ESC European Society of Cardiology

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CARDIOPULSE

The ESC Working Group Cardiovascular Surgery

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The **15 Working Groups of the ESC** are the scientific backbone of the ESC and have been created to provide their extensive expertise to specific areas of cardiovascular medicine. Together, they contribute to the mission of the ESC: to *reduce the burden of cardiovascular disease*.

This year, the Working Groups represent more than 7,100 ESC members, with a growing community of younger members (2,200) under 40 years of age. Education & research are two of the main focus areas of the Working Groups, with the delivery of high-quality educational courses, annual meetings and webinars. As the European references in their fields of expertise, the Working Groups regularly publish papers, consensus documents, handbooks, and journals.

They are, without question, a driving force within the ESC.

Prof. Cecilia Linde, ESC Vice-President for Working Groups

Find out more at https://www.escardio.org/Working-groups online here.

The last 15 years have witnessed a leap in the convergence of cardiovascular surgery and cardiology/angiology to an extent where—in the most advanced settings—the borders between the specialities became non-existent. Heart teams treating specific underlying pathologies such as coronary artery disease or aortic valve disease with all treatment modalities under one umbrella became the preferred approach from diagnosis to long-term follow-up.

This is precisely the mission of the ESC Working Group (WG) on Cardiovascular Surgery. It is our intention to leverage the common platform between cardiology/angiology and cardiovascular surgery to the next level by scientific collaboration, courses/educational formats, e-learning (library, web activities), and new ideas, to enhancing cross-training.

Scientific collaborations

Within the last 6 years, several documents arose from collaborations between this WG and others such as, a highly quoted document on surgical and interventional treatment of mitral valve disease, a document on the management of tricuspid valve disease and a document on perioperative myocardial infarction. Several others are underway, that will address gaps in current evidence and are meant to support physicians.[1–3]

Courses and educational formats

On the basis of a long and trusting collaboration, we have reached out to the WG on Aorta and Peripheral Vascular Disease and are currently in the Phase of planning a joint Aortic Course in 2021 which will take participants on a journey through the 'organ aorta' and will cover every aspect of aortic medicine from the aortic root to beyond the aortic bifurcation with regard to medical therapy, open surgery, and interventional treatment. This joint effort between these two WGs is also mirrored by a joint webinar which is scheduled to take place during this year.

E-learning (library and web activities)

Surgical and catheter-based treatment of cardiovascular diseases is an ideal source of knowledge in case-based learning. The ESC decided to increase both the visibility and learning opportunities stemming from clinical cases through the clinical cases presented during the scientific sessions, as well as, by establishing a dedicated platform called Clinical Case Gallery. Our working group has been identified as an important link of this gallery which presents typical clinical scenarios that are followed, managed, and discussed in the light of current ESC recommendations. Preprocedural key diagnostic imaging is introduced along with the treatment pathway in a uniquely developed tool to enhance the e-learning experience. The most interesting and rare cases are linked to the *European Heart Journal (EHJ) – Case reports*, an online-only, fully open access member of the EHJ-Family.

Enhancing cross-training

Recently, we have started an initiative named 'Surgery for cardiologists—what you always wanted to know from your surgical partners' which has the fundamental aim to bridge the gap between imaging and tactile feedback. One of the major advantages of surgery is it has immediate tactile tissue feedback, which provides an opportunity to anticipate how e.g. a calcific aortic valve will behave when

transcatheter aortic valve implantation is performed, and in the case of a heavy calcium load e.g. extending on to the aorto-mitral continuum, how this will affect outcome. During these educational formats, our cardiology colleagues join us in the operating theatre, scrub in, touch the diseased tissue (also mitral or tricuspid leaflets or calcified iliac access vessels) and can thereby link preoperative imaging to reality. The feedback has been very positive, that this was of tremendous help for participants in their daily practice and in particular, for the decision which treatment modality to be chosen.

Future

Summarizing, the convergence of cardiovascular surgery and cardiology/angiology enables exponential mutual benefit. The WG on cardiovascular surgery of ESC is proud to serve as a link between specialities and makes all efforts to leverage this partnership to the next level.

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References

References are available as supplementary material at *European Heart Journal* online.


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CardioPulse discovers how patient power is keeping cardiac care on its toes in Sweden

Mark Nicholls speaks to Professor Joep Perk and colleagues about the healthcare role heart patients are playing in Sweden.

With increased patient involvement defined by the European Society of Cardiology as a strategic priority, the role patients can play in helping shape cardiac care with their input, first-person expertise, and feedback was high on the agenda at ESC 2019 in Paris. Members of the new patient forum took an active role in the conference; but just how can patients influence cardiovascular medicine, the treatment offered, help maintain high standards of care at a hospital or across a region, and what impact can they have?

A striking example has recently emerged in Sweden—underpinned by the nationwide SWEDEHEART registry—demonstrating the power, influence, and input patients can have and their critical role in maintaining and driving up standards and holding healthcare providers to account. Formed in 2005, the SWEDEHEART registry includes a range of quality indicators for patients with cardiovascular disease in Sweden, including data on secondary prevention outcomes for patients after myocardial infarction (MI).

With almost all hospitals in Sweden contributing to the SWEDEHEART registry and an annual report providing hospitals with important quality information—participating cardiac rehabilitation (CR) centres can use the continuously updated performance data online and compare results with national averages and with other centres. Five central CR quality measures are: attendance in CR, percentage of smoking patients who are abstinent post-MI, patient targets for blood pressure and LDL cholesterol, and percentage participating in physical exercise training. However, patients do not often access, or act upon, the data.

The Swedish Heart and Lung Association (RHL), a non-governmental patient organization with 37 000 registered members and 146 local branches and a core objective to improve living conditions for those with heart and lung diseases, collaborates regularly with the Swedish Cardiac Society and national government and participates in regional training courses on secondary prevention. And members are actively referring to and monitoring the data.

At the latest conference, in November 2019 in Linköping, a presentation by patient Anders Nordqvist from the local RHL branch, demonstrated the true impact of patient power and how patient organizations can influence healthcare, using quality indicators from a national database. In 2015, they celebrated the success of Köping hospital, when it reached first place in the SWEDEHEART quality index, congratulating the cardiac team with flowers, cake, and a positive article in the local newspaper.

Yet the following year, Köping hospital had dropped 23 places and fell further a year later, and below a neighbouring rival hospital. ‘This could simply not be accepted,’ said Mr Nordqvist.

Armed with SWEDEHEART quality data, they contacted the hospital and regional health authorities seeking explanations. It emerged that staff shortages caused a loss of focus on secondary prevention. In response, the department head promised to explore ways to improve the situation with RHL members invited to meet the board of the regional health authority. The initiative from the local patients group did result in influencing and improving the quality of care.

According to online data from SWEDEHEART in 2019, it appears there is a positive change in the secondary preventive results at this hospital’s CR centre: more patients attend CR and