions

- 10:58-11:05 Challenging case of perimembranous VSD closure
*Molaei A*¹
¹ Tabriz University Of Medical Sciences, Pediatrics, Tabriz, Iran
- 11:05-11:12 IVC Stenting In A Child With Budd-Chiari Syndrome
Jafari
- 11:12-11:19 RTPA Therapy in Right Side Mechanical Valves
Vahidshahi K
- 11:19-11:26 Evaluation of etiology and time between tetralogy of Fallot total correction and pulmonary valve replacement through 5 years ago in Tabriz Shahid Madani hospital
*Ghaffari S*¹, *Samadi M.*¹, *Jameii Khosroshahi A*¹, *Molaie A*¹, *Moradian M*¹, *Abdi Oskouei M*¹
¹ Tabriz University Of Medical Sciences, Cardiovascular Research Center, Tabriz, Iran
- 11:26-11:33 Relation of preoperative diastolic pulmonary gradient and pulmonary compliance with early post-operative mortality after cardiac transplantation
*Taghavi S*¹, *Amin A*¹, *Naderi N*¹, *Taban Sadeghi M*²
¹ Rajaee Heart Center, Cardiovascular, Tehran, Iran
² Tabriz Cardiovascular Research Center, Cardiovascular, Tabriz, Iran
- 11:33-11:40 Facial nerve palsy in Kawasaki disease
*Rajaei S*¹
¹ Clinical Research Development Center Of Children Hospital Hormozgan University Of Medical Sciences, Pediatrics, Bandar Abbas, Iran
- 11:40-11:47 Experience of Coronary AV Fistula Closure by PFM Coils
*Mehdizadegan N*¹, *Amoozgar H*¹
¹ Shiraz University Of Medical Sciences, Pediatric, Shiraz, Iran
- 11:47-12:00 **Q&A**
- Closing Remark**

Physician Sessions

Friday, March 1 st, 2019

Ahmadinia

Hall

12:00-12:30

Closing Remark



Nursing Sessions

Nursing Sessions

Wednesday, February 27, 2019

Hall L

7:00-8:00

CRRT

Chairpersons: **Ahmadian H, Tayebi A, Fotouhi F**

Moderator: **Tayebi A**

Nursing Sessions

Wednesday, February 27, 2019

Hall L

8:00-09:30

Care Standards in Post Cardiac Surgery

Chairpersons: **Azarfarin R, Bakhshi M, Besharati A, Ghavidel AA.**

Moderator: **Bakhshi M**

Nursing Sessions

Wednesday, February 27, 2019

Hall B

8:00-9:30

Care Standards in ACS

Chairpersons: **Moghadamnia MT, Sadeghi Shermeh M,
Zahedmehr A, Zakerimoghadam M**

Moderator: **Moghadamnia MT**

Nursing Sessions

Wednesday, February 27, 2019

Hall L

10:00-11:30

**Patient Centred Care:
Shared Decision Making**

Chairpersons: Mohammadi M, Nasir Divani A, Esmaeili M.

Mohammadi N

Nursing Sessions

Wednesday, 27 Feb, 2019

Ahmadinia

Hall

11:30-12:00

Presidential Speeches

- 11:30-11:45 **Professor Mohammad Ali YOUSEFNIA**
President of the Iranian Society of Cardiac
Surgeons & Chairman of the Congress
- 11:45-12:00 **Professor Feridoun Noohi**
*President of the Iranian Heart Association
& Co-Chairman of the Congress*

Nursing Sessions

Wednesday, February 27, 2019

Hall L

13:30-15:00

Patients on Non-Invasive Ventilation

Chairpersons: ***Alavi SM, Pishgooei AH, Shiri H***

Moderator: ***Shiri H***

Nursing Sessions

Wednesday, February 27, 2019

Hall L

15:15-16:45

**Nursing:
Biomedical and Humanistic Approach**

Chairpersons: **Mohammadi E , Khaghani Zadeh M ,
Vadad Hir AK**

Moderator: **Mohammadi E**

Nursing Sessions

Wednesday, February 27th, 2019

Hall L

17:00-18:30

Hemodynamic Monitoring Misconception

Chairpersons: **Bakhshi M, Ganjikhoo M, Shariat E, Rezvan Noubahar M**

Moderator: **Ganjikhoo M**

Nursing Sessions

Thursday, February 28, 2019

Hall L

7:00-8:00

Advanced Cardiac Life Support (Skills)

Chairpersons: **Mahdavi M, Mohsenipor AR, Sadeghi Shermeh M, Totonchi Z**

Moderator: **Sadeghi Shgermeh M**

Nursing Sessions

Thursday, February 28, 2019

Hall L

8:30-10:00

**How Different is Nursing Care of Patients
Undergoing Cardiac Surgery for Different
Pathologies?**

Chairpersons: **Rastgar S, Keshtkaran F, Bakhshi M**

Moderator: **Bakhshi M**

Nursing Sessions

Thursday, February 28, 2019

Hall B

8:30-10:00

Cardiac Emergencies

Chairpersons: **Sadeghi Shermeh M, Ghahrisarabi Ar, Ohebbi B**

Moderator: **Sadeghi Shermeh M**

Nursing Sessions

Thursday, February 28, 2019

Hall L

10:30-12:00

**Being a Dean in Nursing:
(Lessons Learned)**

Chairpersons: ***Ebadi A, Fallahikoshnab M, Jafar Jalal E, Moaddel S.***

Moderator: ***Fallahikoshnab M***

Nursing Sessions

Thursday, February 28, 2019

Hall L

13:00-14:30

Family Awaiting Heart Transplant

Chairpersons: **Masoumi A, Saliminejad L, Sayedfatemi N**

Moderator: **Sayedfatemi N**

Nursing Sessions

Thursday, February 28, 2019

Hall L

14:45-16:15

Cardiovascular Nurse-Led Services

Chairpersons: ***Nikbakht AR, Pighambari MM, Safdari MT, Sharifi Moghadam M***

Moderator: ***Safdari MT***

Nursing Sessions

Thursday, February 28, 2019

Hall L

16:30-18:00

**Integrating Care in Management of
Heart Failure**

Chairpersons: ***Moghaddamnia MT, Mohammadi N***

Moderator: ***Mohammadi N***

Nursing Sessions

Friday, March 1 st, 2019

Hall L

7:15-8:15

IABP (Skills)

Chairpersons: **Bakhshi M , Rezvan Nobahar M, Shafiei H, Nikpajouh A.A**

Moderator: **Bakhshi M**

Nursing Sessions

Friday, March 1 st, 2019

Hall L

08:30-10:00

**Cardiac Patients and Health Literacy:
Do They Hear What You Say?**

Chairpersons: **Khaleghparast S, Farahanie M , Nikpour S,
Peyravi H**

Moderator: **Peyravi H**

Friday, March 1 st, 2019

Hall B

Articles Oral Presentation

08:30-10:00

Chairpersons: *Ganji T, Ansarifar A, Moaddel P, Salemi S, Azadehjoui A*

Moderator: *Salemi S*

8:30-8:45 **The Effect of Protocol Weaning from Ventilator on the Duration of Mechanical Ventilation in Patients with Acute Kidney Injury after Open Heart Surgery**

Asadzadeh H. 1

¹ Shahid Rajaei Hospital, Nursing, Tehran, Iran

8:45-9:00 **The Effect of Using Standard Checklist on Nursing Handover Status in Cardiac Care Units of Afshar Hospital in Yazd**

Pakcheshm B. ¹, Bagheri I. ², Kalani Z. ³

¹ Iranian Social Security Organization, Nursing, Yazd, Iran

² Shahid Sadoughi University Of Medical Sciences, Meybod Nursing School, Yazd, Iran

³ School Of Nursing And Midwifery Research Center For Nursing And Midwifery Care Shahid Sadoughi University Of Medical Sciences, Department Of Nursing, Yazd, Iran

9:00-9:15 **Exploring Requirements of The 'Would Be' Expert Cardiac Care Nurse**

Dehghani H. ¹

¹ Yazd Cardiovascular Research Center Shahid Sadoughi University Of Medical Sciences Yazd Iran, Nursing, Yazd, Iran

9:15-9:30 **The Relationship Between Health Literacy and Adherence to Treatment in Cardiac Patients**

Khaleghparast S. ¹, Maleki A. ², Salesi M. ¹, Ghanbari B. ³, Maleki M. ¹

¹ Rajaie Cardiovascular Medical And Research Center, Iran University Of Medical Sciences, Tehran, Iran

² Department Of Anesthesiology Hazrat Rasool Akram Hospital, Iran University Of Medical Sciences, Tehran, Iran

³ Gastrointestinal And Liver Disease Research Center Firoozgar Hospital, Iran University Of Medical Sciences, Tehran, Iran

9:30-9:40

The Impact of Educational - Supportive Self-Care Package on Anxiety Depression and Stress in Myocardial Infarction Patients Hospitalized in Shahid Gholipour Hospital Boukan Iran 2016

Aghakhani N. ¹, Sanaei K. ¹

¹ Patient Safety Research Center Urmia University Of Medical Sciences Urmia Iran, Patient Safety Research Center Urmia University Of Medical Sciences Urmia Iran, Urmia, Iran

9:40-9:50

Relation of Marital Stress with Sexual Function in Patients with Ischemic Heart Disease

Ghanbari Afra L. ¹, Shahbazpour J. ², Ghanbari Afra M. ²

¹ Kamkararabnia Hospital Qom University Of Medical Sciences, Qom University Of Medical Sciences, Qom, Iran

² School Of Nursing Midwifery, Qom University Of Medical Sciences, Qom, Iran

9:50-10:00

Neglected Lead in Electrocardiogram Interpretation

Mohsenabadi M. ¹, Mohsenipour Foumani A. ¹

¹ Iranian Social Securityorganization, Nursing, Tehran, Iran

Nursing Sessions

Friday, March 1 St, 2019

Ahmadinia Hall 10:30-12:00	Plenary Session; Role of Technology in The Practice and Promotion of Cardiovascular Medicine
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Chairpersons: *Pezeshkian M, Nematipour E, Bassiri H,
Momtahn M, Omrani GH*

Moderator: *Sadeghipour P*

10:30-10:50 3D Printing
Abolfathi M

10:50-11:10 Role Of Social Media In The Practice And
Promotion Of Medicine
Yousefi-Nouraei R (By Sattelite)

11:10-11:30 The Role Of Artificial Inteligence &Big Data In
Medicine
Oveisi M

11:30-11:50 Nano-Technology In Medicine
Solati N

11:50-12:00 **Q&A**

Nursing Sessions

Friday, March 1 st, 2019

Ahmadinia

12:00-12:30

Closing Remark



Perfusion Sessions

Perfusion Sessions

Wednesday, 27 Feb, 2019

Hall S

CPB Management

08:00-09:30

Chairpersons: **Kalantar Motamedi MH, Ghafarripour M, Ghanbari A, Jani M**

**08:00-08:10 Secretary of the Perfusion
Moradi A**

**08:10-08:20 President of the Congress
Yousefnia MA**

08:20-08:50 Who is Perfusionist? (Presentation of Film)

08:50-09:10 Clinical and laboratory Results of Adding Albumin Versus Fresh Frozen Plasma in Priming Solution of CPB in Pediatric Patients Hosseinzadeh M. ¹, Gholampour Dehaki M. ¹, Gorjipour F. ¹, Taghizadeh A. ², Taiyari S. ²
¹ Rajaie Cardiovascular Medical And Research Center, Cardiac Surgery, Tehran, Iran
² Children Medical Center Tehran University Of Medical Sciences, Pediatric Cardiac Surgery, Tehran, Iran

09:10-09:30 Serum levels of IL-6 IL-10 and TNF- α Renal Function Biochemical Parameters and Patients' Outcomes in Pediatric Cardiopulmonary Bypass Surgery Gorjipour F. ¹, Totonchi Z. ², Tirgarfakheri K. ², Maziar Gholampour Dehaki M. ², Hosseini S. ², Sadeghi T. ³, Mortazian M. ², Mehrabani M. ⁴, Gorjipour F. ²
¹ Iranian Scientific Society Of Extracorporeal Technology Rajaie Cardiovascular Medical And Research Center Iran University Of Medical Sciences, Iranian Scientific Society Of Extracorporeal Technology, Tehran, Iran
² Rajaie Cardiovascular Medical And Research Center Iran University Of Medical Sciences, Rajaie Cardiovascular Medical And Research Center Iran University Of Medical Sciences, Tehran, Iran
³ Tehran Medical Sciences Branch Islamic Azad University, Tehran Medical Sciences Branch

Perfusion Sessions

Islamic Azad University, Tehran, Iran

⁴ Tehran Heart Center Tehran University Of
Medical Sciences, Tehran Heart Center Tehran
University Of Medical Sciences, Tehran, Iran

Perfusion Sessions

Wednesday, 27 Feb, 2019

Hall S	Perfusion
10:00-11:30	Learning and sharing of experiments in perfusion

Chairpersons: **Rostami AR, Jalali AR, Movahedi A, Shirvani Y**

10:00-10:20 **Case Report of Using Argatroban Instead of Heparin in Patient With Heparin-Induced Thrombocytopenia HIT Undergoing Cardiac Tumor Resection**
Rakhsha K

10:20-10:35 **Team Work in CPB.**
Safari Soltanabad A¹
¹ Razavi Hospital, Cardiac Surgery, Mashhad, Iran

10:35-10:50 **Correlation of Rewarming Time With Arterial Blood Gas Parameters in Patient Undergoing Coronary Artery Bypass Graft Surgery**
Rafiee S¹
¹ Rajaei Cardiovascular Medical And Research Center, Perfusion, Tehran, Iran

10:50-11:30 **Accreditation in CPB.**
The Guest lecturer From The Ministry of Health & Medical Education

Perfusion Sessions

Wednesday, 27 Feb, 2019

Ahmadinia

Hall

11:30-12:00

Presidential Speeches

11:30-11:45

Professor Mohammad Ali YOUSEFNIA

President of the Iranian Society of Cardiac
Surgeons
& Chairman of the Congress

11:45-12:00

Professor Feridoun Noohi

*President of the Iranian Heart Association
& Co-Chairman of the Congress*

Perfusion Sessions

Wednesday, 27 Feb, 2019

Hall S

13:30-15:00

Critical Thinking Panel

Panelists ***Elahi A, Kaveh H, Sheikhalizadeh M, Azizi B***

Moderator: ***Hosseini SR***

13:30-14:00 **To Appraisal of BS Academic Degree of
Perfusion Curriculum
2-3 volunteer.**

14:00-14:30 **To Appraisal of IRANSECT and IRSSECT
2-3 volunteer.**

14:30-15:00 **To appraisal of Annual Congress
2-3 volunteer.**

Perfusion Sessions

Wednesday, 27 Feb, 2019

Hall S

Blood management in CPB

15:15-16:45

Chairpersons: **Hosseinzadeh K, Azarfarin R,
DoustMohamadi Z, Sheikhi B**

15:15-16:00 Hemovigilance at CPB.
***Hoseini H, Guest Lecturer from Iranian Blood
Transfusion Organization.***

**16:00-16:30 ATS Optimize Patient Care in Cardiac Surgery,
Hospitals Are Developing Blood Management
Strategies to Minimize Blood Loss, Reduce
The Need for Allogenic Blood Transfusions
and Reduce Health-Care Costs.**
El Dsoki Youssef (Liva Nova , Talim company)

**16:30 - 16:45 A Cardiopulmonary Bypass Based Blood
Management Strategy in Adult Cardiac
Surgery.**
Vahdati M

Wednesday, 27 Feb, 2019

Hall S

17:00-18:30

New technologies in perfusion 1

Chairpersons: **Ahmadi ZH, Mahdavi M, Vahdati M, Faghih Z**

17:00-17:20 **Hyperthermic Intra-Operative Chemotherapy for Management of Peritoneal Carcinomatosis with a cardiopulmonary bypass machine**

Banakar Y¹, Ghodrati M¹

¹ Shiraz University Of Medical Sciences, Anesthesia, Shiraz, Iran

17:20-17:40 **Perfusion Score**

Rahimi H¹

¹ Mashhad University Of Medical Sciences, Cardiac Surgery, Mashhad, Iran

17:45-18:05 **The survival rate and complications after congenital heart surgery in children under membrane oxygenation machine outside the body ECMO.**

Taghavi S¹, Mahdavi M², Totonchi Z², Jalali A², Skeikhi B³, Gorjipour F³, Tasmeh S²

¹ Mazandaran University Of Medical Sciences, Mazandaran University Of Medical Sciences, Mazandaran, Iran

² Rajaie Cardiovascular Medical And Research Center Iran University Of Medical Sciences, Rajaie Cardiovascular Medical And Research Center Iran University Of Medical Sciences, Tehran, Iran

³ Rajaie Cardiovascular Medical And Research Center Iran University Of Medical Sciences, Iranian Scientific Society Of Extracorporeal Technology, Tehran, Iran

18:05-18:30 **Cerebral Oximetry on CPB.**

Gorjipour F

Perfusion Sessions

Thursday, 28 Feb, 2019

Hall S

8:30-10:00

***New Technologies
in Perfusion 2***

***Chairpersons: Kargar F, Jahangirifard A, Ghaznavi E,
Azadmanjiri H***

8:30- 9:00 CRRT
Mohammadi M

09:00-09:30 HIPEC
Shafiei H

09:30-10:00 VAD
Ahmadpour T
(Satellite presentation)

Thursday, 28 Feb, 2019

Hall S

Organ protection

10:30-12:00

Chairpersons: *Jalali AH, Toutounchi MZ, Fattahi M, Gerami H*

10:30-10:45 The Influence of Mean Arterial Blood Pressure During Cardiopulmonary Bypass on Post Acute Kidney Injury AKI in Hypertensive Patients

Foroutan M. ¹, Fatahi M. ¹, Ziyaeifard M. ², Alavi S. ²

¹ Rajaei Cardiovascular Medical Research Center, Perfusion, Tehran, Iran

² Rajaei Cardiovascular Medical Research Center, Cardiac Anesthesiology, Tehran, Iran

10:45-11:00 Comparative Study of Cardiac Muscle Damage Markers and Clinical Outcomes in Patients Undergoing Pulmonary Valvular Surgery Using a Cardiopulmonary Bypass Device Using Two Beating Heart Pump and Non-Beating Heart Pump Methods
Miraki S

11:00-11:15 The Effect of Delnido and Custodiol Cardioplegia on Peri-Operation Clinical Outcomes in Patients With Tetralogy of Fallotwho Undergoing
Heidari Nia S. ¹

¹ Iranian Scientific Society Of Extracorporeal Technology, Rajaie Cardiovascular Medical And Research Center, Tehran, Iran

11:15-11:30 Effect of Adenosine Fast Cardioplegic Arrest Induced on Troponin Levels After On-pump bypass surgery
Bagherinasab M. ¹

¹ Shiraz University Of Medical Science, Anesthesiology, Shiraz, Iran

11:30- 12:00 Liva Nova modern equipments (Talim company)
Dsouki Y

Perfusion Sessions

Thursday, 28 Feb, 2019

Hall S

13:00-14:30

**Leadership in perfusion
(Sharing the experiences at perfusion)**

Moderator: *Broujerdi A, Moradi AR*

Panelists *Banakar Y, Gachkooban A, Mousavi A, Passandi H, Mafhoumi Y, SheikhAlizadeh M, Bagheri M, Gorbani M, Ahmadi M, Ahmadi P, Pourgarmroudi B, Miraghaei Sh, Soltani B, Khan-Ahmadi MA, Ghanbari A, Shams S, Yadegari MA*

13:00-14:20 **Discussion**

14:20-14:30 **Pluralization**

Perfusion Sessions

Thursday, 28 Feb, 2019

Hall S

14:45-16:15

CPB Management 2

Chairpersons: **Baghaie R, Ghiasi MS, Blouri A, Mohiaddin M**

14:45-15:55 Cell Salvage and Blood Management in CPB
Darman yab salamat pouya company.
Naily T

15:55-16:15 **Guidelines for Temperature Management During Cardiopulmonary Bypass**
Yadegary M.¹, Bayat R.¹, Hamadani K.¹, Karami A.¹, Abrahimi A.¹, Rezvan M.¹, Mohamadi F.¹, Eazti M.¹
¹ Zanzan University Of Medical Sciences,
Critical Care Nursing Department, Zanzan, Iran

Perfusion Sessions

Thursday, 28 Feb, 2019

Hall S

16:30-18:45

IRANSECT and IRSSECT annual General Assembly

Panelists ***IRANSECT Board Members***

Moderator: ***Broujerdi A, Moradi AR***

16:30-1800 **IRANSECT Annual General Assembly and Election of IRANSECT Inspector.**

