

出國報告（出國類別：開會）

2018 日本 東京
第 71 回日本胸部外科學會定期學術集會
The 71st Annual Scientific Meeting of the
Japanese Association for Thoracic Surgery

報告主題

1. The surgical stabilization of multiple rib fractures using titanium elastic nail in blunt chest trauma
2. Time for VATS performed for retained haemothorax in blunt chest trauma: Early is better

服務機關：高雄榮民總醫院

姓名職稱：1.急診醫學部外傷科/周宜平主治醫師

2.重症醫學部重症醫學外科/林杏麟主治醫師

派赴國家：日本 東京

出國期間：2018/10/03-2018/10/06

報告日期：2018/10/15

摘要

1. Blunt chest injuries are usually combined with multiple rib fractures and severe lung contusions. This can occasionally induce acute respiratory failure and prolong ventilations. In order to reduce the periods of ventilator dependency, we propose a less invasive method of fixing multiple rib fractures. Since October 2009, we have developed a new method to fix fractured ribs caused by blunt trauma. Rib fixations were performed using 2.0- or 2.5-mm intramedullary titanium elastic nails (TEN), with the help of video-assisted thoracoscopic surgery (VATS) and minimal thoracic incisions. All the patients' demographics and postoperative data were collected. From January 2010 to December 2012, a total of 65 patients presenting with multiple rib fractures resulting in acute respiratory failure were included in the study. Twelve patients received the new surgical fixation. Rib fixations were performed at an average of 4 days after trauma. Patients were successfully weaned off ventilators after an average of 3 days. The average length of stay in the hospital and the intensive care unit (ICU) was shorter for the patients with fixation than for nonsurgical patients. All twelve patients returned to normal daily activities and work. In the reconstruction of an injured chest wall, the VATS with TENs fixation in multiple rib fractures is feasible. This method is also effective in decreasing the length of the surgical wound. Because the structure of the chest cage is protected, the period of mechanical ventilation is shortened and the length of stay in the hospital and the ICU can be reduced.

關鍵字

Rib fracture; Acute respiratory failure; Blunt chest trauma; Titanium nail; Surgical fixation

2. Blunt chest injury is not uncommon in trauma patients. Haemothorax and pneumothorax may occur in these patients, and some of them will develop retained pleural collections. Video-assisted thoracoscopic surgery (VATS) has become an appropriate method for treating these complications, but the optimal timing for performing the surgery and its effects on outcome are not clearly understood. In this study, a total of 136 patients who received VATS for the management of retained haemothorax from January 2003 to December 2011 were retrospectively enrolled. All patients had blunt chest injuries and 90% had associated injuries in more than two sites. The time from trauma to operation was recorded and the patients were divided into three groups: 2 to 3 days (Group 1), 4 to 6 days (Group 2), and 7 or more days (Group 3). Clinical outcomes such as the length of stay (LOS) at the hospital and intensive care unit (ICU), and duration of ventilator and chest tube use were all recorded and compared between groups. The mean duration from trauma to operation was 5.9 days. All demographic characteristics showed no statistical differences between groups. Compared with other groups, Group 3 had higher rates of positive microbial cultures in pleural collections and sputum, longer duration of chest tube insertion and ventilator use. Lengths of hospital and ICU stay in Groups 1 and 2 showed no statistical difference, but were longer in Group 3. The frequency of repeated VATS was lower in Group 1 but without statistically significant difference. This study indicated that an early VATS intervention would decrease chest infection. It also reduced the duration of ventilator dependency. The clinical outcomes were significantly better for patients receiving VATS within 3 days under intensive care. In this study, we suggested that VATS might be delayed by associated injuries, but should not exceed 6 days after trauma.

關鍵字。

Video-assisted thoracoscopic surgery; Haemothorax; Pneumothorax

目次

一、目的.....	5
二、過程.....	5
三、心得及建議.....	6
附錄.....	7

一、目的

於 10 月 03 日至 10 月 6 日到日本東京參加第 71 屆日本胸部外科學會定期學術集會發表論文。

二、過程

本次會議從 10/03-06 日在日本東京品川舉行，會程的註冊時間是 10 月 3 日中午開始，我們於 10 月 3 日下午抵達開會會場，辦理報到。

10 月 4 日開始參與當天的論文發表。本院這次投稿共有兩篇獲得錄取，大會要求必須口頭發表；周宜平醫師於上午 11:30 於會場三樓，**RAPID RESPONSE SESSION** 發表口頭論文演講，林杏麟醫師於下午 13:30 於會場二樓，**VATS AND NEW PROCEDURE SESSION** 發表口頭論文演講。發表完時，座長與在座日本學者有針對我們的研究提出一些問題，包括肋骨固定如何確認及其臨床優點，胸腔鏡於胸部鈍傷的處理角色，以及出血部位之自動縫合器之使用。

10 月 5 日、6 日至會場參與其他國外學者的研討會議，包括肺癌及食道癌的診斷技術，微創手術，縱膈腔腫瘤手術進展等。本次大會胸腔癌症手術進展與本院大同小異，會中許多的意見可以做為日後研究的參考與方向。但本院是唯一獲得於大會發表胸部外傷手術論文之醫院，可能由於美日等國家與我國外傷型態不同，目前高榮的胸部外傷研究仍然領先國內外其他教學醫院。

三、心得及建議

參與國際性會議與國際交流可以提升本院的國際能見度及提升自我的視野及遠見。因為院方沒補助林杏麟醫師，儘管沒有註冊但林醫師仍自費到會場報告。幸而院方有給周宜平醫師相對地補助，讓這次出國得以成行。希望院方在出國方面能多給予適當的獎勵或補助。

附錄

接受函

2018/8/9

Gmail - [JATS2018] Acceptance Notification 20015



周宜平 <saabnew9593@gmail.com>

[JATS2018] Acceptance Notification 20015

1 封郵件

jats71@congre.co.jp <jats71@congre.co.jp>

2018年8月8日 上午10:08

收件者: saabnew9593@gmail.com

副本: jats71@congre.co.jp

Dear Dr. YI-PIN CHOU,

Thank you for your abstract submission to the 71st Annual Scientific Meeting of the Japanese Association for Thoracic Surgery (JATS2018).

We are pleased to inform you that your abstract is accepted as follows:

Submission No.: 20015

Abstract Title: The surgical stabilization of multiple rib fractures using titanium elastic nail in blunt chest trauma

Session: Rapid Response 08 "Thoracic 4"

Abstract No.: 1R肺R8-7

Date: Thursday, Oct. 4

Time: 11:00 - 12:00

Venue: Room R

Presentation order in the session: 7

Allotted time: 8 min. (4 min. presentation followed by 4 min. Q&A)

Online registration will start soon on our website. We will inform you again as soon as it is ready.

Those who are applying for the 2nd JATS Asian travelling fellowship, please be waited until the results are determined.

If you have any inquiries, please do not hesitate to contact us.

We look forward to seeing you in Tokyo.

Sincerely yours,

Hirokuni Arai

Congress President

The 71st Annual Scientific Meeting of the Japanese Association for Thoracic Surgery

[For inquiries]

Secretariat of The 71st Annual Scientific Meeting of
the Japanese Association for Thoracic Surgery

c/o Congress Corporation

Kohsai-kaikan Bldg., 5-1 Kojimachi, Chiyoda-ku, Tokyo 102-8481, Japan

E-mail: jats71@congre.co.jp

主旨： [^_JATS2018^_] Acceptance Notification 20014

寄件者： jats71@congre.co.jp

收件者： hsinglin2002@yahoo.com.tw

副本： jats71@congre.co.jp

日期： 2018年8月7日 星期二 下午10:43:27 [GMT+8]

Dear Dr. HSING-LIN LIN,

Thank you for your abstract submission to the 71st Annual Scientific Meeting of the Japanese Association for Thoracic Surgery (JATS2018). We are pleased to inform you that your abstract is accepted as follows:

Submission No.: 20014

Abstract Title: Time for VATS performed for retained haemothorax in blunt chest trauma: Early is better.