18:00-18:10 **President of the IRAN ECT Board
*Gholampour M***

Panelists **IRSSECT Board Members**

Moderator: **Soltani B, Gorjipour F**

18:10-18:45 **IRSSECT Annual General Assembly**

Friday, 1 March, 2019

Hall S

Standards in Perfusion

8:30-10:00

Chairpersons: **Shakerian B, Dabbagh A, Shoul A, Gholami H**

08:30-09:00 Cardio-Pulmonary Bypass During Pregnancy. Azizi B. ¹

¹ Shahid Faghihi Hospital, Cardiac Surgery, Shiraz, Iran

09:00-09:20 Assessing Serum Fibrinogen and Fibrin Degradation Products FDP Changes in Hypothermia and Normothermia in Patients Undergoing Cardiopulmonary Bypass Banakar Y. ¹, Ghodrati M. ¹

¹ Shiraz University Of Medical Sciences, Anesthesia, Shiraz, Iran

09:20-9:45 Recommendations for Standards of Monitoring and Alarms During Cardiopulmonary Bypass. Rahimi H. ¹

¹ Mashhad University Of Medical Sciences, Cardiac Surgery, Mashhad, Iran

09:45-10:00 Zero-Balance Ultrafiltration of the Priming Blood Modifies the Priming Components and Improves the Clinical Outcome in Infants Undergoing Cardiopulmonary Bypass a Randomized Controlled Trial Niknam S. ¹, Gholampour M. ², Azarfarin R. ³, Salehzade A. ¹

¹ Rajaie Hospital, Pefusion, Tehran, Iran

² Rajaie Hospital, Heart Surgian, Tehran, Iran

³ Rajaie Hospital, Anaesthesia, Tehran, Iran

Perfusion Sessions

Friday, March 1 St, 2019

Ahmadinia Hall 10:30-12:00	Plenary Session; Role of Technology in The Practice and Promotion of Cardiovascular Medicine
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Chairpersons: *Pezeshkian M, Nematipour E, Bassiri H, Momtahn M, Omrani GH*

Moderator: *Sadeghipour P*

10:30-10:50 3D Printing

Abolfathi M

10:50-11:10 Role Of Social Media In The Practice And
Promotion Of Medicine

Yousefi-Nouraei R (By Sattelite)

11:10-11:30 The Role Of Artificial Inteligence &Big Data In
Medicine

Oveisi M

11:30-11:50 Nano-Technology In Medicine

Solati N

11:50-12:00 ***Q&A***

Perfusion Sessions

Friday, March 1 st, 2019

**Ahmadinia
Hall
12:00-12:30**

Closing Remark



Physiotherapy Sessions

Physiotherapy Sessions

Wednesday, February 27, 2019

Hall E	Invited Lecturers & Abstract Presentation
15:15-16:45	

*Chairpersons: **Rahbar S , Naseri N , Sinaee H ,
Saeedi M***

15:15-15:45 **Physiopathology of CHF**
Vasaghigharamaleki B

15:45-16:15 **Cardiac Rehabilitation in CHF Patients**
Attarbashimoghadam B

16:15-16:45 **Physiopathology of Hypertension**
Vasaghigharamaleki B

Physiotherapy Sessions

Wednesday, February 27, 2019

Hall E

17:00-18:30

Invited Lecturers & Abstract Presentation

Chairpersons: Attarbashimoghadam B , Saba SM, Ahsani AR, Mirsalimi Z

17:00-17:30 Effect Of Exercise On Hypertension
Khosraveian Arab T

17:30-17:50 Effects Of Resistance Training On Cardiovascular Parameters And Glycemic Control In Patients With Type 2 Diabetes
Saeidi M.¹, Ravanbod R.¹

¹ Tarbiat Modares University, Physiotherapy, Tehran, Iran

17:50-18:10 A Review of Telerehabilitation Methods for Monitoring Cardiovascular and Pulmonary Patients outside the Rehabilitation Centers
Boozari S.¹

¹ Faculty Of Medical Sciences Tarbiat Modares University, Assistant Professor Department Of Physiotherapy, Tehran, Iran

18:10-18:30 Exercise Training Progression In Cardiac Rehabilitation
Fasihnia S.¹, Mosallanezhad Z.¹, Abdoos M.¹

¹ University Of Social Welfare And Rehabilitation Sciences, Physical Therapy, Tehran, Iran

Physiotherapy Sessions

Thursday, February 28, 2019

Hall E

8:30-10:00

Invited Lecturers

Chairpersons: **Saidi A, Vasaghigharamaleki B, Abdollahi I, Fakhari Z**

Moderator:

08:30-09:00 E.C.G for Physiotherapists (Advanced)
Bakhshi M

09:00-09:30 Pulmonary Complications after Cardiac Surgery
Alishah M

09:30-10:00 Atrial Blood Gas (ABG)
Nejat R

Physiotherapy Sessions

Thursday, February 28, 2019

Hall E	Comprehensive Study of the Patient after Heart Surgery, a Team Decision Making
10:30-12:00	
<i>Moderator:</i>	<i>Zafarnejad M</i>
10:30-10:50	Identification Of ECG Changes <i>Bakhshi M</i>
10:50-11:10	Assessment Of ABG Changes <i>Nejat R</i>
11:10-11:30	Chest X-Ray Differential Diagnosis (Atelectasis, Plural Effusion And Pneumothorax) <i>Alisha M</i>
11:30-12:00	Physical Therapy And Cardiac Rehabilitation Management <i>Zafarnejad M</i>

Physiotherapy Sessions

Thursday, February 27, 2019

Hall E

13:00-14:30

**The Roll Of Diagnostic Test On Cardiac
Rehabilitation Programs**

moderator: **Attarbashimoghadam B**

13:00-13:20 **Exercise Stress Test**
Sadeghian M

13:20-13:50 **CT and MR Angiography**
Saba J

13:50-14:10 **Echocardiography**
Sadeghian M

14:10-14:30 **Classification of Patients in Cardiac
Rehabilitation Centers**
Attarbashimoghadam B

Thursday, February 28, 2019

Hall E

Physical Therapy & Cardiac Rehabilitation

14:45-16:15

Chairpersons: Shadmehr A, Naghdi S, Shahali Sh, Parsanezhad P

14:45-15:15

Chest Pain in Children

Rastgar Koutenaei F. ¹, Jahantigh Akbari N. ², Ali Rezaei O. ³

¹ Phd Student Of Iran University Of Medical Sciences, Physiotherapy, Tehran, Iran

² Phd Student Of Shahid Beheshti University, Physiotherapy, Tehran, Iran

³ Tehran University Of Medical Sciences, Physiotherapy, Tehran, Iran

15:15-15:35

Effect of aerobic and resistance exercises on cardiovascular fitness functional ability and muscle strength in children with hemophilia
Marzban V. ¹

¹ Iranian Comprehensive Hemophilia Care Center, Physiotherapy, Tehran, Iran

15:35-15:55

Effect of Cognitive Behavior Therapy on cardiac rehabilitation Review article
Rahimi F. ¹, Arzani P. ²

¹ Musculoskeletal Rehabilitation Research Center Rehabilitation School Jundishapur University Of Medical Sciences, Physiotherapy Department, Ahvaz, Iran

² Rehabilitation School Of Shahid Beheshti University Of Medical Sciences, Physiotherapy Department, Tehran, Iran

15:55-16:15

Reaction Time and Anticipatory Skill in Patients Undergoing Percutaneous Coronary Intervention Compared with Normal Control A Pilot Study
Dabbaghipour N. ¹, Sadeghian M. ², Attarbashi Moghadam B. ¹, Shadmehr A. ²

¹ Tehran University Of Medical Science, Physiotherapy, Tehran, Iran

² Tehran University Of Medical Science, Medicine, Tehran, Iran

Physiotherapy Sessions

Thursday, February 28, 2019

<i>Hall E</i> 16:30-18:00	How to Setup Cardiac Rehabilitation & Exercise Prescription
16:30-17:15	Cardiac Rehabilitation Phase I , II <i>Zafarnejad M</i>
17:15-18:00	Cardiac Rehabilitation Phase III In Hospital & Private Clinics <i>Attarbashi Moghadam B</i>

Physiotherapy Sessions

Friday, March 1 St, 2019

Hall E

8:30-10:00

(Panel Discussion)

**Multidisciplinary Approach to Cardiac
Rehabilitation**

Panelist: **Hashemi M**

8:30-9:00 **Multidisciplinary Team in Cardiac
Rehbilitation**
Attarbashi Moghadam B

09:00-09:30 **Psychosomatic Consideration in Cardiac
Patients**
Sharafi E

09:30-10:00 **Nutritional Recommendation for Cardiac
Patients**
Aghasi M

Physiotherapy Sessions

Friday, March 1 St, 2019

Ahmadinia Hall 10:30-12:00	Plenary Session; Role of Technology in The Practice and Promotion of Cardiovascular Medicine
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Chairpersons: *Pezeshkian M, Nematipour E, Bassiri H,
Momtahn M, Omrani GH*

Moderator: *Sadeghipour P*

10:30-10:50 3D Printing
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10:50-11:10 Role Of Social Media In The Practice And
Promotion Of Medicine
Yousefi-Nouraei R (By Sattelite)

11:10-11:30 The Role Of Artificial Inteligence &Big Data In
Medicine
Oveisi M

11:30-11:50 Nano-Technology In Medicine
Solati N

11:50-12:00 **Q&A**

Physiotherapy Sessions

Friday, March 1 st, 2019

Ahmadinia

Hall

12:00-12:30

Closing Remark



Poster Physician

Hypertension prevalence and its association with anthropometric indices among Iranian adults

Vakhshoori M.¹, Eghbalibabadi M.², Shafieyoon S.³, Feizi A.⁴, Heidarpour M.⁵, Shafie D.⁶, Khosravi A.⁷, Sarrafzadegan N.⁸

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⁷ Interventional Cardiology Research Center, Department Of Cardiology, Isfahan, Iran

⁸ Cardiovascular Research Center, Department Of Cardiology, Isfahan, Iran

Backgrounds:

Overweight and obesity are risk factors influencing in pathogenesis of hypertension (HTN) in which there are different methods available assessing them. The aim of our study was investigating the relation between HTN and anthropometric indices including body mass index (BMI), waist circumference (WC), waist to height ratio (WHtR), hip circumference (HC) and waist to hip ratio (WHR) among Iranian adults.

Material and method :

From August 2015 till March 2016 total numbers of 1178 males and 1086 females who aged at least 18 years were recruited in study. Demographic data were gathered through questionnaire. Blood pressure (BP) was assessed three times with one minute interval from each participant's right arm and the mean of 2nd and 3rd was considered as individual's BP. All related anthropometric indices measurements were performed with standardized equipment and by trained personnel.

Result:

HTN prevalence was 21.3 and 18.7 % in men and women, respectively. All anthropometric indices had significant correlation with systolic and diastolic BP ($P < 0.001$). In comparison with healthy individuals, hypertensive ones had

higher means of all indices ($P < 0.001$). Increased in quartiles of BMI, WC, WHtR, HC and WHR was associated with higher prevalence of HTN compared with reference group in crude model. In the last model and after adjustment of all confounding variables, these relations were remained significant especially in 3rd and 4th quartiles.

Conclusion:

Our data suggested by increasing anthropometric indices, HTN prevalence would be raised. Multiple prospective studies required defining the exact relation between aforementioned variables.

Amazing in hospital primary percutaneous coronary intervention results in Farshchian Heart Center

Naghshabrizi B.¹, Emami F.¹, Yazdi A.¹, Hosseini K.¹, Mozayanimonfared A.¹

¹ Farshchian Heart Center, Cardiology, Hamadan, Iran

Backgrounds:

This study was performed to evaluate the in hospital outcome of PPCI for STEMI patients in referral Farshchian Heart Center, Hamadan.

Material and method :

All patients with STEMI [1286 cases: 457 in 2016, 453 in 2017 and 376 in 2018] who were admitted to emergency room of Farshchian Heart Center between April 2016 and December 2018 underwent invasive approach, consecutively. Standard radial approach has been used in the most of the patients. In hospital mortality was assessed.

Result:

The mean age of the patients was 60.5 years old (between 32 and 93 years old). The 53.5% of them were male. On admission, the mean duration of onset of symptoms to hospital arrival was 204±156.2 minutes. The mean Door - To - Device was 78.2 minutes and the average time between ECG verification of STEMI to device time was 61.8 minutes. Stent deployment was performed in 1112 (86.46%) cases and the rest of them either were candidates for CABGs or medical treatment. All-cause mortality occurred in 4.18% (4.36% in 2016, 4.9% in 2017, and 3.29% in 2018) and PPCI mortality happened in 1.71% (1.58% in 2016, 2.3% in 2017 and 1.25% in 2018) of patients.

Conclusion:

In compare to other previous studies, the results of PPCI in our center were amazing. PPCI is feasible and efficient in STEMI patients with good out come.

serum Vitamin D level and Hypertensive Crises

Amanollahi F.¹, Moazenzadeh M.², Rashidinejad H.², Safizadeh H.³

¹ Clinical Research Unit, Cardiovascular Research Center, Kerman, Iran

² Basic And Clinical Physiology Sciences, Cardiovascular Research Center, Kerman, Iran

³ Institute For Futures Studies In Health, Social Determinants Of Health Research Center, Kerman, Iran

Backgrounds:

Vitamin D deficiency is associated with hypertension; however, there is no study between vitamin D deficiency and hypertensive crises. This study was determined the relationship between serum vitamin D levels and hypertensive crises.

Material and method :

This descriptive-analytical, cross-sectional study was conducted on 120 individuals within the age range of 40-80 years, selected through simple random sampling. The research population was divided into two groups of hypertensive crises ($n=60$) with blood pressure over 180/120 mm/Hg and hypertensive patients without history of hypertensive crises ($n=60$). 5 ml peripheral venous blood samples were collected. The blood serum was isolated by centrifugal device and analyzed by ELISA.

Result:

The mean levels of vitamin D in hypertensive and non-hypertensive crises groups were 29.73 and 30.23 ng / ml, respectively. There was no significant difference between the two groups in terms of vitamin D levels ($P>0.05$). However, no statistically significant difference was observed between the two groups considering gender ($P>0.05$). Serum vitamin D levels showed a direct correlation with the duration of hypertension and age ($P<0.05$ and $P<0.01$, respectively). There was a significant correlation between serum vitamin D levels and the number of hypertensive crises over the past year. In this regard, the reduction of serum vitamin D levels was accompanied with the enhancement of the number of hypertensive crises ($P<0.01$).

Conclusion:

There is evidence on the relationship between serum vitamin D levels and cardiovascular diseases, including hypertension. Nonetheless, in the present study, no significant relationship

Poster Physician

was observed between serum vitamin D level and hypertensive crises.

The role of genetic counselling and familial screening in the management of Hypertrophic Cardiomyopathy

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¹ Tarbiat Modares University, Department Of Medical

Genetics Faculty Of Medical Sciences, Tehran, Iran

² Tabriz University Of Medical Sciences, Cardiovascular Research Center, Tabriz, Iran

Backgrounds:

Hypertrophic cardiomyopathy(HCM) is the most prevalent cardiomyopathy demonstrating the spectrum of genotype and phenotype heterogeneity. It is commonly inherited in an autosomal dominant pattern involving several genes. Clinical presentation varies considerably, ranging from absent or late onset to serious symptoms including angina and syncope.

Owing the fact that the first manifestation may be sudden cardiac death (SCD), early identification of at risk individuals is of particular importance. This may include clinical evaluation, echocardiography, and genetic counselling and molecular screening . In this study, We aimed to bring the benefits of genetic counseling to the attention of clinicians for early diagnosis and appropriate management of HCM.

Material and method :

Four HCM Patients were referred to genetic counselling after echocardiography in Shahid Madani Hospital, Tabriz, Iran. Pedigree of families was made by Progeny software and suspected family members were referred to echocardiography.

Result:

In all families, there was one affected person before genetic counselling. In two families, pedigrees showed autosomal dominant inheritance with history of SCD in first degree relatives. Echocardiography of siblings revealed another affected member in these families. Also, autosomal dominant pattern was in one family that echocardiography revealed HCM condition in one of the proband;s child. Pedigree of a family with consanguineous marriage showed autosomal recessive pattern of inheritance. All children were unaffected in echocardiography assay however genetic testing was offered for all of them.

Conclusion:

According to this results, genetic counselling and genetic evaluation of first degree of affected patients is important to risk stratification and manage the at risk members.

The relationship between socioeconomic level and cardiovascular risk factors in patients with severe coronary angiography

Azdaki N. ¹, Moezi S. ¹, Niroomand M. ², Khosravi Bizhaem S. ¹

¹ Cardiovascular Diseases Research Center Birjand University Of Medical Sciences Birjandiran, Razi Hospital, Birjand, Iran

² Student Research Committee Birjand University Of Medical Sciences Birjand Iran, Razi Hospital, Birjand, Iran

Backgrounds:

Coronary artery disease is the most important cause of death due to cardiovascular diseases and the main treatment is angioplasty. The purpose of this study was to examine the relationship between cardiovascular risk factors and socioeconomic status with the severity of coronary artery disease in patients. The extension of coronary artery disease was assessed using SYNTAX score.

Material and method :

This cross-sectional study was conducted on 493 patients referring to the department of angiography in Vali-e-Asr Hospital, Birjand (Aug-Dec 2017). Demographic information, cardiovascular risk factors and socioeconomic status were assessed by using a case file and a questionnaire. Data were analyzed using Chi-square, ANOVA, Kruskal wallis tests and zero-inflated regression model by SPSS (V. 22) and R (V.3.2.1) softwares. P-value <0.05 considered to be significant.

Result:

Mean age was 60.2 ± 10.92 years (30-89 years) and 50.9% were male. The prevalence of cardiovascular risk factors was low physical activity 91.7%, abdominal obesity 69.4%, dyslipidemia 60.3%, hypertension 46.2%, diabetes 22.1%, family history 22.9%, opium consumption 22.5%, and smoking 15.5%. Mean SYNTAX score was 9.4 ± 12.9 and 46% of patients had score=0, 35.7% score 1-22, 11.8% score 22-33 and 6.5% score over 33, respectively. SYNTAX score was significantly high in ageing, male and diabetic patients (OR: 1.03, 2.24, 2.69), also higher in low socioeconomic patients.

Conclusion:

Given the high prevalence of cardiovascular disease and risk factors taking measures to prevent and control risk factors, and lifestyle modification including increasing the awareness and implementing preventive measures against substance abuse and improvement of quality of life and socioeconomic level seems to be necessary.

Do patients with coronary artery bypass grafts using radial artery need special nursing care

Nasrizadeh Moghaddam S.¹

¹ Dena Hospital, Cardiac Surgery, Shiraz, Iran

Backgrounds:

The use of radial artery as bypass grafts interest to cardiac surgeons.

This is due to the improved patency rate of the radial artery grafts than that of the saphenous vein.

Material and method :

Such patients may suffer complications such a edema , hematoma , pressure on the sutures causing ischemic limb problems , functional disabilities and bleeding.

Result:

This led us to share our experiences regarding the results of nursing care in the cardiac surgery department of Dena hospital in Shiraz , which included 600 patients undergoing coronary artery bypass graft surgery using radial artery.

Conclusion:

Specific consideration in these patients such as elevation of the patients' hands ,
checking the circulation of the hand with a pulse oximeter ,regularly checking of the donor site for evaluation of the hematoma ,
checking of the patients' performance and giving patients the necessary explanations resulted in least explanation encountered in such a large cardiac surgery cohort.

keywords:cardiac surgery,radial artery ,nursing care

Comparison of mean 2nd and 3rd blood pressure measurements with other reading frequencies among Iranian adults

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Backgrounds:

Appropriate frequencies of blood pressure (BP) measurements required to be investigated in order to find real hypertension (HTN) cases. In this article, we aimed comparing 2nd and 3rd time mean BP measurements with 1st (BP₁), 2nd (BP₂), mean of 1st and 2nd (BP_{1,2}) and all three ones (BP_{1,2,3}) among Iranian adults.

Material and method :

A total number of 2264 individuals living in Isfahan, Iran and aged at least 18 years were recruited for study. after 5 minutes of resting in a quiet room, BP was assessed from each individual's right arm via standard equipment and methods by trained personnel. Mean 2nd and 3rd BP was considered as reference (BP_{2,3}).

Result:

Mean age of male and female participants were 41.3 ± 16.5 and 40.6 ± 15.8 years, respectively. Both systolic blood pressure (SBP) and diastolic blood pressure (DBP) was significantly higher in men comparing with women by any measurement frequency methods. Clinically significant difference (≥ 5 mmHg) was mostly observed in systolic and diastolic of BP₁ in comparison to the reference group. DBP of 1st time measurements and all SBPs except SBP₂ showed positive differences from diastolic and systolic of BP_{2,3}, respectively. Furthermore, both BP₁ indices revealed significant abnormal levels ($\geq 140/90$ mmHg) more frequently compared to BP_{2,3}. Mean of all measurements did not show any significant relation.

Conclusion:

BP_{2,3} would be a reasonable suggestion due to better

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categorization of HTN status and it is advisable not to consider 1st time reading for HTN diagnosis. Further studies required quantifying precise BP measurement frequencies.

How to approach a case of complication “EVAR” after 5 years

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¹ Sina Hospital, Vascular Surgery, Tehran, Iran

Backgrounds:

Dr.majid moini, Dr.mohammad sadra nazari

SINA HOSPITAL ,TEHRAN,IRAN.

The patient is 57 years old male with history of Diabetes, HTN, CABG , ESRD from 1 years ago and EVAR for a 70mm infrarenal AAA with a Suitable landing zone (2.5cm) 5 years ago. He was referred to Sina hospital with a complaint of generalized abdominal pain, extended to the left side of the abdomen & flank in the past 4 days. In the beginning of the admission BP : 160/100 PR:67 RR:18 , Cardiopulmonary examination was normal. There was a palpable pulse and a mild tenderness in abdominal examination. Upper and lower limbs were not edematous nor cyanotic , with full and symmetric pulses. Regarding the history of aortic repair by the EVAR method. CT angiography was done from the aortic arch to the distal of both limbs. The CT angiography revealed that The graft stent detached from the landing zone and Size of aneurysm was 9.5 cm with severe angulation of the neck. Due to his age, low cardiac output and ESRD , The patient's desire, endovascular intervention preferred. Then the patient was underwent EVAR + CHIMMNEY (Celiac artery and SMA stent graft) were performed.

Material and method :

Result:

Conclusion:

angiographic evaluation of graft patency in patients with prior CABG referred to north of Iran between 2013-2017

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Backgrounds:

Ischemic heart disease is the leading cause of death in the world. CABG (coronary artery bypass graft) is one of the standard treatment for Ischemic heart disease. Graft patency is affected by several factors. This study is conducted to find out more about these patients and the factors affecting graft patency.

Material and method :

This cross-sectional study is conducted to evaluate 225 symptomatic post-CABG patients, by coronary angiography from 2013-2017 in Rohani Hospital.

Result:

225 patients, including 130 men and 95 women with average age of 64 ± 9.9 years, underwent coronary angiography after 7.6 ± 7 years after being symptomatic. 71.1% of patients, had graft failure in at least one of arterial or venous grafts. The failure rate of LIMA (left internal mammary artery) to LAD (left anterior descending) did not increase with the time interval of the CABG to angiography. The rate of venous graft failure after 10 years significantly increased (p-value: 0.02). The incidence of LIMA to LAD patency in women (64.7%) was less than in men (79.9%) (p-value: 0.01). But the patency of venous grafts did not differ significantly between men and women (p-value: 0.8).

Conclusion:

patency rate of LIMA to LAD graft in women was less than men and less than expected. None of the factors like diabetes, hypertension, dyslipidemia, and renal failure alone did not increase the likelihood of failure.

Title A rare complication of PCI Percutaneous Coronary Intervention that led the patient to CABG Coronary Artery Bypass Grafting

Salehi P.¹, Alemzadeh Ansari M.¹, Norouzi Z.¹

¹ Rajaie Heart Center, Cardiology, Tehran, Iran

Backgrounds:

Background:

A 60 year old male was presented with typical chest pain NYHA (New York Heart Association) function class III. He mentioned a history of hypertension and hyperlipidemia, stroke and gastrointestinal bleeding. Angiographic results including totally cut of LAD (Left Anterior Descending) artery in midportion, totally cut of at ostial portion of the second branch of diagonal and a segmental significant stenosis in the mid portion of LCX (Left circumflex) and also a significant midportion lesion in RCA (Right Coronary Artery). He was a candidate for multivessel PCI (Percutaneous Coronary Intervention).

Material and method :

Method and Materials:

Procedure including the developing of two stents in LAD: 3-33 mm Xience stent at proximal part, and a 2.5-18 Xience stent at midpart portion and balloon angioplasty on diagonal. After discharge the patient experienced chest pain again and it was continuing for six weeks. He was under medical treatment. On the next angiography for staged PCI, an unexpected pseudo-aneurysm was seen. It was in the mid part of LAD exactly on the location of the stent that was performed in the previous PCI. Due to the high possibility of thrombosis in LAD and the presence of a lesion in RCA and LCX, CABG (coronary artery bypass grafting) was considered.

Result:

Science LAD was patent and in this situation, using a LIMA (Left Internal Mammary artery) graft would be unsuccessful due to its occlusion by the competitive blood flow by LAD. So on the surgery, at first totally occlusion of LAD by suturing at the site of the pseudo-aneurysm, was done. Then four grafts were considered including LIMA to LAD and three SVG (Saphenous Vein Graft) grafts to OM1 (Obtuse Marginal), D1 (Diagonal) and PDA (Posterior descending artery).

Conclusion:

Coronary aneurysm is a rare complication after PCI and it can be life-threatening. Early diagnosis can be lifesaving. Chest

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pain after any interventions is a leading point to diagnose the complications, especially when there is no response to the medical treatment. Regular follow up is the key point to diagnose any complications in the golden time for the treatment.

Novel distal accesses in the hand for percutaneous coronary angiography and intervention

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³ Isfahan University Of Medical Sciences, Biostatistics, Isfahan, Iran

Backgrounds:

Trans-radial and trans-ulnar accesses have been practiced and recommended as default and alternative techniques for coronary angiography and angioplasty in recent years. In this study, we present new innovative approaches using more distal access points, i.e. trans-snuff box and trans-palmar approaches.

Material and method :

We conducted dorsal hand access (trans-snuff box) for angiography and/or angioplasty on 235 patients since 1 October 2016 and trans-palmar access (superficial palmar branch of ulnar artery) on 175 patients since 15 October 2016 in Shaheed Chamran, Khorshid and Shaheed Saddoghi hospitals (Isfahan, Iran).

Result:

In 221 patients out of 235 ones (94.1%)(men=76.5%, mean \pm SD of age=57.4 \pm 10.4 years and women=23.5%, mean \pm SD of age=62.4 \pm 9.5 years), our procedure through snuff box (dorsal hand)was successfully performed .In 159 patients out of 175 ones (90.8%) men=76%, mean \pm SD of age=58.1 \pm 10.5 and women=24%, mean \pm SD of age=61.2 \pm 9.6) our procedure through palmar artery was successfully performed. In total, the evaluated patients had mild pain 3.4% for snuff box and 4.5% for palmar), ecchymosis in distal forearm (5.1% for snuff box 2.8% for palmar), with no major complications even one (amputation, infection, thrombosis, need for surgery, hand dysfunction, nerve palsy, and so forth).

Conclusion:

Although our procedures are at their early stages with about a follow-up period of 17 months, more researches are recommended to be conducted in forthcoming months & years and this new innovative approaches could be suggested safe, feasible & reliable with low complications.

Study of Correlation between Vitamin D and Coronary Artery Calcification

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² Isfahan University Of Medical Sciences, Pathology Department, Isfahan, Iran

Backgrounds:

considering the role of vitamin D in cardiovascular disease (CVD) and the relationship between coronary artery calcium score (CAC) and CVD, we aimed to investigate the association between serum level of vitamin D level and CAC.

Material and method :

in this cross sectional study, 83 consecutive patients were referred for performing CT angiography to measure CAC. An educated nurse filled a questionnaire containing the information about past medical history of diabetes mellitus, hypertension, hyperlipidemia and smoking for each patient. Serum samples were collected for the evaluation of vitamin D level. After adjustment with confounders, we extracted and analyzed the data to assess relationship between vitamin D level and CAC.

Result:

this study included the final number of 67 patients of which 37 had positive CAC (mean CAC: 128.1) and patients had 30 negative CAC (mean CAC: 0). There was no significant association between CAC and vitamin D levels ((Pearson coefficient= -0.01 and Spearman coefficient= -0.03, P value>0.05) but the past history of hyperlipidemia and D.M were more prevalent in CAC-patients than those without CAC (62.2% and 32.4% vs. 60% and 13.3%) (P value<0.05).

Conclusion:

our study revealed that vitamin D had no significant relationship with CAC. Furthermore, among major risk factors of cardiovascular diseases, diabetes mellitus and hyperlipidemia are associated with higher CAC scores

Impact of Procaine Hydrochloride Versus Lidocaine in Cardioplegic Solution on Reperfusion Arrhythmia During Coronary Artery Bypass Graft Surgery

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⁴ Rajaei Cardiovascular Medical And Research Center, Epidemiology, Tehran, Iran

⁵ Rajaei Cardiovascular Medical And Research Center, Clinical Pharmacy, Tehran, Iran

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Backgrounds:

The best way to reduce the occurrence of arrhythmias that generally occur after an open heart surgery is to improve the quality of myocardial protection against reperfusion damage during the cross-clamp time. In this regard, different cardioplegic solutions play a key role. Differences in the types and contents of cardioplegic solutions may lead to different results of effective protection of the myocardium. The purpose of this study was to compare the effects of the newly introduced procaine hydrochloride (PHC) containing cardioplegic solution (Shahid Ghazi Pharmaceutical Co. Tabriz, Iran) and lidocaine (L) in cardioplegic solution on post aortic clamp arrhythmia in coronary artery bypass graft surgery.

Material and method :

This study is a randomized clinical trial that was performed in Rajaie cardiovascular, Medical and research center after obtaining permission from the ethics committee. A total of 100 patient candidates for coronary intervention from October 2016 to March 2017 were divided into two groups and randomly assigned one of the two cardioplegic solutions that were only different in the antiarrhythmic solution contents of procaine hydrochloride and lidocaine. After aortic de-clamp during post ischemic time, spontaneous sinus rhythm return, post-operative arrhythmia, and the dosage of lidocaine, magnesium and inotropic drugs, or the use of defibrillator and pacemaker in the operating room or the intensive care unit have been investigated.

Result:

After aortic de-clamp, in the PHC group, the spontaneous return of heart rate was higher (P value = 0.02, 64% for PHC and 42% for L group). Furthermore, the required dosage for lidocaine and magnesium (P = 0.02) and inotrope (P = 0.04) were also relatively lower, but in general, the percentage of arrhythmia occurred requiring defibrillator and pacemaker after operation between the two groups did not show any significant differences. Clinically, the required cardioplegic solution volumes were slightly higher in PHC group.

Conclusion:

Although the cardioplegic solution containing procaine hydrochloride is effective in protecting myocardium during non-complex surgeries to spontaneously reverse the heart rhythm, it does not have any significant effects on decreasing arrhythmia after aortic de-clamp and is not preferable to the cardioplegic solution containing lidocaine. Obviously, the definitive result depends on the repetition of the results based on similar clinical studies, with more patients.

Resternotomy a single center experience

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Backgrounds:

Every cardiothoracic surgeon is dealing with ever increasing patients who need for reoperation. These group of patients are increasing and will continue to increase as the general population ages. Reoperations are technically more difficult because of associated risk of reentry in a heart with more advanced pathology, little reserve and the presence of more frequent comorbidities. Routine peripheral cannulation in every patient who needs resternotomy is inadvisable, time consuming and has no noticeable role in decreasing the risk of reentry. In our center, before proceeding with a resternotomy, we deal with this issue by taking a lateral CXR the day before operation and according to our findings, associated patient risk factors for reoperation, previous patient operation and new pathology that we are dealing to it, intending the best approach individually. In this article we pay attention to our experiences in more than two hundred resternotomy without any peripheral cannulation.

Material and method :

This is a retrospective cohort study on resternotomy patients, between June 2011 and August 2018 in Imam Khomeini Hospital Complex, Tehran University of Medical Sciences. We enrolled 437 consecutive resternotomy patients, 229 (52.4%) male and 208 (47.5%) female, mean age of 47.7 ± 18.2 years. CXR was taken from every patient the day before operation and according to our findings, patient risk factors for resternotomy and previous operation, intending the best approach individually. Our goals was to observe the events intraoperatively and their outcomes after operation. Nearly we never used peripheral cannulation in our patients and resternotomy and central cannulation was the rule.

Result:

Mean ICU stay was 3.1 ± 0.9 days and 21 (4.8%) patients expired during hospital stay. The most common cause of death in our series was renal failure in 15 (71.4%) patients, coagulopathy in 4 (19%) patients and cardiac failure in 2 (9.5%) patients respectively. We had three RV, one RA, one

pulmonary artery and two IVC tearing during resternotomy and dissection which was controlled easily without peripheral cannulation. Femoral cannulation before resternotomy was performed in one patient who need emergency pulmonary embolectomy.

Conclusion:

A relatively standard practice for resternotomy is use of peripheral cannulation technique to institute cardiopulmonary bypass prior to opening the chest. Peripheral cannulation techniques, especially in obese patients can be associated with notable comorbidities and longer hospital stay. In our experiences resternotomy and central cannulation is a safe strategy and peripheral cannulation before resternotomy should be kept for highly selective patients.

Exposure of electromagnetic field emitted by mobile phone on cardiac rhythm disorders of patients with Aortic valve replacement

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Backgrounds:

Several studies examined the effects of radiofrequency electromagnetic field (RF-EMF) emitted from mobile phone (MP) use on health and wellbeing, but research on the effect of MP exposure on cardiovascular system has yield controversial results. Hence the present study investigated participants who are especially susceptible to cardiac electrical impairment, namely postoperative patients with mechanical aortic valve replacement.

Material and method :

This controlled experimental study was carried out on 40 male participants (17-60 years) who had undergone the procedure of mechanical aortic valve replacement. Participants were randomly divided into a control and experimental group, with the experimental group being exposed to RF from a phone call of 20 minutes duration. Three lead Holter monitors recorded heart rate, corrected QT interval and time domain heart rate variability parameters during, before and after the phone call. Blood pressure and ECG were assessed before and after the exposure period in both groups.

Result:

In the experimental group, mean heart rate significantly decreased during exposure (p -value $< .05$). The mean corrected QT interval prolonged only insignificantly during MP exposition. Several heart rate variability parameters increased significantly during exposure (p -value $< .05$ for SDNN, SDNNI, TRI and RMS-SD) in the experimental group. No dysrhythmia and significant changes in systolic and diastolic blood pressure occurred (p -value > 0.05).

Conclusion:

The study demonstrates that RF exposure from mobile phones may change the balance of the autonomic nervous system through increasing the parasympathetic tone and decreasing the sympathetic tone.

The effect of topical use heparinized own blood on post operation blood loss in patient with open heart surgery a randomized controlled trial

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Backgrounds:

Bleeding remains a common complication in the postoperative period of open heart surgery • The aim of this study was to investigate the effect of topical use 20cc heparinized own blood which is taken from the patient before starting CPB on post operation blood loss in the patient with open heart surgery.

Material and method :

This study was done on 546 eligible patient with open heart surgery. The samples were randomly allocated into intervention and control groups, who received heparinized (n=273) and typical blood (n=273), respectively • In intervention group ,After the reversal of the systemic heparinization and before closing the sternum, 20cc heparinized own blood which is taken from the patient before starting CPB was poured directly into the field and aspirated by the mediastinal drain tube after the complete closure of the incision

Methods • a parallel design, triple-blind, randomized and controlled clinical trial (RCT) was done on 546 eligible patient with open heart surgery. The samples were randomly allocated into intervention and control groups, who received heparinized (n=273) and typical blood (n=273), respectively. The blood loss was also measured in three time intervals after the open-heart surgery (6 hours, 24 hours and at the time of bleeding cessation) in the intervention and control groups. Data were analyzed through SPSS using descriptive statistic and repeated measurement analysis.

Result:

The mean postoperative blood loss at the time of total blood loss in the intervention and control groups were 665.44 ± 493.01 cc and 913.39 ± 820.92 cc ($p=0.05$), respectively. In a two-group analysis in 6 and 24 hours following the cardiac surgery and also, in the time of total loss blood, the control group showed a greater post-operative blood loss rate than the intervention group (heparinized blood group) ($p=0.04$).

Conclusion:

. in our institute we found that use 20cc heparinized own blood which is taken from the patient before starting CPB that was poured directly into the field and aspirated by the mediastinal drain tube after the complete closure of the incision decrease significantly the volume of postoperative blood loss, need of blood products and rate of re-exploration

Some factors associated with hospital mortality in adult patients undergoing open-heart surgery

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Backgrounds:

Open-heart surgery is an invasive method that can cause severe complications and mortality in patients with heart problems. This study aimed to explore the hospital mortality rate and associated factors in adult patients undergoing open heart surgery

Material and method :

A total of 668 patients from October 2016 to October 2017 were included in the study. The Mean age of the patients was 53.73 ± 17.08 years, and 65.24% of them were male. This cross-sectional study included all patients who admitted for openheart surgery (n=702) from October 2016 to October 2017. The main outcome (mortality) was 30 day post-operative mortality. The data collected were demographic status, smoking status, surgery type, renal failure (Creatinine > 1.5mg/dl), volume of blood loss, use of Plavix and hypertension.

Result:

The overall hospital mortality rate was 6.43% (n=43). Mortality rate in male and female were 7.52% and 4.38% (odds ratio [OR] = 1.77, p=0.18), respectively. Logistic regression model showed that independent risk factors for hospital mortality rate were age (OR=1.08), surgery type (OR=1.70), renal failure (OR=1.16), ICU length of stay (OR=1.33) and post operative blood loss (OR=1.39). Sex, smoking status,

use of Plavix and hypertension had no association with mortality rate in those admitted to the hospital for open-heart surgeries.

Conclusion:

Type of surgery was noted to be one of the main risk factors for hospital mortality rate as the combined surgery method had higher mortality rate than coronary artery bypass graft surgery and other surgery methods. • Also, decreasing blood loss in the post operation can be prevented from mortality in the patients undergoing open heart surgery.

- Key words: Open-heart surgery, hospital mortality, risk factors.

A new method of sternal closuresternal closure with nylon tape

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Backgrounds:

Sternal closure with wire have many complications for patients such as pain , cutting of bone ,postoperative bleeding from wire site in sternum and dehiscence of wound due to wire fracture . • many of these complications can increase reexploration, length of icu and hospital stay and mortality. this study hopes to comparison of efficacy and complications of two methods of sternal closure : nylon tape versus steel wire

Material and method :

- (244+244)=488 patients
- 244 patients in nylon tape group and 244 patients in steel wire group • Mean age : 58 years
- Mean BMI : 25
- Diabetics : 37%
- COPD : 8%
- male/female :286/202

Methods : In this prospective randomized study all patients after surgery followed for 2 month about: • Wound infection and mediastinitis

- Dehiscence of sternum
 - Volume of bleeding in first post operative day
 - Death
 - Icu and hospital stay
 - Need to reexploration for control of bleeding or tamponade
- In this study , unlike the wire method ,we pass nylon tapes with a clamp around the sternum from intercostal spaces . thus, bone will be intact

Result:

- Volume of bleeding in first post operative day was lower in nylon type group (p=0.02)
- Sternal healing was not significantly different in two groups
- Sternal dehiscence was lower in nylon tape group (p=0.04)

-

Mediastinitis and wound infection and mortality was similar in two groups

- Icu stay and hospital stay were lower in nylon group($p=0.09$) but were not statistically significant between two groups

-

Reexploration for control of bleeding and tamponade was lower in nylon tape group($p=0.02$)

- Cost of sternal closure with nylon tape was lower than wire

- The time consuming for sternal closure was similar between two group

Conclusion:

This study showed not only this new technique in sternal closure was not worse than steel wire closure but also this new innovation added many benefits versus wire closure . for example:

- Lower hemorrhage in first post operative day and lower need for reexploration for control of bleeding or tamponade

- Lower cost of nylon tape versus steel wire

- Lower rate of Sternal dehiscence

- Similar incidence of major complications such as (mediastinitis , death)

-

Similar postoperative outcomes such as (icu stay and hospital stay)

The Effect of Rehabilitation Training as a noninvasive method in Patient Who Candidate for Heart Transplantation

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Backgrounds:

Background: Heart transplantation surgery is a very valuable technique but the high side effects of this surgery should be considered. The purpose of this study was to investigate the effect of rehabilitation training in patients who's candidate for heart transplant. **Methods:** The information of the patients who referred to the Rehabilitation Clinic (4 women, 14 men) were obtained (Age: 60 ± 13 , BMI: 26.7 ± 3.7). Hemodynamic parameters of patients were measured before and after participation in the treatment plan. The duration of the exercises was at least 3 months and based on the patient's exercise test, along with pharmacological and nutritional control and lifestyle education. **Results:** The hemodynamic parameters of Participants in the non-invasive program were improved significantly ($P \leq 0.05$). In some cases improvement in Pro BNP and homocysteine were observed. **Conclusions:** Along with other valuable surgical techniques, it was possible to change the lifestyle as much as possible and encourage patients to non-invasive treatment. Patients should follow strict discipline, nutritional and drug policies. Quick and accurate diagnosis is very important. Patients should continue this lifestyle and positive thinking regularly. Probably the most important reason for patients undergoing heart transplant is sarcomeropathy. For this reason, regular exercise with effects on genetic signaling pathways can improve this condition if diagnosed early. Despite all the scientific and medical controls, it is likely that the most important point that improves patient's reliance is the patient's trust in the treatment method and the existence of a human relationship between the patients and the physician.