Session: Oral Session 30 "VATS and New Procedure 1"

Abstract No.: 11肺O30-4

Date: Thursday, Oct. 4

Time: 13:30 - 14:30

Venue: Room I

Presentation order in the session: 4

Allotted time: 12 min. (6 min. presentation followed by 6 min. Q&A)

Online registration will start soon on our website. We will inform you again as soon as it is ready.

Those who are applying for the 2nd JATS Asian travelling fellowship, please be waited until the results are determined.

If you have any inquiries, please do not hesitate to contact us.

We look forward to seeing you in Tokyo.

Sincerely yours,

Hirokuni Arai

Congress President

The 71st Annual Scientific Meeting of the Japanese Association for Thoracic Surgery

[For inquiries]

Secretariat of The 71st Annual Scientific Meeting of

the Japanese Association for Thoracic Surgery

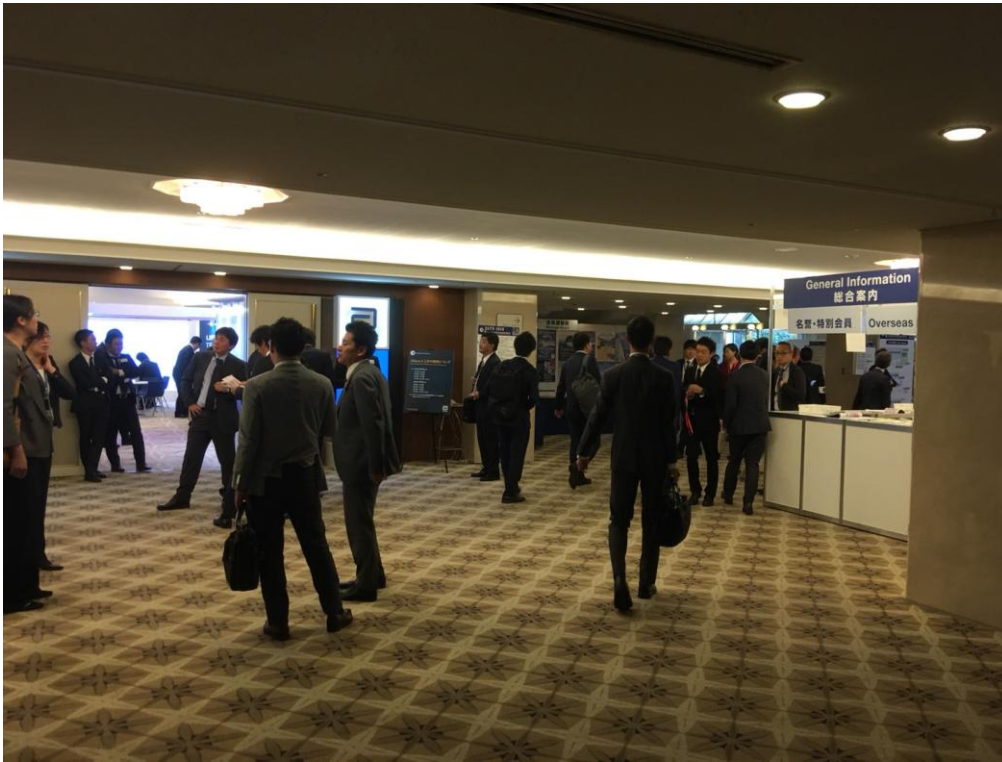
c/o Congress Corporation

Kohsai-kaikan Bldg., 5-1 Kojimachi, Chiyoda-ku, Tokyo 102-8481, Japan

E-mail: jats71@congre.co.jp



10/3-4 當天報到及報告參加研討會議



10/5 與現場的國際學者交流並參加會議

日本胸科学会
The Japanese Association for Thoracic Surgery
COI Disclosure

The author has no conflict of interest to disclose with respect to this presentation.