Material and Methods:

Participants

The data about 18 persons of cardiovascular patients who's candidate for heart transplantation who referred to

rehabilitation clinic were obtained. (4 women, 14 men) (Age: 60 ± 13 , BMI: 26.7 ± 3.7). This treatment method have received all registration licenses and essential moral agreements from Ministry of Health and Physical Education, college of physicians and surgeons and Iran Innovations Registration Department.

All patients were diagnosed as candidate for heart transplant before referring to rehabilitation clinic. Many patients have associated diseases such as diabetes, kidney failure, orthopedic problems, multiple sclerosis, Parkinson diseases, osteopenia, hypertension, sarcopenia etc. In addition, some patients had done some surgery such as angioplasty before beginning exercises training. Hemodynamics parameters of the patients were measured regularly. The patient's database, imaginary and videos interviews exist in rehabilitation clinic.

Total check up

The first stage of total checkup consisted of primary investigations, biography, life style, measurement of blood pressure (BP), biochemical assays (Hematological and lipid profile, ProBNP, homocysteine level, fasting blood sugar (FBS) etc.), BMI, drug consumption, family history due to autosomal dominant or autosomal recessive inheritance disorder.

The second stage was investigation of thought, culture and lifestyle of patients, which performed by physician and through psychological questionnaire with 20 questions. In this stage what is the best treatment for the patients? Surgery or noninvasive treatment.

The third stage consists of investigating of hemodynamics parameters of patients by impedance cardiography (cardio screen, Medis, Nicomo, Germany). (Figure 2).

The fourth stage consisted of pulmonary function study (Mini spir. Roma-Italy).

The fifth stage included of diagnosis of vascular age and stress index (Angioscan, CKaH-01M).

The sixth stage was the most important, which was diagnosis for the VO_2 peak of the patient by modified BUROS test. The test performed under supervision specialist physician and with monitoring of ECG and vital signs.

Prescription of Exercises and interventions

The beginning of exercise training was planned with frequency of 3 sessions in a week (at least 3 months regular and controlled exercises) based on intensity, speed, gradient, and tolerance in exercise test. The main aim was that the

patient should reach about 400k/Cal daily in each session finally. Muscle resistance training were performed with the intensity of 40-50% 1-RM due to ACSM's (24). Just drug and trance parenteral nutrition (hyperalimentation) (TPN) were used for some of very weak patients at the beginning of the period with life style education (without any exercises). In addition the supplement were used for some of very weak patients including of Cardio Health (forever living product RG CO), erythropoietin (EPO), TA65 (telomere elongation) (20) (TA sciences Co), L-Arginine, amino fucose, lipofundin, RED Q10 etc. The B complex vitamins as well as folic acid were used in the patients who used Metformin in order to controlling homocysteine. Decreasing medicines for dyslipidemia were controlled in order to avoidance from myalgia especially in the patients who reported muscle soreness.

Statistical analysis

All data were presented based on mean and standard deviation. K-S test was applied for evaluation of distribution quality. Paired sample t-test performed between the pre-test and post-test. A meaningful level was considered for all tests as $p \leq 0.05$. All analysis were performed by SPSS 18 software (Inc., Chicago, Illinois, USA).

Results:

Hemodynamics parameters of patients in the present report improved significantly (Table 1). Hemodynamics changes of several patients have been presented in figures 1 & 2. In addition, the alterations in related to blood parameters have been presented in Figure-3. Some results have been presented as a case due to participants of this study were candidate for heart transplant.

Table 1: The differences of measured parameters before and after noninvasive treatments based on mean and standard deviation.

Figure 1- Hemodynamics parameters of two patients, who's were candidate for heart transplant (a: male, age: 43), (b: female, age: 44) were recorded before (a 1 & b 1) and after (a2 & b2) of noninvasive treatment.

Figure 2- Hemodynamic parameters of the patients (c: from men, age: 50), candidate for heart transplant, before (c1) and after (c2) of noninvasive treatment.

Figure. 3- Pro BNP and homocysteine of patient (D: male, Age: 54), during noninvasive treatment (d1, d2, d3).

Conclusions

The results of this study shows that we can be hopeful to changing lifestyle and promotion of patients for controlled exercises training and non-invasive therapy besides of the other valuable techniques of surgery. The patients should follow exercises nutrition and medicine rules during this period. In addition, the accurate and fast diagnosis is very important. The patients should continue this lifestyle and positive thought forever. However, there are all-modern and scientific medical controls, the most important point that indicates to the improvement of patient is possible the confidence of patient to the physician and the existence of humanistic relation between patient and physician.

Prevention of Post-Operative Arrhythmias in Coronary Artery Bypass Graft Operations Use of Magnesium Sulfate

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Backgrounds:

Arrhythmia is known as a common complication of most major surgeries. The reduction in the Serum level of Mg+2 during the peri-operation period plays an important role in prevention of arrhythmias through stabilization of cell membrane. The aim of this study was to investigate the use of prophylactic magnesium sulphate in treating arrhythmias that may occur following coronary bypass grafting operations

Material and method :

In this randomized double blinded clinical trial study, the population consisted of 174 consecutive patients undergoing the Coronary Artery Bypass Grafting (CABG). 87 patients given 3 g of magnesium sulphate (MgSO₄) [20 ml = 24.32 mEq/L Mg+2] in 100 cc of isotonic 0.9% solution over 2 hours intravenously at the following times: 12 hours prior to the operation, immediately following the operation, and on postoperative days 1, 2, and 3 (Group 1). Another group including 87 patients given 100 cc. isotonic 0.9% as placebo, during the same time periods (control group).

Result:

In the postoperative period, the magnesium values reduced in control Group and increased in case group due to its injection. Arrhythmia prevalence was reduced significantly in favor of magnesium group ($P= 0.013$). The two groups showed no significant differences in other operative or postoperative measurements. No side effects of the drugs were observed.

Conclusion:

Prophylactic use of magnesium sulphate is effective at preventing arrhythmia that may occur following coronary bypass operations. Magnesium sulphate should be used in prophylactic treatment since it may decrease arrhythmia at low doses. If arrhythmia should occur despite this treatment, intervention with amiodarone may be preferable.

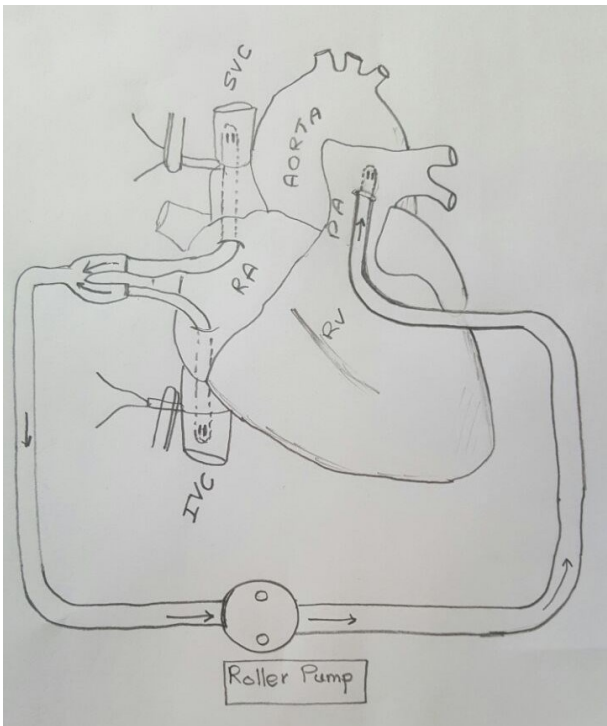
Optimizing venous drainage using a modified roller pump without oxygenator in surgical management of right heart diseases

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Backgrounds:

Right heart bypass is a form of perfusion that after getting the venous return from IVC, SVC and coronary sinus, send it to the pulmonary artery for oxygenation by the patient's lungs as the natural oxygenator. So with this technique, not only the right side of the heart is isolated and ready for any surgical intervention, but also need for oxygenator and systemic bypass is gone. Further with this technique there is no systemic response to cardiopulmonary bypass because the left heart is beating and receives its oxygenated blood from the own lung.



Material and method :

A 29-year-old man with a history of multiple trauma was

undergoing thoracotomy for repair injured lung and laparotomy for splenectomy.

Thereafter, patient needed to ICD leads due to persistent junctional rhythm. After six months, the patient developed fever that work up showed lead related endocarditis without response to antibiotic therapy and scheduled for surgical intervention. Surgical plan was extraction of ICD lead in the right atrium with using of right heart bypass with autologous lung perfusion using a roller pump without oxygenator

Result:

The patient' postoperative course was good without any complication and transferred to the other ward for completing antibiotic course.

Conclusion:

We conclude that this technique is an easy, affordable, safe, reproducible technique for removal of Infected leads and all vegetation and may be extended for other surgical intervention for right side of heart (such as resection of RA tumor or clot) . Also, our technique is less invasive physiologically and useful in patients with preoperative sepsis and marginal cardiopulmonary function.

What do you know about your child's disease A Rough Assessment of Parents' knowledge about Their Child's Congenital Heart Disease

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Backgrounds:

In our study, Parents' information about their children's heart disease is very incomplete and is generally related to the level of parents' education. Currently, it seems like explanations provided by physicians about children's illnesses does not have an effective role in raising awareness for parents, and parents with lower levels of education cannot benefit from doctors' explanations

Material and method :

During three months, we enrolled 104 patients who were visited in pediatric cardiology outpatient clinic of Rajaie Cardiovascular, medical, and research center in Tehran. Questionnaires containing five basic as well as important questions were presented to their parents.

Result:

Statistical tests showed that, there is a significant relationship between mother's education, father's education, history of performing angiography or surgery with parental information about the name of heart disease, the ability to show the location of a child's defect on a schematic image of the heart, knowledge of heart disease symptoms and awareness about the causes of congenital heart disease ($p<0.05$).

Conclusion:

In our study, Parents' information about their children's heart disease is very incomplete and is generally related to the level of parents' education. Currently, it seems like explanations provided by physicians about children's illnesses does not have an effective role in raising awareness for parents, and parents with lower levels of education cannot benefit from doctors' explanations

A rare coronary artery variant super-dominant Left Anterior Descending coronary artery

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Backgrounds:

The posterior descending artery originates either from the right coronary artery or the left circumflex artery. We present a rare case of hyper-dominant left anterior descending(LAD) coronary artery continuing as the posterior descending artery beyond the crux.

Material and method :

A 51-year-old man with a history of hypertension and smoking, presented with a new onset of atypical chest pain. Physical examination was unremarkable. Diagnostic tests, including blood tests, electrocardiography, echocardiography, exercise stress test and also Coronary computed tomography angiography were done.

Result:

Electrocardiography was normal, exercise stress test was borderline and echocardiography showed evidence of normal biventricular function. Coronary computed tomography angiography showed a normal left main coronary artery. Our patient had a rare coronary artery anomaly with an unusual left anterior descending course through the interventricular septum before it approached the posterior atrioventricular groove. The LAD coronary artery was normal, without luminal stenosis. The left circumflex (LCX) artery was giving rise to two obtuse marginal branches and terminated to the small posterior left ventricular branch. The right coronary artery was rising normally from the right aortic sinus of Valsalva and was a non-dominant artery.

Conclusion:

Stenosis of super-dominant LAD may have catastrophic complications, including early and delayed ruptures of the right ventricular free wall and ventricular septum and rupture of the left ventricle aneurysm. Our patient showed no evidence of coronary artery involvement, but had

Poster Physician

hypertension as a risk factor of coronary atherosclerosis. Regarding the complicated course of artery stenosis side effects in patients with hyper-dominant LAD, aggressive management of risk factors and lifestyle improvements could prevent catastrophic results.

Speckle Tracking Echocardiography Findings in Healthy Individuals with Fragmented QRS

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Backgrounds:

Previous investigations reveal that Fragmented QRS (FQRS) waves in ECG have a significant role in diagnosis and prognosis of the patients with cardiovascular diseases. Most of the previous studies performed on those patients with known underlying cardiovascular diseases such as previous myocardial infarction, heart failure, and myocardial scars. To our best knowledge there no previous studies in which targeted healthy people for this issue. The goal of present study was to investigate the Speckle Tracking Echocardiography Findings in Healthy Individuals with Fragmented QRS

Material and method :

The ECG of the patients who obtained from the participants of the Shiraz Cohort Study was reviewed and those ECGs with FQRS were identified and the patients were asked to undergo Speckle Tracking Echocardiography. Also similar number of healthy individuals with normal ECG was recruited as control group. Data analysis was performed by SPSS software version 18 for windows. P value of less than 0.05 was considered as statistically significant

Result:

Twenty individuals with abnormal ECG were recruited and 20 with normal ECG. The result of the investigation reveals that GLS-A4C and GLS-AVR values were significantly lower in those participants with FQRS in ECG compare to those with normal ECG. Also there was significant difference in Septal, Anteroseptal, and Inferior segments of individuals with FQRS in ECG compare to those without

Conclusion:

Present study shows that accidental finding of FQRS waves in ECG of healthy people is clinically important and it is suggested that physicians who detect this in the ECG consider further cardiovascular evaluation for the patient

Frequency of Reoperation due to Bleeding after Adult Cardiac Surgery at Rajaie Heart Center

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Backgrounds:

Reoperation due to bleeding in adult cardiac surgery is an important complication after surgery which increases mortality. Studying the risk factors and outcomes of reoperation in these patients is imperative.

Material and method :

In this study , 703 adult patients undergoing cardiac surgery with cardiopulmonary bypass were examined for three months and patients who entered the study. we evaluated the frequency of re-exploration due to high chest tubes drainage or tamponade after cardiac surgery.

Result:

In this study, from 703 patients studied within 3 months period, 53 patients returned to the operating room due to bleeding or tamponade. According to this study, 7.5% of adult patients returned to the operating room due to bleeding.

Conclusion:

Massive bleeding following cardiac surgery may leads to re-operation and blood transfusion. This lead to increased complications and increased mortality and postoperative morbidity.

**Short-term Outcome of Patients with Infective Endocarditis
A Single-center Prospective Study**

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Backgrounds:

Although there were many developments and modifications in health care policies for more hygienic conditions, medical therapies, antibiotics, and sterility, the infective endocarditis (IE), even so, endured as one of the most problematic conditions that have a same occurrence as the past years. Despite the introduction of new antibiotics and prescription of the innovative regimens, up to 40% of the patients with such disease in contrast are candidates for surgical intervention.

Material and method :

We collected data of 42 patients in Imam Hospital, which is a university-based 1700-bed center from July 2014 to June 2016. A total of 42 patients (33 males, nine females), with an average age of 42.42 (minimum 22, maximum 77) years, were candidates for different type of surgery associated with IE. Our work was confirmed by the committee on human research and medical ethics of Tehran University of Medical Sciences. In addition to echocardiograms, the diagnosis of multiple valve endocarditis was approved by Duke criteria.[6] An active endocarditis was considered due to urine analysis and/or blood culture and acute inflammation Gram stains of sample tissue.

Result:

Descriptive data are demonstrated as mean (minimum–maximum), and continuous variables are indicated in frequency and percentage. In our patient population, there were 33 (78.6%) males and 9 (21.4%) females. The minimum age was 22, and the maximum was 77 with an average of 42.42 years old. The mean weight was 68.46 kg. Average ejection fraction of our patients was 40.60%. Twelve patients experienced a redo operation; in which, 2 of them have had the second redo. Five patients underwent an aortic valve replacement operation, 2 MVR, and just one patient had experienced a subaortic web resection. Only 4 patients had hypertension, and the rest had normal pressure status. Only 3

patients had diabetes mellitus. Seven cases were addicted; in which, 5 of them were intravenous (IV) abusers. There was one porphyric patient who suffered from pethidine reliability. Most of our cases underwent Bentall or TVR operation, and multivalve operation was more scarce; Only one patient was explored after the main operation due to bleeding, and one patient had Intensive Care Unit (ICU) readmission. From the seven patients who died, one of them expired in the odd ratio, and the rest of them expired due to probable sepsis; the detail of expired patients'

Conclusion:

We have presented the therapeutic strategies and outcome of patients with IE and evaluated their short-term outcome.

Effect of Remote Ischemic Preconditioning on ischemic biomarkers in Coronary Artery Bypass Graft

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Backgrounds:

Objective: Elective open heart surgery is associated with troponin release in some cases due to myocyte necrosis. The aim this study was to measure perioperative cardiac troponin I (cTnI) in elective coronary artery bypass graft (CABG)after remote ischemic preconditioning

Material and method :

Methods: Twenty-eight patients were selected for elective CABG. They were randomized to receive remote ischemic preconditioning (induced by three 5-min cycles of inflation with a pneumatic tourniquet and 5-min deflation between inflation episodes as reperfusion). Outcomes: Primary outcomes were cardiac troponin I levels at 6 and 24 h after procedure, and the secondary outcomes included creatine phosphokinase, lactate dehydrogenase and serum creatinine levels. Hemodynamic changes were evaluated between the treatment and control groups.

Result:

Cardiac troponin I at 6 h after preconditioning was significantly lower than in the control group ($p = 0.036$), and after 24 h, there was still a significant difference between two groups ($p < 0.05$).

Conclusion:

Conclusion: Remote ischemic preconditioning reduces ischemic biomarkers during CABG and attenuates procedure-related cardiac troponin I release and eventually reduces cardiovascular events such as myocardial infarction, chest pain and hemodynamic changes after cardiac surgery.

Comparison of invasive and noninvasive blood pressure measurement in patient's candidate to coronary artery bypass graft under cardiopulmonary bypass

Karami N.¹, Hassani E.¹

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Backgrounds:

Arterial pressure monitoring is one of the standard monitoring in operating room. During general anesthesia blood pressure can be measured by the using a continuous noninvasive arterial pressure method or continuous invasive arterial pressure. Agreement with invasive measurements in patient's candidate to Cardiac surgery has not been assessed. The aim of this study was to comparison of invasive and noninvasive blood pressure in these patients.

Material and method :

In a prospective observational study, 38 patients candidate to cardiac surgery under general anesthesia were evaluated. The patients had American Society of Anesthesiologists (ASA) physical status II or III patients and who had complete heart block and marked arterial pressure differences greater than 10mmHg in the two arms were excluded. Before induction of anesthesia the radial artery is cannulated and noninvasive blood pressure is measured by cuff from other hand at the four time intervals: after radial artery cannulation (T0), after induction of anesthesia (T1), before cardiopulmonary bypass (T2), after separation from cardiopulmonary bypass (T3), and at the end of operation (T4).

Result:

At the all-time intervals there were no statistically differences between systolic and diastolic blood pressure measurement regarding invasive and noninvasive blood pressure.

Conclusion:

According to finding of this study the two method of blood pressure measurement can be used safely in selected patients.

Evaluation of the tracheal tube cuff pressure changes during cardiac operations under cardiopulmonary bypass

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¹ Urmia University Of Medical Sciences, Department Of Anesthesiology, Urmia, Iran

Backgrounds:

Tracheal intubation is used for most operations under general anesthesia. Prolonged hyperinflation of the tube cuff can compromise tracheal mucosal perfusion. The aim of this study was the evaluation of changes in intracuff pressure in patients undergoing cardiac surgeries under cardiopulmonary bypass.

Material and method :

In a randomized clinical trial 40 patient's candidate to cardiac operations under cardiopulmonary bypass were enrolled. After induction of anesthesia and tracheal intubation by same tracheal tubes, tracheal tube cuff pressure was adjusted to 20-25 mmHg (T0). Then the cuff pressure was measured at beginning of CPB (T1), at 30° hypothermia (T2) and after separation from CPB (T3).