Presenting author: Y. Pfa, MD, M.S.

Hypothesis

- VATS was worldwide used to manage retained pleural collections; however, fractured ribs were often ignored.
- A new method was proposed for the stabilization of fractured ribs, using VATS adding titanium elastic nail (TEN) to fix the rib.



The Surgical Stabilization of Multiple Rib Fractures Using Titanium Elastic Nail (TEN) in Blunt Chest Trauma

Y. Pfa, Chou. M.D., M.S., Assistant Professor

Division of Thoracic Surgery, Department of Surgery, Changhai Veterans General Hospital, Shanghai City, China

Editorial of Chinese Department of Thoracic Surgery, Changhai Veterans General Hospital, Shanghai City, China

Patients and methods

- 18 and 75 years old with blunt thoracic injuries
- Multiple rib fractures (more than 4 ribs) accompanied with acute respiratory failure.
- Initially hemodynamically stable
- Excluded:** liver cirrhosis, chronic heart or lung disease, chronic renal impairment, or a history of cancer

Result

Parameter	Value
Number of patients	18
Age (mean)	45.5
Gender (male/female)	15/3
Number of ribs fractured	12
Number of TENs	12
Number of VATS	12
Number of thoracostomy	12
Number of chest tubes	12
Number of chest drains	12
Number of chest tubes	12
Number of chest drains	12
Number of chest tubes	12
Number of chest drains	12

Introduction

- Multiple rib fractures are usually found in patients with blunt chest trauma.
- These chest wall injuries can limit respiratory movements, especially in the presence of a flail chest
- Contusions of lung parenchyma are also frequently encountered.
- The probability of acute respiratory failure is increased.



Conclusion

- Fixation by TEN in patients with multiple fractured ribs is a safe and effective method of maintaining the structure of the chest cavity.
- Potential in decreasing ventilator dependence



 The Japanese Association for Thoracic Surgery
 COI Disclosure
 The author has no conflict of interest to disclose with respect to this presentation.
 Presenting author: YU-PI, CHEN, MD, MS

Hypothesis

- **Early VATS** may play a role in :
 - Preventing post-traumatic infections
 - Decrease the duration of acute respiratory failure
 - Shorten the whole treatment course.

Basic demographic characters between three groups

Character	Group 1 (n=14)	Group 2 (n=14)	Group 3 (n=14)
Age (years)	51.9 ± 16.2	51.9 ± 16.2	51.9 ± 16.2
Male/Female	10/4	10/4	10/4
APACHE II	21.5 ± 4.5	21.5 ± 4.5	21.5 ± 4.5
SOFA	10.5 ± 3.5	10.5 ± 3.5	10.5 ± 3.5
ARDS	7/7	7/7	7/7
ARDS severity	1/2/5	1/2/5	1/2/5
ARDS score	1.5 ± 1.5	1.5 ± 1.5	1.5 ± 1.5
ARDS duration (days)	10.5 ± 3.5	10.5 ± 3.5	10.5 ± 3.5
ARDS mortality	0/0/0	0/0/0	0/0/0
ARDS-free mortality	0/0/0	0/0/0	0/0/0
ARDS-free survival (days)	10.5 ± 3.5	10.5 ± 3.5	10.5 ± 3.5
ARDS-free survival (days)	10.5 ± 3.5	10.5 ± 3.5	10.5 ± 3.5
ARDS-free survival (days)	10.5 ± 3.5	10.5 ± 3.5	10.5 ± 3.5

Timing of VATS Performed for Retained Hemothorax in Blunt Chest Trauma: Early is Better

Yu-Pin, Chen / Hsing-Lih, Lin, M.D., M.S., Assistant Professor
 Division of Thoracic Surgery, Department of Surgery, Kaohsiung Veterans General Hospital, Kaohsiung City, Taiwan
 Division of Trauma, Department of Emergency, Kaohsiung Veterans General Hospital, Kaohsiung City, Taiwan

Materials and methods

- All patients with blunt thoracic injuries
- **Excluded patients:** hemodynamically unstable, severe medical disease like liver cirrhosis, chronic obstructive pulmonary disease, chronic renal disease under hemodialysis, and chronic heart failure
- **Two indications** for VATS to be performed:
 - retained volume estimated to exceed 300 mL.
 - post-pneumonic effusions as separate lobulated pleural collections.

Comparison of the Clinical Outcomes

Character	Group 1 (n=14)	Group 2 (n=14)	Group 3 (n=14)
Age (years)	51.9 ± 16.2	51.9 ± 16.2	51.9 ± 16.2
Male/Female	10/4	10/4	10/4
APACHE II	21.5 ± 4.5	21.5 ± 4.5	21.5 ± 4.5
SOFA	10.5 ± 3.5	10.5 ± 3.5	10.5 ± 3.5
ARDS	7/7	7/7	7/7
ARDS severity	1/2/5	1/2/5	1/2/5
ARDS score	1.5 ± 1.5	1.5 ± 1.5	1.5 ± 1.5
ARDS duration (days)	10.5 ± 3.5	10.5 ± 3.5	10.5 ± 3.5
ARDS mortality	0/0/0	0/0/0	0/0/0
ARDS-free mortality	0/0/0	0/0/0	0/0/0
ARDS-free survival (days)	10.5 ± 3.5	10.5 ± 3.5	10.5 ± 3.5
ARDS-free survival (days)	10.5 ± 3.5	10.5 ± 3.5	10.5 ± 3.5
ARDS-free survival (days)	10.5 ± 3.5	10.5 ± 3.5	10.5 ± 3.5

Introduction

- **Blunt injury** is the leading cause of chest trauma.
- **Pneumothorax and hemothorax** often occur after severe chest trauma.
- **Prolonging the hospitalization** of trauma patients are **infections and respiratory failure**.
- Since 1990s, because of advanced developments in this surgical technique, Video-assisted thoracoscopic surgery (VATS) has become a common and acceptable method for diagnosis of intra-thoracic lesions.

Results

- **Retrospective study** - from Trauma Registry Data Bank of Kaohsiung Veterans General Hospital
- 145 patients, 107 men and 39 women
- Age: from 16 to 82 years (average 51.9, SD = 16.2).
- Patients were divided into **three groups** - according time period from trauma to VATS
- **Group 1:** 2-3 days; **Group 2:** 4-6 days; **Group 3:** more than 1 week

Discussion

- All outcomes worsened when the VATS intervention was performed **after 6 days**.
- Although there were **no significant differences** in clinical outcomes with VATS performed **within 6 days**, **early VATS** evacuation **within 3 days** could obtain the lowest post-traumatic complications and improve the outcome.

October 3 (Wed.) 2018

		会場		10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00
Room A+B	3F	Hakuun+Keiun													
Room C	3F	Sulun Adult				Luncheon Seminar							Meet the Expert	Welcome Party	
Room D	3F	Koun Adult				Luncheon Seminar									
Room E	1F	Gyoko Lung				Luncheon Seminar									
Room F	1F	Kyokko Adult				Luncheon Seminar									
Room S	3F	Hokushin Adult													