Result:

The mean cuff pressure was 33.5 ± 7.3 , 28.9 ± 5.4 , 25.6 ± 5.2 and 28.1 ± 3 at T0, T1, T2 and T3 respectively. Intra- cuff pressure changed significantly during cardiopulmonary bypass. ($p=0.0001$)

Conclusion:

The mean intra-cuff pressure was decreased during hypothermic cardiopulmonary bypass. The decrease in ICP may protect the tracheal mucosa against hypotensive ischemic injury in these patients.

**Open suction compared to Closed Endotracheal Suction
System A controlled randomized Clinical Trial**

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Anesthesiology, Tehran, Iran

² Rajaie Cardiovascular Medical And Research Center,
Epidemiology, Tehran, Iran

Backgrounds:

There are 2 different methods of suctioning the airway: the open tracheal suction system (OTSS) and the closed tracheal suction system (CTSS). The aim of this study was to compare the efficacy of the OTSS and the CTSS in maintaining the stability of hemodynamic and oxygen parameters in patients after cardiac surgery.

Material and method :

This randomized controlled clinical trial was conducted on 60 patients who were under mechanical ventilation after cardiac surgery. The study population was randomly divided into the OTSS and CTSS groups. All the patients were at least 18 years old and hemodynamically stable. Hemodynamic parameters such as systolic and diastolic blood pressures were measured. Oxygen parameters such as the saturation percentage of arterial blood oxygen (SpO₂) and the oxygen pressure of arterial blood (PaO₂) were measured before, immediately, and also 3 and 5 minutes after suction. All the parameters were compared between the 2 groups.

Result:

The mean heart rate, the mean systolic blood pressure, and the mean arterial blood pressure showed a higher increase in the OTSS group ($P < 0.05$), whereas the mean PaO₂ and SpO₂ were higher in the CTSS group ($P < 0.05$).

Conclusion:

The CTSS caused fewer disturbances in the hemodynamic and oxygen parameters in comparison with the OTSS in our study population. Therefore, disturbances in the aforementioned parameters can be avoided by using the CTSS in patients undergoing cardiac

Comparison of acute normovolemic hemodilution effect on the amount of bleeding in the first 48 hours after coronary artery bypass grafting

Hasanpour Dargah M.¹

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Backgrounds:

Title

Comparison of acute normovolemic hemodilution effect on the amount of bleeding in the first 48 hours after coronary artery bypass grafting

English Abstract

Background: Cardiovascular disease is one of the most common causes of mortality in developed countries, as well as in the whole world. In this regard, autologous transfusion is a topic that can be useful and valuable, especially in complex surgery such as heart surgery and organ transplantation. One of its variants is Acute Normovolemic Hemodilution (ANH). Therefore, the aim of this study was to compare the effect of ANH on the amount of bleeding in the first 48hours after coronary artery bypass grafting. Methods: In this clinical trial, 100 patients were selected from all heart patients referred to Imam Khomeini Hospital in Ardebil for CABG surgery in the years 2016-17. They were selected by simple random sampling as a statistical sample and They were divided into intervention (50 ANH recipients' people) and control groups (50 without ANH people). Results: Based on the findings, in the ANH recipients' group, the mean of bleeding volume was 59.1 ± 7.3 ml in the first day and 55.6 ± 4.2 ml in the control group and the difference between the two groups was not significant on the first day. The mean of bleeding volume on the second day was 46.1 ± 2.8 ml in the ANH group and 42.7 ± 2.9 ml in the control group. Although it was somewhat higher, it was not statistically significant. Of all samples 45% were female and 55% were male. The most common type of blood group was 33 (33%) in the blood group O. The highest age group (61%) was over the 60 years old. The pump time varied with an average of 122.2 ± 21.5 minutes. The lowest value was PT 11 and the highest was 15 with an average of 13.02 ± 0.9 seconds. The mean of PTT was 32.5 ± 2.6 seconds and the mean INR was 1.1 ± 1.0 . The average plt was 251170 ± 64124 . The mean ACT was $596 / 6 \pm 183 / 7$ seconds. Conclusions: The results showed that in the mean of bleeding volume between the intervention and control groups ($p = 0.41$), bleeding volume

by age ($p = 0.3$), bleeding volume by gender ($p = 0.54$) and bleeding volume by blood group ($p = 0.48$) was not significant difference. Based on these results, it is suggested that more studies be done on the more number of samples.

Material and method :

Title

Comparison of acute normovolemic hemodilution effect on the amount of bleeding in the first 48 hours after coronary artery bypass grafting

English Abstract

Background: Cardiovascular disease is one of the most common causes of mortality in developed countries, as well as in the whole world. In this regard, autologous transfusion is a topic that can be useful and valuable, especially in complex surgery such as heart surgery and organ transplantation. One of its variants is Acute Normovolemic Hemodilution (ANH). Therefore, the aim of this study was to compare the effect of ANH on the amount of bleeding in the first 48 hours after coronary artery bypass grafting. **Methods:** In this clinical trial, 100 patients were selected from all heart patients referred to Imam Khomeini Hospital in Ardebil for CABG surgery in the years 2016-17. They were selected by simple random sampling as a statistical sample and They were divided into intervention (50 ANH recipients' people) and control groups (50 without ANH people). **Results:** Based on the findings, in the ANH recipients' group, the mean of bleeding volume was 59.1 ± 7.3 ml in the first day and 55.6 ± 4.2 ml in the control group and the difference between the two groups was not significant on the first day. The mean of bleeding volume on the second day was 46.1 ± 2.8 ml in the ANH group and 42.7 ± 2.9 ml in the control group. Although it was somewhat higher, it was not statistically significant. Of all samples 45% were female and 55% were male. The most common type of blood group was 33 (33%) in the blood group O. The highest age group (61%) was over the 60 years old. The pump time varied with an average of 122.2 ± 21.5 minutes. The lowest value was PT 11 and the highest was 15 with an average of 13.02 ± 0.9 seconds. The mean of PTT was 32.5 ± 2.6 seconds and the mean INR was 1.1 ± 1.0 . The average plt was 251170 ± 64124 . The mean ACT was $596 / 6 \pm 183 / 7$ seconds. **Conclusions:** The results showed that in the mean of bleeding volume between the intervention and control groups ($p = 0.41$), bleeding volume by age ($p = 0.3$), bleeding volume by gender ($p = 0.54$) and bleeding volume by blood group ($p = 0.48$) was not significant

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Comparison of acute normovolemic hemodilution effect on the amount of bleeding in the first 48 hours after coronary artery bypass grafting

English Abstract

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Conclusions: The results showed that in the mean of bleeding volume between the intervention and control groups ($p = 0.41$), bleeding volume by age ($p = 0.3$), bleeding volume by gender ($p = 0.54$) and bleeding volume by blood group ($p = 0.48$) was not significant difference. Based on these results, it is suggested that more studies be done on the more number of samples.

Backgrounds:

Material and method :

Result:

Conclusion:

New cardiology clinic conformation new horizon of research and patient care

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Backgrounds:

Clinics are not improved with new pace and revolution of technology, and generally in majority of clinics there is no availability of patient's data even for legal issues.

In this presentation new clinic structure and software especially designed for cardiology clinics will be introduced that can be rich source of research and excellence of patients care

Material and method :

New digital clinics need online appointment service to not only give patients its appointment but can also be a web page for charging and preventing waste of patient's time.

Beside in digital clinic, all data should be collected digitally and history, physical exam, medications, echocardiography, angiography, laboratory data and other workups like exercise tests and holters, should be structurally be recorded in clinic server.

These data can be easily retrievable and be used for reaching to patient data for its care and also for research and especially for any legal issues.

The most important issue is that it can be used and controlled by physician with limited knowledge of data mastery and computer.

We invent a single page dashboard cardiology clinic software for data gathering with purpose of data retrieval for research and patient care, in which all medications and laboratory requests can easily be printed in insurance booklets.

Result:

We implemented this software since 6 months ago in our clinic and since then more than 4250 patient's data were gathered and 2 research were undergoing, beside more than 100 students were participating in patient data registry and research and clinic patient management.

All students were satisfied with format of registry with satisfaction rate of more than 97% and rate of patient's satisfaction was more than 88%.

Conclusion:

New cardiology clinic design is different and is a rich source of research and excellence of patient care.

The inferior vena cava stent in a child with Budd-Chiari syndrome A case report

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Backgrounds:

Budd-Chiari syndrome (BCS) defined as hepatic vein outflow tract obstruction located in hepatic veins or inferior vena cava (IVC) or both of them. The prevalence of BCS is about 2.40—33.10 per million. One of the causes of BCS is membranous obstruction of the inferior vena cava.

Material and method :

This study reports a 9 years old boy with a history of abdominal pain, nausea, and fatigue. In physical examination, he had hepatomegaly and hydrocele. Abdominal sonography showed thrombosis in hepatic veins and suprahepatic portion of IVC. Echocardiography showed normal cardiac function and thrombosis in IVC. In imaging reports, no evidence of an abdominal mass or compression effect on IVC was depicted. Bone marrow aspiration and hematologic evaluation were normal. Treatment with enoxaparin and hydroxyurea was done for 3 weeks with no effect on the size of IVC thrombosis. In MR venography with Gadolinium filling defect and severe stricture of intrahepatic to supra hepatic portion of IVC was depicted.

Result:

In angiography, IVC injection showed interrupted IVC. At first, the wire pass from IVC to PA and then balloon angioplasty was performed with power flex 10/30 mm. IVC stent was done with CP stent 39 mm and BIB balloon 14/40 mm successfully. The patient discharged 2 days after the procedure with Aspirin and Clopidogrel. 2 weeks later follow up showed patent IVC stent in Doppler sonography and Echocardiography.

Conclusion:

Percutaneous stent angioplasty can be considered the first-line management for BCS patients with membranous obstruction of IVC because of its minimal-invasive method.

Keywords: Budd-Chiari syndrome, stent

The association of serum vitamin D concentration and ventricular dysfunction among patients with acute coronary syndrome

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Backgrounds:

To determine if vitamin D deficiency was associated with higher odds of left ventricular dysfunction among patients with acute coronary syndrome (ACS) and, if so, to determine whether this association was mediated by increased inflammation as measured by C-reactive protein (CRP) and white blood cell count (WBC).

Material and method :

This was a cross-sectional study of 170 participants with ACS. Multiple logistic regression was used to examine the association between the outcome of ventricular performance and serum vitamin D concentrations. We also determined whether CRP and WBC meet standard criteria as the mediators between left ventricular ejection fraction and vitamin D deficiency.

Result:

Participants with vitamin D deficiency were more likely to have ventricular dysfunction (OR: 2.12, 95% CI: 1.2–5.23). WBC counts did not meet one of the criteria for mediation. However, the WBC was an effect modifier such that the association of vitamin D deficiency and ventricular dysfunction was only present among participants with WBC more than 11,000.

Conclusion:

This study found that vitamin D deficiency was associated with higher odds of ventricular dysfunction. Further longitudinal and experimental studies are necessary to confirm this finding and to determine if there is a role for vitamin D supplementation therapy in preventing ventricular dysfunction in select patient populations.

An attractive case of a vascular complication in a young man

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² Rajaie Cardiovascular Medical And Research Center, Cardiac Rehabilitation, Tehran, Iran

Backgrounds:

A 21-year-old male was presented with a history of intermittent chest discomfort and a low-grade fever for 2 months. He had a history of a lower limb pain for 6 months. Also, he mentioned a history of a car accident and a trauma to his chest three years earlier without any serious injury at that time. In the physical exam, a systolic 2/6 murmur in the aortic area was heard. Also, the upper limbs pulses were stronger in comparison with the lower limbs.

Material and method :

ECG (electrocardiogram) revealed sinus tachycardia. Laboratory tests including: Hb (Hemoglobin): 12.4 g/dL, WBC (White Blood Cells): 10500 cell/mm³, ESR (Erythrocyte Sedimentation Rate): 110 mm/h, CRP (C-Reactive protein): 10.3 mg/L and Calcium: 8.4 mg/dL

On echocardiography, LVEF (Left Ventricle Ejection Fraction) was 55%. A web-like narrowing adjacent to LSCA (Left Subclavian Artery) with a pressure gradient of 60mmHg with diastolic tail and holo antegrade diastolic flow in abdominal aorta was seen that was compatible with aortic coarctation.

PET CT (Positron Emission Tomography/ Computed Tomography) scan was done and there was no evidence of aortitis, so active vasculitis was ruled out.

Result:

In the end, with the diagnosis of aortic pseudoaneurysm, the patient underwent TEVAR (Thoracic Endovascular Aortic Repair) and all of the signs and symptoms were disappeared. In fact, the neglected chest trauma was the leading cause of gradually pseudoaneurysm formation during three years.

Conclusion:

Paying more attention to the chest trauma and following the patients, plays an important role in preventing the traumatic delayed vascular complications. Close follow up and serial imaging if needed, in every patient with chest trauma is recommended.

Pericardial decompression syndrome

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Backgrounds:

Pericardial tamponade is a complication of percutaneous treatment of chronic coronary artery occlusions. Pericardial decompression syndrome is a rare but potentially fatal complication of surgical or percutaneous drainage of pericardial fluid. The case presented here is a case of pericardial tamponade following percutaneous treatment of right coronary artery chronic total occlusion in which hemodynamic condition after pericardiosynthesis deteriorated due to severe right ventricular enlargement and dysfunction.

Material and method :

A 73 years old lady underwent percutaneous treatment of right coronary artery chronic total occlusion. She developed pericardial tamponade and hypotension 6 hours later and pericardiosynthesis was done. Soon after pericardiosynthesis hemodynamic deterioration ensued due to severe right ventricular enlargement and dysfunction. The patient underwent conservative management using intravenous fluid and inotropic support. Right ventricle recovered 12 hours later and patient discharged with good general condition on the third day.

Result:

Cardiogenic shock and severe right ventricular enlargement and dysfunction in the presented case was most likely due to pericardial decompression syndrome. Conservative treatment was efficient and effective.

Conclusion:

Pericardial decompression syndrome is a rare complication of surgical and percutaneous treatment of pericardial tamponade and can be treated conservatively.

بررسی شیوع آریتمی‌های قلبی در بیماران جراحی قلب باز

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¹ University Of Medical Sciences And Health Services, Hospital, Kordkoy, Iran

Backgrounds:

یکی از اختلالات شایع در بیماران که تحت عمل جراحی قلب باز قرار می‌گیرند بروز آریتمی‌های قلبی است که می‌تواند مشکلات عدیده‌ای را در این بیماران ایجاد کند. هدف از مطالعه حاضر بررسی شیوع آریتمی‌های قلبی در بیماران جراحی قلب باز بود.

Material and method :

مطالعه توصیفی حاضر در سال ۱۳۹۶ انجام شد. نمونه پژوهش از ۷۰ بیمار جراحی قلب در مجتمع امیرالمومنین کردکوی بود. روش نمونه‌گیری به صورت در دسترس انجام شد. ابزار مطالعه شامل پرسشنامه دموگرافیک و مقیاس محقق ساخته بررسی آریتمی‌های قلبی (A)-۰.۸۶ بود. داده‌ها با استفاده از نرم افزار SPSS نسخه‌ی ۱۶، آمار توصیفی و استنباطی در سطح معنی در سطح معنی داری $P < 0.05$ تجزیه و تحلیل شد.

Result:

تعداد ۴۴ نفر (۴۲ درصد) از شرکت کنندگان مرد بودند. میانگین سنی شرکت کنندگان ۵۳ سال بود. بیشترین آریتمی در بیماران ضربان زود رس بطنی (PVC(Premature Ventricular تعداد ۴۱ مورد ۸/۵۷ درصد بود کمترین آریتمی فیبریلاسیون دهلیزی atrial Fibrillation تعداد ۱۲ نفر ۷/۱۴ درصد بود. میزان بروز دیس آریتمی در زنان ۶۲ درصد بیشتر از مردان ۳۸ درصد بود بیشترین آریتمی در زنان تاکی کاردی دهلیزی ۴/۳۲ درصد و در مردان فیبریلاسیون دهلیزی ۲/۲۲ درصد بود. آزمون‌ها رابطه معنی داری بین متغیرهای سن و $p=0.003$ و تحصیلات $p=0.01$ نشان داد.

Conclusion:

نتایج مطالعه نشان داد که بیشترین آریتمی در بیماران جراحی قلب تاکی کاردی دهلیزی بود که عامل جنسیت یکی از متغیرهای موثر در ایجاد آریتمی بیماران جراحی قلب بود.

The role of vitamin D on the left ventricle ejection fraction in thalassemia major patients with cardiac hemosiderosis in children's hospital Tabriz 1395

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Backgrounds:

Due to vitamin D insufficiency in population, this problem could be observed in thalassemia patients because of increased metabolic needs and higher iron storage. Vitamin D insufficiency in these patients and its relation to left ventricular ejection fraction (LVEF), left ventricular dysfunction and cardiac iron overload has been investigated in many studies. The very purpose of this study was to investigate efficacy of treating with high dose vitamin D in improving LVEF in thalassemia patients with heart failure and vitamin D deficiency.

Material and method :

This clinical trial study was conducted on 29 chronically transfused thalassemia patients and ventricular dysfunction with vitamin D deficiency in 1395, in Thalassemia clinic, Tabriz Children's Hospital. Mean age of the patients was 20.35 ± 4.91 years. A serum 25-hydroxy vitamin D3 level less than 30ng/dl was considered vitamin D deficiency in this study. LVEF less than 55% was indicated as poor pump function. Patients received 50,000 IU of vitamin D3 weekly, for 8 weeks. Data on LVEF, electrolytes and serum vitamin D were compared during 6 months of study.

Result:

Means of serum 25-OHD3 levels, before and after the study, were 13.10 ± 5.91 ng/ml and 64.04 ± 10.39 ng/ml, respectively ($p=0.01$). Means of LVEF were $30.38 \pm 12.82\%$ and $49.61 \pm 9.23\%$ before and after the study, respectively ($p=0.03$). Means of serum ferritin levels and cardiac T2* score of the patients were 3913.06 ± 2229.34 ng/ml and 1.93 ± 0.96 , respectively. Serum parathyroid hormone (PTH) levels of the patients at the beginning of the study and at the end of 2nd month were 94.20 ± 18.55 and 43.65 ± 17.31 ng/ml, respectively ($p=0.03$). There was a positive correlation between mean of serum 25-OHD3 level and cardiac MRI T2* parameter at the beginning of the study ($r=0.001$). There was a positive correlation between mean serum 25-OHD3 and LVEF at the end of study ($r=0.001$).

Conclusion:

Results showed that vitamin D3 was effective and safe in improving LVEF and cardiac dysfunction in transfusion-dependent thalassemia patients with vitamin D deficiency.

delayed induced heart failure in burn injury

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Backgrounds:

Heart failure is established as a cause of increasing morbidity and mortality post massive burn injury. Beginning immediately in the ebb phase, cardiac function is severely decreased , by 48 h post injury cardiac function rebounds and the post burn myocardium becomes tachycardic and hyperinflammatory. Although some of severely burned patients which was asymptomatic in the first days developed cardiovascular failure after a period of 2-3 weeks of the initial injury. This delay in the presentation of heart failure may be due to different mechanisms that should be considered.

Material and method :

6 of our patients aged(18-29 years old, 5 men, one woman) with more than 70% burn in ICU developed dyspnea, pulmonary congestion and cardiomegaly in x ray after an asymptomatic period of 2-3 weeks. Tachycardia was present and in echocardiography LVEF was moderate to severely decreased(30-40%) with global hypokinesia .RV size and function was normal and PAP mildly increased.

Procalcitonin was low and mean hemoglobin was 9(12-8.2) , renal function and GFR was in the normal range in all of them. One of the patients has a wide pulse pressure and increased in RBC volume in CBC with a good respond to vitamin B supplements. All the six received conventional heart failure treatment of diuretics, betablockers(carvedilol), ACEI, and spirinolacton, and five of them required inotropic support .

Result:

Four passed the acute phase of failure and came out of congestion, Three of them survived(one with vitamin B deficiency). One died of sepsis.

Conclusion:

Severe burn injury is devastating state and cardiac dysfunction in this situation increase motality careful examination and early detection of nutritional deficiencies that may present after a prolonged ICU care and lead to heart failure in these patients may improve outcome .

Percutaneous Pulmonary Artery Balloon valvotomy

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Backgrounds:

Pulmonary valve atresia with intact ventricular septum is one of the rare diseases in neonates that is dependent on the patent ductus arteriosus (PDA) and is an emergency of congenital heart disease. The purpose of this study is to introduce two cases of percutaneous balloon valvotomy of the pulmonary artery valve.