JATS2018 Preliminary Program

Day1, October 4 (Thu.) 2018

		会場		7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00
Room A	3F	Keiun Adult		Opening Ceremony	Techno-Academy: Mitral				Luncheon Seminar	Techno-Academy: Coronary				Techno-Academy: Aorta				
Room B	3F	Hakuun Adult			Oral Presentation: Type B Dissection	Oral Presentation: Type B Dissection	Symposium: How should we maximally utilize		Luncheon Seminar	Panel Discussion: Surgical strategy for extended thoracic aortic disease (from the ascending aorta (Zone 1) to thoracic descending)				Symposium: Reconsideration of mitral valve repair technique from long-term outcomes				
Room C	3F	Sulun Lung			Techno-Academy: Thoracic-1 Minimally invasive and robot-assisted thoracic				Luncheon Seminar	Panel Discussion: Troubleshooting in thoracic surgery				Symposium: Lung cancer surgery after chemoradiation therapy				
Room D (Colosseum)	3F	Koun Adult			Surgical Colicostomy: Aorta 1	Surgical Colicostomy: Coronary Artery	Surgical Colicostomy: Aortic Annulus	Luncheon Seminar	Surgical Colicostomy: Valvular Heart	Surgical Colicostomy: Valvular Heart	Surgical Colicostomy: MICS				Surgical Colicostomy: Heart Failure			
Room E	1F	Gyoko Lung			Oral Presentation: Mediastinal Tumor	Oral Presentation: Spontaneous and Inflammatory Lung	Oral Presentation: Lung Cancer 1	Luncheon Seminar	Oral Presentation: Lung Cancer 2	Oral Presentation: Lung Cancer 3	Oral Presentation: Lung Transplantation	Oral Presentation: Lung Transplantation	Oral Presentation: Periparturient Complication 1	Oral Presentation: Periparturient Complication 2				
Room F	1F	Kyokko Adult			Oral Presentation: CABG, ITA-MICS	Oral Presentation: CABG, MESA, Roto	Oral Presentation: Type B Dissection, TEVAR 2	Luncheon Seminar	Oral Presentation: Ventricular Assist Device, Heart Transplantation	Oral Presentation: Ventricular Assist Device	Oral Presentation: CABG 2, Off-pump	Oral Presentation: CABG 2, Off-pump	Oral Presentation: CABG 2, Off-pump	Oral Presentation: CABG 2, Off-pump				
Room G	1F	Zuiko Congenit			Techno-Academy: Congenital: Repair of atrioventricular				Luncheon Seminar	Panel Discussion: Feedback from the long-term results for the aortic valve prosthesis				Oral Presentation: IE 1				
Room H	2F	Achia Adult			Oral Presentation: Aortic Valve 1	Oral Presentation: SAVI	Oral Presentation: Aortic Valve 2, Valve Prostheses	Luncheon Seminar	Oral Presentation: Aortic Valve 3	Oral Presentation: Aortic Valve 4	Oral Presentation: Arrhythmia	Oral Presentation: MICS	Oral Presentation: IE 2	Oral Presentation: IE 2				
Room I (Colosseum)	2F	Matsuba Adult			Rapid Response: TAVI, Other	Rapid Response: Experiment	Rapid Response: Type A Dissection 1	Luncheon Seminar	Rapid Response: Type A Dissection 2	Oral Presentation: VATS and New Procedure 1	Oral Presentation: VATS and New Procedure 2	Oral Presentation: VATS and New Procedure 2	Oral Presentation: Pain and Chest Wall	Oral Presentation: Regenerative Experiment				
ハンズオン	2F	Wakaba			Hands-on Seminar				Hands-on Seminar				Coffee Break					
Poster Room 1	1F	Ogyoku Lung			Poster Mounting				Poster Viewing				Poster Presentation	Poster Removal				
Poster Room 2	1F	Kogyoku Lung			Poster Mounting				Poster Viewing				Poster Presentation	Poster Removal				
Poster Room 3	1F	Hokushin Adult			Poster Mounting				Poster Viewing				Poster Presentation	Poster Removal				
Rapid Response	3F	Adult Lung			Rapid Response: Thoracic 1	Rapid Response: Thoracic 2	Rapid Response: Thoracic 3	Luncheon Seminar	Rapid Response: Thoracic 4	Rapid Response: Mitral Valve	Rapid Response: Aortic Valve	Coffee Break Seminar	Rapid Response: CABG 1, Graft	Rapid Response: Ischemic Heart Disease				
Exhibition					Exhibition													

JATS2018 Preliminary Program

As of Sep. 7, 2018

Day2, October 5 (Fri.) 2018

Simultaneous interpretation (J⇄E)

Legend: Joint, Adult Cardiac, Congenit, Lung, Esophagus

会場	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00
Room A+B	Keiun+Hakuun	General Assembly	Clinical Video Session: DCM	Clinical Video Session: Aortic Valve	Congress Presidential Address	Luncheon Seminar	Techno-Academy: Aortic Valve Repair	Techno-Academy: Thoracic-2 Tracheobronchial reconstruction	Techno-Academy: Saphenous vein graft revisited	Specialty Board Program	Joint Symposium: Japanese Problems to be solved in Cardio-thoracic surgery	Home Coming Session			
Room C	Sulim	Clinical Video Session: Extended/reconstruct	Clinical Video Session: Extended/reconstruct	Clinical Video Session: Extended/reconstruct	Presidential Address	Luncheon Seminar	Techno-Academy: Thoracic-2 Tracheobronchial reconstruction	Techno-Academy: Thoracic-2 Tracheobronchial reconstruction	Techno-Academy: Saphenous vein graft revisited	Specialty Board Program	Panel Discussion: Multimodal treatment for malignant pleural	Panel Discussion: Multimodal treatment for malignant pleural			
Room D (Colosseum)	Kouin	Stiffener Session: On-pump OPCS	Stiffener Session: Off-pump OPCS	Stiffener Session: Off-pump OPCS	Stiffener Session: Off-pump OPCS	Luncheon Seminar	Panel Discussion: Saphenous vein graft revisited	Panel Discussion: Saphenous vein graft revisited	Panel Discussion: Saphenous vein graft revisited	Specialty Board Program	Panel Discussion: How should we treat functional tricuspid regurgitation? Surgical strategy according to TR grade	Panel Discussion: How should we treat functional tricuspid regurgitation? Surgical strategy according to TR grade			
Room E	Gyoko	Clinical Video Session: Limited/Thoracoabdominal	Clinical Video Session: Limited/Thoracoabdominal	Clinical Video Session: Limited/Thoracoabdominal	Clinical Video Session: Limited/Thoracoabdominal	Luncheon Seminar	Oral Presentation: Metastatic Lung Tumor	Oral Presentation: Metastatic Lung Tumor	Oral Presentation: Metastatic Lung Tumor	Oral Presentation: Lung Cancer 4	Oral Presentation: Lung Cancer 5	Oral Presentation: Lung Cancer 5			
Room F	Kyokko	Oral Presentation: Type A Dissection 2: Arch Pro	Oral Presentation: Type A Dissection 2: Arch Pro	Oral Presentation: Type A Dissection 2: Arch Pro	Oral Presentation: Type A Dissection 2: Arch Pro	Luncheon Seminar	Oral Presentation: Type A Dissection 3	Oral Presentation: Type A Dissection 3	Oral Presentation: Type A Dissection 3	Team Medical	Oral Presentation: Tricuspid Valve	Oral Presentation: Tricuspid Valve			
Room G	Zuiko	Clinical Video Session: Congenital 1	Clinical Video Session: Congenital 1	Clinical Video Session: Congenital 1	Clinical Video Session: Congenital 1	Luncheon Seminar	Techno-Academy: Congenital 2 Techniques for repair of aortic arch	Techno-Academy: Congenital 2 Techniques for repair of aortic arch	Techno-Academy: Congenital 2 Techniques for repair of aortic arch	Techno-Academy: Congenital 2 Techniques for repair of aortic arch	Oral Presentation: Congenital 4	Oral Presentation: Congenital 5	Evening Seminar		
Room H	Aoba	Clinical Video Session: Medial/Thorax and	Clinical Video Session: Medial/Thorax and	Clinical Video Session: Medial/Thorax and	Clinical Video Session: Medial/Thorax and	Luncheon Seminar	Symposium: The current status and future vision of the esophageal carcinoma surgery from	Symposium: The current status and future vision of the esophageal carcinoma surgery from	Symposium: The current status and future vision of the esophageal carcinoma surgery from	Oral Presentation: Esophageal Surgery	Panel Discussion: The best reconstruction method after esophagectomy for thoracic esophageal	Panel Discussion: The best reconstruction method after esophagectomy for thoracic esophageal			
Room I (Colosseum)	Matsumoto	Surgical Coliseum: Multistage treatment for the locally advanced esophageal carcinoma	Surgical Coliseum: Multistage treatment for the locally advanced esophageal carcinoma	Surgical Coliseum: Multistage treatment for the locally advanced esophageal carcinoma	Surgical Coliseum: Multistage treatment for the locally advanced esophageal carcinoma	Luncheon Seminar	Surgical Coliseum: Treatment Strategy 1	Surgical Coliseum: Treatment Strategy 2	Surgical Coliseum: Treatment Strategy 3	Surgical Coliseum: Treatment Strategy 3	Surgical Coliseum: Intra/post-operative	Surgical Coliseum: Intra/post-operative			
ハンズオン	Wakaba										Hands-on Seminar	Hands-on Seminar			
Poster Room 1	Ogyoku	Poster Mounting	Poster Mounting	Poster Mounting	Poster Mounting	Poster Viewing	Poster Viewing	Poster Viewing	Poster Viewing	Poster Presentation	Poster Presentation	Poster Removal			
Poster Room 2	Kogyoku	Poster Mounting	Poster Mounting	Poster Mounting	Poster Mounting	Poster Viewing	Poster Viewing	Poster Viewing	Poster Viewing	Poster Presentation	Poster Presentation	Poster Removal			
Poster Room 3	Hokushin	Poster Mounting	Poster Mounting	Poster Mounting	Poster Mounting	Poster Viewing	Poster Viewing	Poster Viewing	Poster Viewing	Poster Presentation	Poster Presentation	Poster Removal			
Rapid Response	Adult Lung	Rapid Response CABG	Rapid Response CABG	Rapid Response CABG	Rapid Response CABG	Rapid Response CABG	Gender Equality Programming	Gender Equality Programming	Gender Equality Programming	Rapid Response CABG	Rapid Response CABG	Rapid Response CABG			
Exhibition							Exhibition	Exhibition	Exhibition	Exhibition	Exhibition	Exhibition			