Material and method :

In this study, two neonates that referred to Shahid Chamran center affiliated to Isfahan University of Medical Sciences at the beginning of the birth with pulmonary atresia was studied. In these two patients, we used femoral and arterial approaches and entered pulmonary arteries via PDA and after crossing the guide wire from pulmonary valve, different sizes balloons passed over the guide wires up to maximum size and then the blood flow and the pressure were measured (figure-1 A,B).

Result:

Two neonates aged 2 days and weighed 2800 g and 3100 g respectively were included in this study. The pulmonary artery pressure in these patients was 18 and 15 mm Hg, and right ventricular pressure was 120 and 110 mm Hg. The systemic O₂ saturation were 65% and 70%, respectively. One of the patients had severe tricuspid regurgitation. The right ventricular pressure in these two patients dropped to about 30 mmHg after the procedure. An increase in pulmonary pressure of about 5 mm was observed in these two neonates. General condition of the patient who had severe tricuspid regurgitation improved slightly over a week after the procedure. Increasing of O₂ sat after the procedure in both patients was seen that had faster in first patient.

Conclusion:

Pulmonary artery balloon valvotomy in PDA dependent patients and low O₂ sat is an important and urgent procedure that plays an essential role in improving the quality of life in these patients.

Comparison of 2 days oral Acetaminophen and oral Ibuprofen on the closure of patent ductus arteriosus PDA in premature neonates

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Aspirin response monitoring by impedance aggregometry in children with systemic-to-pulmonary shunts or PDA stent

Toktam Faghihi - # #

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Backgrounds:

Shunt thrombosis after implantation of systemic-to-pulmonary shunts in pediatric patients is common. Aspirin effect is rarely monitored, although it is known that the response varies. The aim of the present study was to determine the effects of acetyl salicylic acid medication on platelet aggregation in children with systemic-to-pulmonary shunts.

Material and method :

In a prospective study, children who were treated with aspirin after shunt implantation or PDA stenting were included. Platelet aggregation in whole blood was analyzed with impedance aggregometry at least 7 days after aspirin administration. Echocardiography test was carried out at two time points (at least 7 days after aspirin administration and 3 months after the first observation). All patients were evaluated for shunt thrombosis by echo and minor/major bleeding as well as symptomatic clinical thrombosis in that time period. We aimed to double the dose of aspirin in patients who demonstrated aspirin resistance based on impedance aggregometry results.

Result:

Aspirin reduced the arachidonic acid-induced platelet aggregation in all of the patients. All participants were in the therapeutic range in 7 days after aspirin intake. No cases of major bleeding were observed. No cases of clinical and para-clinical thrombosis were detected.

Conclusion:

Aspirin reduces platelet aggregation after shunt implantation and arterial stenting in pediatric patients. Further trials are needed to elucidate role of monitoring aspirin therapy by impedance aggregometry in children with shunts and PDA stent.

None



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Enteral Nutritional Support by Nurses and Related Factors in Intensive Care Patients

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Backgrounds:

Enteral nutritional support is vital to improve clinical outcomes in critical patients, but there are many challenges in its provision. Nurses have an important position and play a key role in nutritional support. The purpose was to determine the enteral nutrition support by nurses and related factors in intensive care units (ICUs) patients during the first 3 days after initiation.

Material and method :

This descriptive-correlation study, the amount of energy and protein received and required by 48 ICUs patients calculated using Harris-Benedict equation and the American Dietetic Association guidelines. Enteral nutrition performance of 100 nurses in ICUs evaluated using checklist. Then the nurses completed questionnaire about related factors to nutritional support. The content validity index was 0.93 and 0.95 in the checklist and questionnaire, respectively. The reliability of checklist and questionnaire using intra-class correlation coefficient (ICC) and Cronbach's alpha coefficient were 0.89 and 0.83 respectively.

Result:

The results indicated energy and protein received were less than required on each of the three days. The nurses' performance score in enteral nutrition was moderate (57.49 ± 9.58) and the lowest score associated with the questionnaire items were, the dietitian daily presence (28.5%) and on holidays (8.75%), the existence of guideline (34%). The most common causes of interruptions reported gastrointestinal intolerance (77.5%).

Conclusion:

It seems that planned interventions are required for overcoming all identified problems. The constant presence of a nutritionist in ICU's team and the presence of appropriate guidelines together with training on proper implementation is necessary for improvement of enteral nutrition.

Internet of Medical Things IOMT Applications and Challenges

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Backgrounds:

It is anticipated that the demand for personal healthcare applications will increase sharply. In the traditional medical mode, the quality and scale of medical service can't meet the needs of patients. As IOT converge various domains, we focus on research contribution of IOT in healthcare domain and describe Internet of Medical Things (IOMT) as a solution. IOMT is playing vital role in healthcare industry to increase the accuracy, reliability and productivity of electronic devices. Researchers are contributing towards a digitized healthcare system by interconnecting the available medical resources and healthcare services. This paper presents IOMT concepts including definitions, characteristic, issues and major challenges.

Material and method :

Basically IOT is the inter-networking of electronic devices to enable exchange of data between devices for specific domain applications. It is of great significance to establish a set of family oriented remote medical surveillance system based on mobile Internet as called m- health, which is used to analyze, capture, transmit and store health statistics from multiple resources, including sensors and other biomedical acquisition systems. M-health offers an elegant solution to a problem commonly faced in the medical field: how to access the right information when and where needed in highly dynamic and distributed healthcare organizations. There are some applications in medical domain such as Smart medical nursing healthcare system for patients and lot based smart medical health band implemented and delivered in 2016. In IOT applications, the patient healthcare information is the most critical information that should be kept in safe hands. Iot has brought a tremendous change in the domain of medical. Most of the applications are from the research papers which are published in 2016. So, our researched applications are up to date.

Result:

IOT has many advantages to individuals, society, the environment, consumers and business. Iot enable the

doctors and hospital staff to do their work more precisely and actively with less effort and intelligence. Proof of this is above mentioned table II of applications. Some of IOMT benefits are describes as follows: Make life more convenient Healthcare is cheap Outcome of patient is improved Management of diseases is real-time Life quality is Improved user end experience is improved care for patient is increased costs reduction Ultimate benefit is healthier and longer lives, Maximum diseases management and prevention children's / elder parents progress is monitored Major change in health of patient will make an automatic alert to different parties, save lives and time Resources of iot other iot devices, Medication is on time Patient care will be intimated to family members.

Conclusion:

We have discussed mainly the applications, future challenges and benefits of internet of things (IOT) based on the work done by different researchers in the field of IOT. All the applications we researched are from the medical healthcare systems. Most of the applications are from the research papers which are published in 2016. Actually there are many challenges that has to be counter but we have briefly identified some of the significant challenges in the file of IOT in context of healthcare that are detailed discussed in section III. We believe that if these challenges are met in the field of IOT, we can improve IOT standard in the field of medical care. IOT can provide more reliable and better services in the field of medical health care.

Association between fear of falling and functional dependency in heart failure patients in 2018 Tehran-Iran

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Backgrounds:

Fear of falling is a common restricting factor for functional dependency especial amongst older adults. This study aimed to determinate factors associated with fear of falling and functional independency in older adults with Heart failure.

Material and method :

This was a cross-sectional study using a random sampling method to enroll 445 patients between September 2017 and November 2018. Main outcome measurement instruments were the 16- item falls efficacy scale international (FES-I, Persian version) and Ketz index (KI) functional independence measure. Variables In this study were analyzed by Student t test and ANOVA. The Pearson coefficient correlation was used to examine the relationship between FES and functional independency. A 2-tailed $P < 0.05$ was considered statistically significant.

Result:

The patients were mostly male (66%) and aged about 70.6. 60.8% of all participants experienced one or more falls during the last year. There was a significant relationships between the fear of falling and functional independence ($r = -0.257$; $P \leq 0.001$). But between fear of falling and demographic characteristic there wasn't a significant relationship ($P > 0.05$)

Conclusion:

According to the findings, there was a median level of fear of falling in most of the patients. The more fear of falling the more functional dependency.

Criteria of predicting veins thromboembolism

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Backgrounds:

Thrombosis of the deep veins could be counted as a reason which increase the rate of death among the cardiovascular patients who have been hospitalized in special care sections. Early diagnosis and treatment could prevent the consequences of this disorder. The present study have been conducted for the purpose of studying the criteria of predicting the veins thromboembolism including lung embolism and thrombosis of the deep veins

Material and method :

In this review study, databases such as Science direct, Ovid, Scopus, Up to Date. SID, and Magiran was used to data collection. Articles published between 2000 to 2018 end of March.

Findings:

Early diagnosis of thromboembolism can help the on time treatment and reduce the long term side effects as well as early death who are suffering from lung thromboembolism. Therefore different criteria such as VELZ, TERYARD, and VIRSHO can be used.

Result:

With the help of different criteria, nurses of the special care sections can diagnose the high risk patients who may be exposed to the vein thromboembolism. Also nurses could play an important role in presenting the special care and preventing the side effects of hospitalization as well.

Conclusion:

Nurses in intensive care units have an important role in reducing the length of hospitalization, reducing hospital infections, controlling the complications of admission in special sectors, and reducing the number of hospitalization in

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health care centers, especially in intensive care units. Improving the ability of nurses improves their clinical competence. Therefore, it is necessary to continuously familiarize with the world's standards and standards in the field of prevention, diagnosis and care, and to pay attention to the various issues of caring for patients and patients in continuing education of nurses.

Oxygen therapy in patients with acute myocardial infraction the problem that is not yet solved

Backgrounds:

oxygen therapy in acute myocardial infraction is not as simple as saying a “yes” or a “no”, on the contrary there are a number of unsolvable mysteries that need to be solved and therefore this study reviews the effects of oxygen therapy on patients with acute myocardial infraction based on scientific facts.

Material and method :

in this research, clinical practices from 2010 to 2018 from PubMed, Scoups, GoogleScholar databases were studied. The searched keywords consisted of oxygen inhalation, patients, myocardial infraction & oxygen delivery.

Result:

the number of clinical studies found was 6. In these studies two groups were reviewed. Intervention oxygen therapy group and the room oxygen level control group. The studied results included Creatinine Phosphokinase enzyme, troponin enzyme, Arrhythmia, reoccurrence of myocardial infraction, size of the infraction, hospitalization, angina and the amount of drug use. In three studies results showed increase of myocardial damage and infraction size and increase in troponin and creatinine phosphokinase levels after the oxygen therapy, while the other three showed no difference in enzyme levels, mortality, hospitalization, infraction size, angina, and drug use in the two groups.

Conclusion:

the exact effect of oxygen therapy in acute myocardial infraction has not been identified correctly and the difference in results in this particular field can furthermore emphasize the supervising teams caution on prescribing oxygen as a vasoactive medicine for patients with myocardial infraction and doing more clinical studies will help on identifying further pros and cons of prescribing oxygen.

Processes underlying concordance to treatment regimen A grounded theory study

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Backgrounds:

Patients concordance to treatment regimen is the one of the main challenges of treating common chronic diseases including coronary artery disease (CAD) and diabetes. This is a complex process and influenced by many factors especially underlying cultural, social and economic context of the country.

Aim: explore how patients with CAD and diabetes concordance to treatment regimen.

Material and method :

Methods: a qualitative research based on grounded theory was carrying out with purposeful data collection. Then it was theoretically continued from homes, hospitals and clinics. A total 46 participants entered the study. Data was collected through unstructured individual interview and field notes, and analyzed simultaneously with Strauss and Corbin's methods.

Result:

Results: constant comparative analyses of data showed the patients concordance to treatment regimen is based on emergency self-preservation behavior in response to fear of dealing with risk, which is the main concern of patients with CAD and diabetes. Emergency self-preservation develops in the context of inadequate concordance to treatment regimen. Conflicting priorities and perceived needs, limiting induction & beliefs (Constraining Factors) and perceived social support (as factors facilitating) are some of the factors affecting this process. The ultimate outcome of adopting such strategy and the affecting factors is the insecurity and the failure to accept the modified behaviors.

Conclusion:

Conclusion: the finding show that emergency self-preservation as the manner of chronic patients concordance to treatment regimen is proportionate to their problem and concern but nevertheless undesirable (emergency based and transient), inefficient and ineffective (insecurity and failure to accept the initial treatments).

early extubation after congenital heart surgery narrative review

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Backgrounds:

mechanical ventilation is used widely in the management of patient following open heart surgery and advances in anesthesia and surgical technique have altered the expectation for mechanical ventilation following cardiac surgery the purpose of this review study is to assess the adequacy of early extubation after congenital cardiac surgery

Material and method :

This study was conducted through a narrative review and after searching in reputable scientific bases such as Pubmed, Scopus and Google Scholar. After researching and collecting articles based on input and output criteria, Five papers that were sufficiently valid were selected for review.

Result:

a study in 2000 showed that of 201 congenital open heart surgery cases, 175 (87.1%) were extubated in the OR while 188 (93.6%) were extubated within four hours of the operation. In 2008, Mitnacht and colleagues reported that OR extubation was successful in 79% of their pediatric patients (178/224), even in cases where complex procedures were involved. They concluded that the greatest risk factors were young age and a longer duration of cardiopulmonary bypass .In 2014, Grag and colleagues reported that OR extubation was successful in 87.1% of their cases with success rate dependent on the details of the procedures performed.

Conclusion:

Extubation in the OR after congenital open-heart surgery was successful in the majority of our patients, even following complex procedures. However, longer operation time is a significant risk factor with regards to re-intubation in the ICU after early extubation.

An evaluation of the effectiveness of social media-based training on satisfaction and anxiety of families of patients who are under Coronary artery bypass surgery at Intensive Care Unit ICU

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Backgrounds:

Families patient as result of receiving insufficient information go under immense anxiety before the surgery and during hospitalization. Providing information and training them via social media help in reduced anxiety and increased satisfaction .

Material and method :

This research was a quasi-experimental study which allocated to intervention and control groups that data collection has done on 100 cases of Families patient has gone under Coronary artery bypass surgery on 2017 which were selected by convenience sampling method, in Rajaie cardiovascular medical .The intervention group became members of a Telegram network this group received the information regarding the surgery and post-surgery treatments through this channel. For the control group, however, only routine actions were taken. For data collection, Spielberger's State-Trait Anxiety Inventory (STAI) questionnaire and Intensive Care Unit Family Satisfaction questionnaire was used. Data's were analyzed in SPSS.

Result:

Based on the findings, there was no statistically significant difference between the two groups before the intervention. But after the intervention, the average number for the State-Trait Anxiety significantly dropped and satisfaction following receiving information significantly increased in, intervention group as compared to the control group. ($p < 0/0001$)

Conclusion:

Based on findings, social media-based training leads to increased patients family satisfaction and decreased anxiety in Intensive Cardiac Care Unit.

Validity and Reliability of the professional communication skills of nurses Questionnaire

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Backgrounds:

The professional obligation of nurses and their skill may importantly impact on communication through enhancement of secure care of patient, reducing stresses in patients' attendants, decreasing stress among the colleagues. Given that identifying of care requirements for patients and meeting them is the main task for the nurses thus improvement of behavioral and communication skills will be efficient in achieving this objective in nurses. Similarly, observance of the principles of proper communications among members of medical team is considered as one of the foremost factors that may play key role in giving suitable services to the patient as a human to release him/her from illnesses for which she has allowed medical team to enter into his/her privacy. The purpose of this study was to develop an instrument to measure the professional communication skills in nurses.

Material and method :

In the present cross-sectional study, the initial list of 32 questions was prepared to design a genuine questionnaire of awareness of professional communication skills in nursing. In order to check the the content validity and reliability, the Cronbach's Alpha and Kappa Coefficient test was used. Data were analyzed using the SPSS software version 21.

Result:

The results indicated that just 25 question from 32 initial list had high content validity . The final results disclosed that the final questionnaire was reliable with a Cronbach's alpha of 0.89.

Conclusion:

To assess the professional communication skills in nursing, a reliable questionnaire should be used. The questionnaire designed in the present study may be a useful tool for evaluation of it..

key word: professional communication ,validity, reliability .

Evaluation of the Critical thinking in the nurses who work at the Intensive Care Units in hospitals of Universities of Medical Sciences

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Backgrounds:

Critical thinking skill is one of the most important goals of nursing education and its development leads to improve the patients' treatment. Due to the importance of this issue in improving the quality of nursing cares especially in the Intensive Care Units (ICUs), so the present study was conducted aimed to evaluate the critical thinking in ICUs

Material and method :

This study is a cross-sectional one. California Critical Thinking Skills Questionnaire B was completed for nurses who work at ICUs of hospital. The data was analyzed by SPSS software version 22

Result:

The average of critical thinking scores of all nurses was 10.46 ± 3.17 in this study which was poor. The most ability of nurses was related to the domain of deductive reasoning and the weakest was in the domain of inference. There was no significant difference between critical thinking and its relevant areas in terms of age, sex, marital status, working part, university and work experience ($P > 0.05$).

Conclusion:

The results of this study revealed a low score of critical thinking in nurses who work at ICUs. Due to the importance of this skill in nursing activities, using specific educational strategies is emphasized to improve this skill.

Training of ECMO Nurses

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Backgrounds:

extracorporeal membrane oxygenation (**ECMO**) is an extracorporeal technique of providing both cardiac and respiratory support oxygen to patients whose heart and lungs are so severely diseased or damaged that they can no longer serve their functions.

Material and method :

ECMO is a high-risk procedure and therapy. An ECMO nurse is a bedside nurse that cares for ECMO patients and has a modified responsibility for assessing and managing the ECMO system.

Result:

The nursing team caring for the patient supported on ECMO requires specialist training to ensure safe and effective care. All training must be supported by a robust assessment and regular reassessment. After completion of an initial education program, it is important to provide ongoing continuing education and clinical competence assessment. In order for continuing ECMO education to be successful, the proper infrastructure for continuing education in ECMO is essential

Conclusion:

In this article we will introduce a standard nursing training model.

Keywords:ECMO,ecmo nurse,training

Teamwork in nursing of cardiac surgery

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Backgrounds:

Teamwork is the collaborative effort of a team to achieve a common goal or to complete a task in the most effective and efficient way. This concept is seen within the greater framework of a team, which is a group of interdependent individuals who work together towards a common goal.

Material and method :

Teamwork is present in any context where a group of people are working together to achieve a common goal.

Cardiac surgery demands effective teamwork for safe, high-quality care.

Result:

Surgical excellence demands teamwork. Poor team behaviors negatively affect team performance and are associated with adverse events and worse outcomes. Interventions to improve surgical teamwork focusing on frontline team members' nontechnical skills have proliferated but shown mixed results.

Conclusion:

cardiac surgery teams involve in treatment of patient in cardiac surgery procedure. The patient's final prognosis is just as relevant to the team's performance, which is related to the knowledge and skills of each individual. The members of the cardiac surgery team, as one of the teams involved in the treatment of patients, must comply with the rules of successful teams to achieve better performance and more success in providing health care to patients. Learning the principles of teamwork in nursing requires, like any other skill, learning, training, and advice.

Preparation and spiritual Support of Patients and their families through the heart Transplant Process

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Backgrounds:

Cardiac allotransplantation has, over the years, become the established therapeutic modality for patients with end-stage heart failure. Significant advances in immunosuppressive therapy have dramatically improved the outcome of heart transplantation over the past four decades.

Material and method :

Although ,Cardiac transplantation is still associated with significant morbidity, mortality, and supportive care needs.

Result:

role of nurses in heart transplant surgery is very important. Nursing is in direct contact with the patient, mainly in the preoperative and postoperative heart transplantation, and telling the patient about the procedure doubts, overcoming anxiety and clarifying the family and the transplanted patient's, the necessary lifestyle care changes.

Conclusion:

In this article we will explain nursing care plan for this patients especially focusing on nursing education to the patients on the operation process and risks of complications, family's questions and misconceptions about organ transplantation , diets and other long-term lifestyle changes.

Keywords:Heart transplant,nursing care

Supportive nursing cares of parents at the time of their child's death in the pediatric intensive care unit and during bereavement

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Backgrounds:

The death or impending death of a child in the pediatric intensive care unit (PICU) affects the dying child, family members, other children and families in PICU as well as the team members.

Material and method :

Bereavement support is particularly difficult if the death is sudden and unexpected. During these moments, the PICU team becomes the primary column of support for the family and therefore has significant responsibility and influence over the course of the bereavement process

Result:

Surveys reveal that only about 6% of doctors working in PICU situations have any training in dealing with a grieving populace. The role of the team following the death of a child in PICU has not been well defined. Not surprisingly, the PICU staff often feels overwhelmed in situations of bereavement.

Conclusion:

An awareness of the sources of stress in grief and a practical approach towards the management is easily acquired with some deliberation and a little practice. We in this article offer helpful suggestions for improving the bereavement support in PICU.

Keywords: nursing care, bereavement, picu.

Reducing the anxiety in parents of children with congenital heart anomaly and its effect on the treatment process

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Backgrounds:

Congenital Heart anomalies are one of the common diseases; based on the American Heart Association estimate, 40,000 newborns per year are born with this disease in the United States.

Material and method :

The parents of these children are confronted with great anxiety due to their lack of information about the prognosis and treatment process.

Result:

during treatment and illness, these children are 100% dependent on parental support, this anxiety is transmitted to them, which while has a bad effect on the treatment process, is often ignored in general nursing interventions.

Conclusion:

This study was conducted to improve the treatment process through behavioral and cognitive interventions of parents and control and management of stress factors. Obviously, the target groups are both family and patient.

Keywords: Congenital heart disease, anxiety, nursing care

Hospitalization In the intensive care unit care of patient or family

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Backgrounds:

In this article, the implications of patient admission in the intensive care unit on family caregivers of patients are reviewed and symptoms and preventive and caring approaches in the intensive care syndrome family is described in detail.

The environment of the intensive care unit (ICU) is burdensome to a patient and the patient's family. Unfortunately, many family members who assume a caregiving role during critical illness experience the detrimental effects of this stressful life event and at risk the cluster of adverse psychological reactions, such as: anxiety, acute stress disorder, posttraumatic stress disorder, depression and complicated grief, The post-intensive care syndrome-family (PICS-F) describes this psychological disorders, occurring in approximately 14% to 50% of family members of ICU patients.

Material and method :

This review study was done in a systematized manner and based on library literatures. To do this, the articles published on family of critical patients during 2005-2018, searched out in different Farsi and English databases using keywords of: intensive care unit, patient's family, Post-intensive care syndrome-family, Anxiety, Depression, and PTSD

Result:

Post-intensive care syndrome-family (PICS-F) refers to new or increased cognitive or mental health impairment in family members after a loved one is hospitalized in a critical care setting. each of the treatment team members in intensive care unit (ICU) should support the family members in dealing with the stressful situations.

Conclusion:

The social support and attitudes of ICU personnel, particularly good communication, are factors reducing negative psychological consequences among family members.

Wearable cardioverter-defibrillator for primary prevention of post-myocardial infarction sudden cardiac death

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Backgrounds:

Despite effective interventional and medical therapies for myocardial infarction, the risk of early post-MI sudden cardiac death (SCD) remains, especially in patients with severely reduced left ventricular ejection fraction (LVEF). However, there remain situations in which implantation of an ICD is immediately not feasible (eg, patients with an active infection), may be of uncertain benefit, may not be covered by third-party payers (eg, early post-MI, patients with limited life expectancy or new onset systolic heart failure), or when an ICD must be removed (eg, infection).

Material and method :

This article is the result of reviewing more than 6 articles related to the topic. A number of electronic databases including Clinical key, PubMed and Chocrane host were queried and examined for potential sources using keyword searches. Predominantly, studies from within the past 2 years were considered most pertinent, though older articles were not discounted during the review.

Result:

Data conflict on the utility of an implantable ICD early post-MI. A wearable cardioverter-defibrillator (WCD) has been suggested as temporary therapy for patients at high risk for SCD. The randomized VEST trial in patients with an acute MI and LVEF ≤ 35 percent compared use of a WCD (begun within seven days of hospital discharge) plus usual medical treatment to standard medical treatment alone. Over an average follow-up of 84 days, the primary outcome of arrhythmic death was not different for the two groups. Compliance with medical therapy was excellent in both groups, likely contributing to fewer than expected events, while compliance with WCD usage was markedly lower than expected.

Conclusion:

In cases where ICD implantation must be deferred, a WCD offers an alternative approach for the prevention of SCD.

2018 American Heart Association focused update on advanced cardiovascular life support

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Backgrounds:

The purpose of this study was reviewing and discussing the latest findings in CPR.

Material and method :

This is a review article based on "Highlights of the 2018 Focused Updates to the American Heart Association Guidelines for CPR and ECC" systematic reviews.

Result:

These changes in 2018 Adult Advanced Cardiovascular Life Support and Pediatric Advanced Life Support include correction of the Adult and Pediatric ACLS algorithm with the emphasis on Use of Antiarrhythmic Drugs During Resuscitation From Adult VF/pvt Cardiac Arrest, Antiarrhythmic Drugs Immediately After ROSC Following Adult Cardiac Arrest, Use of Antiarrhythmic Drugs During Resuscitation From Pediatric VF/pvt Cardiac Arrest. The summary of the latest changes to the recommendations is:

Amiodarone or lidocaine may be considered for VF/pVT that is unresponsive to defibrillation. These drugs may be particularly useful for patients with witnessed arrest, for whom time to drug administration may be shorter (Class IIb, LOE B-R).

There is insufficient evidence to support or refute the routine use of a β -blocker early (within the first hour) after ROSC.

The routine use of magnesium for cardiac arrest is not recommended in adult patients (Class III: No Benefit, LOEC-LD).

There is insufficient evidence to support or refute the routine use of lidocaine early (within the first hour) after ROSC.

For shock-refractory VF/pVT, either amiodarone or lidocaine may be used (Class IIb, LOE C-LD).

Conclusion:

Knowledge of CPR and its latest changes is obviously necessary to all professional and unprofessional revivalists.

Impact of Door to ECG on patients refer to the emergency department with chest pain

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Backgrounds:

Chest pain is the second most common reason for referral to an emergency unit. The American Heart Association recommends all patients with chest pain presenting to the emergency unit should receive an ECG within 10 minutes of presentation. This is considered as the first line of diagnostic tests for myocardial infarction.

Material and method :

. In this narrative review study, several databases including SID, Pub med, Google Scholar, Web of Science and Scopus were used to collect data and search the articles published between 2000 and 2018. The keywords used to search articles were “door to ECG”, “chest pain”, “emergency unit” and “triage”. The articles selected for review were type of intervention and descriptive in Persian or English, with available full text. The criterion for selecting articles was the similarity of the their subject with the search words including door to ECG (DTE) time and triage and their value in the early diagnosis and treatment of coronary disorders.

Result:

A total of 20 articles were found. After removing the articles that didn't meet the inclusion criteria, 11 articles related to the subject of the study finally reminded in review. The significant outcomes of timely triage, appropriate time to perform ECG, barriers to access and suggestions for faster treatment by the system especially the role of nurses, were investigated.

Conclusion:

The reduction of triage time and door to ECG (DTE) time as well as the role of the nurse in those cases are associated with a reduction in the complications and mortality of cardiac patients.

Hospital Facilities at Home for Heart Failure Patients A cost-effectiveness study

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Backgrounds:

Heart failure imposes an enormous economic burden on the healthcare sectors. The present research aims to study the establishment of a home care system for heart failure patients in order to evaluate the cost-effectiveness of this system and patient satisfaction.

Material and method :

The present study is a health system research. After establishing it, 40 patients were selected as the sample with eligible criteria. The care was provided by nurses based on the physician's instructions. In the first visit at home, a questionnaire on the quality of life was filled out by patients or nurses. The financial data of medical records of patients was the reference for the analysis of cost. After following the intervention, the questionnaire on the quality of life was filled out by patients once again and their satisfaction was measured. The data were statistically analyzed using Python programming language and SPSS-16 at the 0.05 level of significance.

Result:

The length of stay in the hospital for each patient reduced from 2.1 days to 0.9 days per month. The number of annual hospitalization also reduced from 5 to 3 and the number of annual outpatient visits showed a reduction from 46 to 38 for each patient. The results of patient satisfaction assessment also indicated that most of patients were satisfied with services provided to them.

Conclusion:

The results showed that our study was cost effective. It is suggested interventions are performed on larger scales.

Assessment The Role of Nurses in Promoting Lifestyle in Patients with Heart Failure A Review Study

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Backgrounds:

Major problems in the community include heart failure, which has been the cause of many of these patients' discomfort. Many factors in the lifestyle of these patients are involved. In this research, it has been attempted to address the role of nurses in improving the lifestyle of these patients.

Material and method :

The present study is a comprehensive search or a combination of the keywords " nurse", " life style ", "patients", " Heart failure". Data collected from the PubMed and Scopus databases, ScienDirect and Ovid sites between 2010 and 2018.

Result:

The results of the study on the literature showed that the current survival rate of these patients has increased with the development of modern science in the treatment of patients with Heart failure. Many factors, such as Training on attitude and mood of the patients, Self-care education such as doctor's advice and regular daily activities and the consumption of healthy foods and medications regularly, control the symptoms of the disease and conduct regular monitoring of patients and timely referral of patients to health centers promotes the lifestyle of patients and hence improves the quality of life of these patients of these patients.

Conclusion:

The results showed that nurses play an important role in improving the lifestyle of these patients. The main task of the nurse is to educate these patients. Therefore, it is suggested that programs should be developed to increase the knowledge of nurses about heart disease in order to have a positive impact on the life of patients with heart failure.

Assessment of Factors Impacting the Quality of Life in Patients with Hypertension Systematic Review Literature

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Backgrounds:

Of the common diseases of the last century, blood pressure can be mentioned. It affects many people of different ages and reduces the quality of life of the affected patients. In this research, attempts have been made to investigate ways to improve the quality of life of these patients.

Material and method :

The present study is a comprehensive search or a combination of the keywords "quality of life", "patients", "hypertension", "Heart". Data collected from the PubMed and Scopus databases, ScienDirect and Ovid sites between 2010 and 2018.

Result:

The results of the study on the literature showed that the current survival rate of these patients has increased with the development of modern science in the treatment of patients with hypertension, but this increase in survival is often not associated with good quality of life in these patients, and sometimes with Many problems are encountered. Many factors, such as Empowerment of the patient and family, Stress management, increased spiritual wellbeing and life expectancy, Regular physical activity and healthy diet, Healthy lifestyle education have increase the quality of life of these patients. Also, everyday behaviours such as smoking and sleep disorder have led to a decrease in the quality of life.

Conclusion:

The findings of this study revealed that there were significant factors affecting the quality of life of patients with hypertension, so that the seemingly simple and non-essential factors had a significant effect on the quality of life of these patients. The quality of life and survival of patients with hypertension are two dependent factors, which increases the quality of life of these patients, life expectancy will also increase. Therefore, it is recommended that a study be carried out in this country in order to investigate these

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factors in Iranian patients, as well as educating the medical staff and families of these patients and, most importantly, educating the patient himself to increase self-efficacy and having A good life is a continuation of the disease.

Guide line by JNC-8 in patients who referred to health centers survey of accumulation of hypertension treatment with last related to Fasa university of medical sciences 2017

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Backgrounds:

choice of antihypertensive drug treatment of hypertension is the most important .The study was done in patients who referred to health centers survey of accumulation of hypertension treatment with last related to Fasa university of medical sciences 2017.

Material and method :

in this cross-sectional study population consisted of 200 patients with hypertension who were non random manner .Data collection toll was a questionnaire containing demographic and use of anti-hypertension medication on guide line JNC-8respectively.After review and approval of content validity and reliability of the questionnaire .Data and descriptive statistics were analyzed by SPSS-version22.

Result:

60 percent of patients with stage -1, hypertension and 40 percent in stage-2,hypertention .the most common medications in stage-1,hypertension, beta-blockers(atenolol) respectively .ACEI and thiazide on stein commonly prescribed drugs were used for stage-2, hypertension treatment, which was consistent with the guide line JNC-8.patients with diabetes and heart failure with underlying cases of beta-blocker drugs used to treat the guide-line JNC-8 not match.

Conclusion:

treatment of hypertension patients with underlying causes JNC-8 guide line dose not match. It is a advised to go to their with training closed for new treatments. That improve patients outcome are more informed.

Evaluation of marital stress based on ejection fraction in patients with ischemic heart disease

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Backgrounds:

Now days marital relationships is an important topic in the study of health care system and social health system. and it can be influenced by several factors. The aim of this study is evaluation of the marital stress based on ejection fraction in patients with acute myocardial ischemia

Material and method :

This cross-sectional study was performed on patients with ischemic heart disease admitted to angiography ward in one of hospital in Qom University of Medical Sciences in 1394. 300 patients selected by convenience method and entered the study. Data were collected by the "demographic and clinical" and "Stockholm marital stress" questionnaires. The data were analyzed from central indexes and Univariate test by SPSS13 software

Result:

The average age of participants was 55.24 ± 6.06 and 57.7% of them were male. Angiography results showed that 50% of participants were normal coronary, 16.3% of them were single vessel disease, 16% of them were two vessel disease, and 17.7% of them were three vessel disease. 25/4% and 39/7%, respectively, were not history of underlying diseases and drug user. The average of marital stress in patient with ejection fraction $>55\%$ was 20.44 ± 3.41 , in patients with ejection fraction 55-45% was 20.64 ± 2.60 . In patients with ejection fraction 35-45% was 20.75 ± 1.51 and in patients with ejection fraction $<35\%$ was 20.49 ± 2.53 ($P=0.001$).

Conclusion:

The results of this study indicated that patient with ejection fraction $<35\%$ have less marital stress than other people. Therefore, it is recommended that health care providers, including nurses provide the ways for following-care and appropriate education for patients to with ejection fraction $<35\%$.

Catecholamines and broken heart syndrome Are catecholamines guilty With a look at nursing care

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Backgrounds:

The aims of this review article are investigating the role of catecholamines in the pathogenesis of Takotsubo cardiomyopathy (TCM) and related nursing care. TCM or broken heart syndrome is a acute acquired syndrome and characterized by acute reversible systolic dysfunction of apical and middle segments of the left ventricle in the absence of significant coronary artery occlusion. It is believed that emotional and physical stressors are the main drivers. Despite many efforts to better understanding this disorder, current knowledge is limited.

Material and method :

Search for full text articles and case reports published between 2014-2018 were conducted with key words including "broken heart syndrome", "Apical ballooning syndrome", "Takotsubo cardiomyopathy", "Stress-induced cardiomyopathy", "catecholamines" and "nursing care", at PubMed, Google Scholar and Web of Science databases. Among 392 found articles and case reports, 21 articles were included in the study.

Result:

Among various hypotheses, catecholamine-induced microvascular dysfunction is the most accepted hypothesis. Stressful stimuli can increase the activity of hypothalamus - pituitary - adrenal axis, and triggers a pathophysiological response and acts as the basis for the development of TCM. So it is quite possible that prescribing exogenous catecholamines can provide these conditions.

Conclusion:

Although many studies have attributed some of the catecholamine toxicity to the pathophysiology, due to the potential impact on current treatment strategies and cardiovascular side effects, use of catecholamines requires more researches. Regarding the similarity of the TCM symptoms with myocardial ischemia, accurate nursing care including early detection of symptoms, hemodynamic instability management, assessment of prescribed therapies, and electrocardiography are very important.

Vitamin E deficiency as a risk factor for cardiovascular diseases

Backgrounds:

Cardiovascular diseases are one of the most common health-related problems and the number of the patients with cardiovascular diseases increases each year.

Material and method :

This review study has been conducted by searching the related works in the databases of Google Scholar, Pubmed, PMC, Springer, and Elsevier, published from 2014 to 2018.

Result:

α -Tocopherol is the most common form of vitamin E in human tissues. Increased oxidative stress is an important mediator of endothelial injury in hypertension pathology, associated with increased oxidant protein production, such as hydrogen peroxide superoxidation, decreased nitric oxide synthesis, and decreased biological capacity of antioxidants. Oxidative stress may lead to endothelial dysfunction, inflammation, hypertrophy, fibrosis, and angiogenesis associated with hypertensive vascular variations. Vitamin E deficiency can provide a constraint for micro ribonucleic acids (miRNAs) networks, and this may lead to the progression of atherosclerosis. Vitamin E deficiency causes adverse effects in cardiovascular systems. However, the effect of its use in the treatment of diseases is still not fully understood.

Conclusion:

Considering the above results, a good amount of this substance should be provided and it should be replaced before the complications occur.

Coronary artery bypass graft on- pump off pump and renal failure

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Backgrounds:

Acute renal failure is a prevalent and serious disease that follows coronary artery bypass graft. One of the important symptoms of acute renal failure is the increased level of urea and serum creatinine. This study examined the rate of renal failure in patients undergoing on-pump and off-pump.

Material and method :

This paper is a descriptive-comparative study on 60 patients undergoing Heart. Levels of urea, creatinine, sodium, potassium and urinary output were controlled and recorded in the first days, admission and ICU discharge. Data collection tool made checklist: the first part included demographic information and the second part was related to information on kidney function. The data were analyzed in SPSS version 21.

Result:

Findings showed a statistically significant difference in terms of age and incidence of renal failure based on increased levels of urea and serum creatinine before and after coronary artery bypass graft ($P < 0.05$). Findings also showed that renal failure significantly increased after coronary artery bypass graft based on levels of urea and serum creatinine ($P < 0.00$) ($P < 0.00$). No significant difference was found between the two surgery procedures (on-pump and off-pump) in terms of renal failure incidence ($P > 0.05$).

Conclusion:

Patients' age was an important factor of renal failure following coronary artery bypass graft. Type of the surgery (on- and off-pump) and gender had no effect on the incidence rate of acute renal failure. Stronger measures to

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protect the kidneys in older patients may reduce this high risk complication.

Keywords: open heart surgery, acute renal failure, serum creatinine, off-pump surgery

Case Report Prosthetic valve thrombosis with INR5

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Backgrounds:

Objective: Considering that the mitral valve thrombosis is considered as a rare valve replacement problem, in a case of mitral valve thrombosis in the open heart care unit, the present study was conducted to express the desired case.

Material and method :

Methods: This is a case study about a 50 year old woman who had replaced the mitral valve (mechanical) and replaced the trichospide valve 2018-9-29, Rasht , Iran. The patient was treated with warfarin and ASA (PT=30 s and INR=5) which was referred to the hospital on 2018-10-28, due to dyspnea and shortness of breath. The patient was also subjected to fluoroscopy and, according to the report, one of the Leaflets was fixed. The patient was on an emergency list of surgery. The clot mass of 0.6 and 0.85 cm in the mitral valve ventral region was observed. MVPPG = 35 and MVMPG = 28 millimeters have been reported. The patient was surgically treated on 2018-1-11. During surgery, mitral valve repair and cleating of thrombosis were performed on valve.

Result:

Conclusion:

Conclusion: In the first surgery, the correct selection of the heart valve according to the patient's condition will have a very important role in the prognosis of survival of patients, as well as the reduction of complications associated with artificial ventilation. The most common cause of biologic valve replacement, degeneration and mechanical valve is thrombosis. It is also important to the patient education about the proper use of anti-coagulant drugs and dietary considerations.

Association Body mass index waist circumference and waist hip ratio with cardiovascular risk

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Backgrounds:

Overweight and obesity have been recognized as a major risk factor for coronary artery disease (CAD). Although body mass index (BMI) has been a chosen method to measure body size in epidemiological studies, alternative measures, such as waist circumference (WC) and waist: hip ratio (WHR) which reflect central adiposity, might help to better assess body fat distribution and have been suggested to be superior to BMI in predicting CAD risk.

Material and method :

The purpose of this study is to summarize the results of review studies and meta analyses on the relationship between abdominal obesity (waist circumference and waist hip ratio) and coronary artery disease (CAD). So a search strategy of keywords and Mesh terms used to identify review studies of cardiovascular risk and abdominal obesity from the PubMed, Google Scholar and Science Direct databases in from 2005 to 2018 in December 2018.

Result:

Overall 4 review studies and meta-analysis founded. The results of 2 analyses of Cao and et al (2018) and Coutinho and et al (2011) showed that a high WHR increased myocardial infarction (MI) risk and that elevated WHR is more strongly predictive of MI in women than in men. Also, central obesity was associated with mortality whereas, BMI was inversely associated with mortality. Central obesity was also associated with higher mortality in the subset of subjects with normal BMI and BMI ≥ 30 kg/m². The results of meta-regression analyses of De Koning and et al (2007) showed that for a 1 cm increase in WC, the relative risk of a CAD event increased by 2% after adjusting for age, cohort year, or treatment and for a 0.01 U increase in WHR, the relative risk increased by 5%. These results were consistent in men and women. Overall WHR was more strongly associated with CAD than that for WC, although this difference was not significant. Whereas, a review of the published evidence by Huxley and et al (2010) indicated that there is no clear agreement as to whether measures of central obesity are more strongly associated

with cardiovascular morbidity and mortality compared with BMI.

Conclusion:

There is a clear need for further long-term, large cohort studies to examine this issue further and this is better to incorporate measures of central obesity into CAD risk assessments for young to middle-aged adults and normal BMI. Further work is needed to figure out the best practice guidelines for obtain the various sizes of central obesity that contribute to CAD risk.

Reasons for the termination of pregnancy in hospital women with heartdisease in Shahid Madani Heart center in Tabriz

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Backgrounds:

With regard to controls on the causes of maternal mortality in pregnant women, it has been noted in past studies that heart disease has become one of the most common causes of death in pregnant women in many countries, including Ira. To be therefore, it is necessary to closely monitor and control women with heart disease or women to have cardiovascular complications during pregnancy. The present study examines the causes of pregnancy termination in pregnant women admitted in the first half of 2018 in Tabriz.

Material and method :

All women admitted in cardiology ward for pregnant women at the heart hospital witch were referenced from the entire province with a definite diagnosis of heart disease in a case series study were investigated.

Result:

Out of 10 pregnancy terminations associated with pregnant women, the reasons for termination of pregnancy were HF, PTE, VF ICD, LV Dysfunction, MS, DCM, MR, with 4 cases leading to abortion and the rest of the cesarean section respectively. Shortness of breath and respiratory distress and palpitations of the heart and well- untreated pneumonia where the main cause of admission. No maternal death was reported during the study period and three months later.

Conclusion:

Increasing the incidence of hospitalization for pregnant mothers due to heart disease. This indicates increased care and special attention in these cases. The strength of this care is reducing maternal death at the center.

Educational needs from the perspective of heart surgery patients

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Backgrounds:

Cardiac surgery associates with potential physiological, mental, emotional , growth and spiritual consequences due to the existence of many stressful factors. Training and learning patients can decrease risk-creating and stressful factors. Such a learning approach should be designed based on patients' needs and such needs should be identified by nurses before to any learning. However, there are rare studies focusing on the identification of patients' learning needs. Thus, this study aims to determine patients' awareness of learning needs for Coronary Artery Bypass Graft (CABG).

Material and method :

This is a descriptive study carried out within 6 months on 101 cases undergone CABG (36 females and 65 males) in Tabriz Shahid Madani education and treatment center. They were investigated at the time of discharging from ICU and surgery departments. Patients' needs were determined using Cardiac Patients' Needs Learning Inventory (CPNLI) tool.

Result:

According to findings, patients give the most important priority to the drug index. The next learning needs perceived by patients are : "How will my heart be treated?" related to "anatomical and physiological learning needs category", "what kind of activities can be done to reduce heart attack chance?" related to "risk factors learning needs category" and "how patients' activity level can be increased?" related to "physical activity learning needs category".

Conclusion:

The prerequisite for implementing any learning program is the investigation and measurement of learning needs. Therefore, before initiating any learning program nurses need to continuously assay learning needs of patients while considering patients' abilities .

Coronary Artery Bypass Graft, Educational Needs

Congenital heart disease abnormalities in East west of Azerbaijan in 2018 A new approach to improve the pregnant mother with heart problems

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Backgrounds:

Congenital malformations of heart since birth cased one of the factors influencing the mortality rate of children under one year, so this study is to evaluate new born with congenital heart disease in 1396 in the hospital in Tabriz, to identify and evaluated the types of cardiovascular abnormalities and the exact statistics of the disease well as the identification of risk factors for medical interventions

Material and method :

After obtaining consent from at total of 326 cases examined in medical records of newborns born with congenital anomalies, 54 cases were diagnosed with congenital anomalies in Al-Zahra Tabriz hospital in 2018. Information such as age and gender of the baby and mother's heart abnormality and the location and method of pregnancy termination of pregnancy week spss software and analyzed them.

Result:

In this study, 54 cases of birth defects with congenital heart abnormalities were identified with the highest number of heart problems (PDA+ASD) with 14.8% and ASD with 11.1% in the second place and ASD+VSD+PDA, each of them had the highest rates with 3.9% in the third place. Also TOF was the second most common heat disease with 5.6%. The most cases of this type of abnormalities were observed at the age of 24and 31 years old, respectively. The statistic of girls were 28 cases and boys were 26, out of which 35 were cleared and9 cases of neonatal death and 9 were transmitted to the children's hospital for further interventions. In most cases, termination of pregnancy was carried out with cesarean section, and most of them were done at36 weeks and also over 30 weeks.

In the case of just one termination 25 weeks and the weight at birth was 34, the total number was 2500 grams and above. The highest APGAR of the first minute was 9 and the lowest APGAR was 2.

Conclusion:

According to the results of this study, the necessary of identifying cardiac abnormalities based on the most cases of conflict and planing for timely medical interventions and also eliminating risk factors during pregnancy seems prerequisite to mothers.

The effect of GanodermaLucidumMashroom on the heart vessels

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Backgrounds:

قارچ Ganoderma Lucidum

گانودرما ۴۰۰۰ ساله است که حاوی استرول، پروتئین، تریترپوئید و ملانین است.

این ۱۰۰ نوع از پلی ساکاریدها مواد جامد را تجزیه می کند، دیواره های رگ ها را تقویت می کند و افزایش سطح آنژین رضایت دهنده مشکلات عضلانی قلب. ریاست خبره: هادی ابوطالبی

Material and method :

قارچ Ganoderma Lucidum

گانودرما ۴۰۰۰ ساله است که حاوی استرول، پروتئین، تریترپوئید و ملانین است.

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Result:

قارچ Ganoderma Lucidum

گانودرما ۴۰۰۰ ساله است که حاوی استرول، پروتئین، تریترپوئید و ملانین است.

این ۱۰۰ نوع از پلی ساکاریدها مواد جامد را تجزیه می کند، دیواره های رگ ها را تقویت می کند و افزایش سطح آنژین رضایت دهنده مشکلات عضلانی قلب. ریاست خبره: هادی ابوطالبی

Conclusion:

قارچ Ganoderma Lucidum

گانودرما ۴۰۰۰ ساله است که حاوی استرول، پروتئین، تریترپوئید و ملانین است.

این ۱۰۰ نوع از پلی ساکاریدها مواد جامد را تجزیه می‌کند، دیواره‌های رگ‌ها را تقویت می‌کند و افزایش سطح آنژین رضایت دهنده مشکلات عضلانی قلب.
ریاست خبره: هادی ابوطالبی

Correlation between arterial and venous blood gases in patients with mechanical ventilation after intracranial surgery

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Backgrounds:

Arterial blood sampling collects information about the amount of blood oxygenation, arterial blood carbon dioxide pressure and insurance of proper regulation of ventilator, is a gold standard and critical test in patients undergoing neurosurgery. As regards arterial puncture because of sampling is led to multiple complication for example: pain that increases intracranial pressure, bleeding, thrombosis, infection and disturbance of organ blood stream. Occasionally it would need great skill and also sometimes it is tried several times for sampling. Therefore sampling of peripheral vein can be a viable alternative for arterial sampling. This study aimed to evaluate the correlation between arterial and peripheral vein blood gases parameters consist of PH, pressure of oxygen and carbon dioxide, hemoglobin saturation, bicarbonate concentration and the amount of BE / BD in patients after craniotomy that temporarily are admitted in intensive care unit and connected to ventilator.

Material and method :

This study is a descriptive correlational study that conducted in 2014. 100 patients that after neurosurgery were admitted in ICU and temporarily connected to ventilator, selected as samples availability and was gotten arterial and peripheral vein sample simultaneously. The amounts of PH, oxygen and carbon dioxide pressure, hemoglobin saturation, bicarbonate concentration and the amount of BE / BD Both were calculated and compared using a paired t-test. Then Pearson's correlation coefficient was calculated. Using the regression model, the arterial values were predicted on peripheral vein values and compared with the observed arterial values.

Result:

as a result Comparison of arterial and peripheral venous values, Pearson correlation coefficient (R) and the level of significance (P) was calculated as follows: PH (0.91, 0.001>), PO₂ (0.68, 0.001>), PCO₂ (0.90, 0.001>), O₂ Saturation (0.26, 0.009), HCO₃ (0.91, 0.001>) and BE (0.94, 0.001>).

Conclusion:

Peripheral venous blood gas analysis of PH, pressure of carbon dioxide, bicarbonate concentration and the amount of BE / BD can be a good alternative arterial blood gas test in neurosurgery patients are hemodynamically stable. But according to the low correlation and long confidence interval about hemoglobin saturation and oxygen pressure can't perform this replacement.



Poster Perfusion

The role of Vitamin C in the Prevention of Post operative Complication after Cardiac Surgery

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Backgrounds:

In cardiac surgery with CPB, vitamin C levels decrease with the production of reactive oxygen species (ROS) and remain low for days after surgery, indicating a greater demand of vitamin C in the setting of surgery and I/R-induced oxidative stress. The purpose of this study was to evaluate the efficacy of vit C as prophylaxis for the prevention of postoperative Complication in cardiac surgery

Material and method :

A systematic search of Google Scholar, PubMed, EMBASE, the Cochrane Library, and clinical trial registries, was performed.

Result:

In the Cardiac surgery patients, who received vitC as prophylaxis, had a significantly lower incidence of postoperative Complication. In a systematic review and in 6 different meta-analyses including 8–15 RCTs, vitamin C was shown to significantly reduce the occurrence of postoperative cardiac arrhythmia, mainly atrial fibrillation ($P < 10^{-4}$).

Vitamin c treatment improves ventricular function, reduce vasopressor and fluid demand and increases the cardiac index. Oxidative stress and myocardial damage after cardiac surgery with CPB might be decreased by the administration of vitamin C.

Conclusion:

Our findings suggest that Vit C is effective as prophylaxis for the prevention of postoperative Complication. The administration of vit C may be considered in all patients undergoing cardiac surgery.

Carbon dioxide flushing before priming in cardiopulmonary bypass circuit

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Backgrounds:

میکرو آمبولی های هوا در مدار بای پس قلبی ریوی می تواند یکی از علل اختلالات عصبی - شناختی، پس از جراحی قلب باشد. فلاش دی اکسید کربن مدار بای پس قبل از پرایم به دلیل حلالیت بالاتر دی اکسید کربن نسبت به هوا، ممکن است باعث کاهش میکرو آمبولی گازی محلول پرایم قبل از بای پس شود. علیرغم سود بخشی فلاش دی اکسید در ایمنی بای پس هنوز لزوم استفاده از آن در مراکز جراحی قلب چالش برانگیز است. در این مقاله با مرور پژوهش های صورت گرفته در زمینه تعریف، نحوه عملکرد و اثر بخشی فلاش دی اکسید کربن قبل از پرایم می پردازیم.

Material and method :

در این مطالعه مروری که در سال ۱۳۹۷ انجام شده است، از مقالات نمایه شده در پایگاه های اطلاعاتی pubmed و google scholar استفاده شد. مجموعه مقالات بررسی شده شامل ۱۵ مقاله بود که تحقیقات کیفی و کمی مربوط به ۱۵ سال اخیر (از سال ۲۰۰۲ تاکنون) در زمینه آمبولی گازی و تأثیر فلاش دی اکسید کربن در مدار بای پس قلبی ریوی را دربرداشت. مقالاتی که متن کامل آنها در دسترس نبود از مطالعه حذف شدند.

Result:

آمبولی گازی حین بای پس قلبی ریوی یکی از موضوعاتی است مورد بحث زیادی قرار گرفته است و به نظر می رسد که همچنان پژوهش های بیشتری در زمینه شناخت عوامل مؤثر در ایجاد و روش های جلوگیری از آنها نیاز است. علیرغم وجود فیلترهای مختلف و ساز و کارهای افزایش ایمنی در مسیر انتقال خون به بیمار

کماکان خطر انتقال میکرو آمبولی گازی به مسیر شریانی وجود دارد. فلاش دی اکسید کربن یکی از روش های ساده، ارزان و کارایی است که می تواند به مقدار قابل توجهی تعداد آمبولی ها را کاهش دهد.

Conclusion:

فلاش دی اکسید کربن قبل از پرایم سیستم بای پس قلبی ریوی از آزادسازی خودبخودی هوا در مدار بای پس جلوگیری می کند، همچنین مانع رشد باکتری ها در موارد آلودگی های ناخواسته می گردد و شدیداً جهت افزایش ایمنی بیمار تحت بای پس قلبی ریوی استفاده از این تکنیک توصیه می شود.

Effect of Cardiopulmonary Bypass Machine on Serum Vitamin D3 Level in Pediatrics Open Heart Surgery review

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Backgrounds:

Definitive treatment for most children with congenital anomalies of the heart surgery. The type and extent of the surgery will vary according to the type of defect and condition of the child. Cardiac surgeries in congenital ailments are largely open and In open heart surgery, there is a need to stop the functioning of the heart in order to repair the lesions inside and outside of the heart, and during this surgery, the cardiopulmonary bypass machine is used to create an external blood flow.

The purpose of this article is to provide a general overview on observational studies and clinical trials on the effects of cardiopulmonary bypass machine on serum levels of vitamin D3 in pediatrics open heart surgery.

Material and method :

The results of this study are the search for articles from the beginning of 2010 to December 2017 at the Pubmed, Scopus and Science Direct databases. Key words used, vitamin D3, cardiopulmonary bypass machine, pediatrics open heart surgery

Result:

Different articles showed a significant relationship between electrolyte disturbances and the patient's use of the cardiopulmonary bypass machine. A decrease in vitamin D3 levels has been seen with increased use of the vasopressor during use of the heart and lung pump and later in patients.

Conclusion:

Considering the importance of having sufficient amounts of vitamin D3 in the body and the effect of its deficiency on the cardiovascular system, the probability of a relationship between the mortality rate after open heart surgery with vitamin D3 level is raised.

Professionalism is a factor in maintaining a perfusionist society and promoting it

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Backgrounds:

Commitment to principles was the simplest definition of being professional. Professionalism is marked with professional knowledge or skills. This marking gives special privileges to the occupier and affects his individual identity and creates a new identity for him. As it applies to all of his individual facets, in order to finally identify each other alongside each other a set of professional people and defines a professional society. On the other hand, the society expects them to see the benefits of society to their own interests. Medical, judging and teaching from the distant past are a set of professional people who prefer the interests of others and they commit their sacred purpose in the form of an oath.

Material and method :

The opposite of professionalism is amateurism. An amateur for spending time without social commitment optimizes his leisure time while he does not have the full skill in his field of work and only uses existing facilities, but the professional on the frontier of knowledge and progress. He considers himself to be required to progress and to achieve pure knowledge. He considers these actions as his duty and does not seek time.

Professional begins with accountability. The perfusionist sees himself as part of a larger system that offers sophisticated and vital care, which must always be functional at peak performance.

Volosky states that professional behavior is one of the most difficult areas in medicine for evaluation.

Although there are many approaches to evaluating professional behavior, there are still no valid and reliable measurements to measure professional behavior.

Result:

However, we can specify the minimum. Among them, ideal behavior, desirable, expected, undesirable behavior, abusive behaviors as criteria, as well as commitment to professional competence, honesty in work, patient privacy, maintaining a good relationship with patients, improving the quality of services and care, scientific knowledge. Maintaining trust through managing conflict of interests and professional

responsibilities, and ultimately defining a general framework for professionalism among perfusionists.

Conclusion:

In order to carry out professionalism, it is necessary to use an appropriate evaluation tool for various reasons of peer evaluation in the Iranian perfusionists community of the most appropriate methods.

Without specifying the goal, the tool is an imperfect and low-impact tool, improving quality as the goal in delivering the most comprehensive goal. Therefore, it is suggested that in the Iranian perfusionists' society with the aim of improving the quality of specialized services through peer to peer evaluation and the specific framework of ethical codes of professionalism, it is expressed and expressed because this concept is in the depths of the professional personality of this society and is there but It is not shown as deserving. This article describes the topics mentioned.



Poster Physiotherapy

Chest pain in children

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Backgrounds:

Chest pain is a major problems among children. The aim of this study was to identify and study causes of chest pain in children and correct diagnosis can be chosen for the treatment of children.

Material and method :

A literature search for the period of 1996-2018 was performed, using PubMed ,Science Direct ,Google Scholar databases.

Result:

15 articles were selected according to the inclusion criteria of the study. four studies were about chest pain in focal musculoskeletal disorders and six studies were about psychiatric condition and three studies were about gastroesophageal reflex and tow studies were about cardiovascular disorders.

Conclusion:

The incidence among children is unknown, Chest pain affects children of all ages, with a peak incidence between 12 and 14 years. The causes of chest pain in children are classified as idiopathic, musculoskeletal, pulmonary, cardiovascular, gastrointestinal, psychogenic and malignant. Cardiac disorders are uncommon causes of chest pain in children but are potentially the most serious causes in children. Musculoskeletal pain arising from the chest wall accounts for 20% to 30% of chest pain in children and is the most common identifiable origin. A variety of musculoskeletal syndromes have been described as causes of chest pain in children, including pectoral syndrome, coracoid process syndrome, trapezius syndrome, latissimus dorsi syndrome, and serratus anterior syndrome, Tietze's syndrome and xiphoid syndrome. Most causes can be diagnosed from history and physical examination.

Key words: Chest pain , pediatric, children, musculoskeletal

The Effect Of Resistance Training RT In Heart Disease

Backgrounds:

The guidelines for cardiac rehabilitation clearly state that the long-standing perception that resistance exercise is harmful to cardiac patients is not supported by the scientific literature .The guidelines also state that resistance exercise training improves skeletal muscle strength and endurance.

Material and method :

A growing number of studies have demonstrated the safety of resistance training in Phase III/IV programs and more recently in Phase II .

Result:

The major role of RT in heart disease patients is to promote increased dynamic muscle strength. Increases in muscular strength have been associated with increased peak exercise performance, improved submaximal endurance, and reduced ratings of perceived leg effort.

RT may result in improved self-efficacy for strength and exercise tasks and improved quality of life parameters.

RT increased lower extremity muscle strength, upper extremity muscle strength, and peak VO₂, and improved mobility .

Strength and endurance are important for the safe return to activities of daily living and vocational activities, and in the frail and elderly they reduce the susceptibility to falls. Most patients must do some form of lifting, carrying, or pushing in their daily routine. Thus, including RTas part of the patients' normal exercise will better prepare them to perform these tasks safely and more efficiently.

Conclusion:

In patients with CAD, combined aerobic and weightlifting training was a more effective method of increasing aerobic performance and strength than traditional aerobic training alone.

The role of cardiac rehabilitation exercises on balance in post Coronary Artery Bypass Graft patients a review of the literature

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Backgrounds:

بازتوانی قلبی (CR) از مهم ترین اقدامات جهت بهبودی فاکتورهای جسمانی مرتبط با سلامت و ارتقا کیفیت زندگی بیماران بعد از جراحی بایپس عروق کرونر قلب (CABG) است. اختلال تعادل بعد از CABG منجر به تأثیرات منفی در سطح کیفیت زندگی و ظرفیت عملکردی افراد می شود. هدف از این مطالعه بررسی مطالعات انجام شده در زمینه ی تأثیر تمرینات بازتوانی قلب بر میزان تعادل بیماران بعد از CABG می باشد.

Material and method :

مقاله ی حاضر یک مطالعه ی مروری از کلیه ی مقالات داخلی و خارجی در زمینه ی بازتوانی قلبی بیماران بعد از CABG است که در آنها تعادل به عنوان یک پیامد مورد بررسی قرار گرفته است. این بررسی در بازه زمانی ۱۹۹۵ تا ۲۰۱۸ در بانک های اطلاعاتی Google scholar, Cochrane و pubmed انجام شد. مقالات شامل دو گروه می باشد. گروه اول شامل مقالاتی است که تأثیر تمرینات روتین CR بر تعادل بیماران و گروه دوم شامل مقالاتی است که با اضافه کردن تمرینات جدیدی، تأثیر CR بر تعادل را مورد بررسی قرار داده اند.

Result:

در گروه اول نتایج مطالعات نشان از تأثیر cr در بهبود تعادل استاتیک و دینامیک بیماران دارد.

در گروه دوم بررسی ها نشان می دهد که اضافه کردن تمریناتی چون ورزش های مقاومتی، یوگا، پیلاتیس می تواند شاخص های تست های تعادلی به طور معنادری افزایش دهد

Conclusion:

با توجه به نتایج به دست آمده از این مطالعه می توان گفت که برنامه های بازتوانی قلبی و اضافه کردن تمریناتی چون یوگا، پیلاتیس و تمرینات مقاومتی بر شاخص های تست های تعادلی تأثیر مثبت

دارد. اختلال تعادل به عنوان یکی از عوارض CABG باید در برنامه‌های CR مورد ارزیابی و درمان قرار گیرد و از این طریق CR را به هدف نهایی خود که همان بهبود کیفیت زندگی بیماران است نزدیک‌تر کرد.