JATS2018 Preliminary Program

As of Sep. 7, 2018

Day 3, October 6 (Sat.) 2018

Simultaneous interpretation (J⇄E)

Legend: Joint, Adult Cardiac, Congenit, Lung, Esophagus

会場	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00
Room A	Keiun	Panel Discussion: Pursuit of equality and safety in MICS	Panel Discussion: Pursuit of equality and safety in MICS	Panel Discussion: Pursuit of equality and safety in MICS	Panel Discussion: Pursuit of equality and safety in MICS	Techno-Academy: Minimally Invasive	Techno-Academy: Minimally Invasive	Luncheon Seminar	Techno-Academy: Emerging Technology	Techno-Academy: Emerging Technology	Choking Ceremony				
Room B	Hakuun	Techno-Academy: Heart Failure	Techno-Academy: Heart Failure	Techno-Academy: Heart Failure	Techno-Academy: Heart Failure	Symposium: Mechanical circulatory support for acute heart failure - exploring the best strategy -	Symposium: Mechanical circulatory support for acute heart failure - exploring the best strategy -	Luncheon Seminar	Panel Discussion: Picking the best long-term management for implantable ventricular assist devices	Panel Discussion: Picking the best long-term management for implantable ventricular assist devices					
Room C	Sulim	Oral Presentation: Aortic Ascending, Arch 1	Oral Presentation: Aortic Ascending, Arch 2	Oral Presentation: Aortic Ascending, Arch 2	Oral Presentation: Aortic Ascending, Arch 2	Symposium: The best surgical strategy for acute type A aortic dissection - perspectives of the specialty team, an extended operating and endovascular surgery after the thoracotomy	Symposium: The best surgical strategy for acute type A aortic dissection - perspectives of the specialty team, an extended operating and endovascular surgery after the thoracotomy	Luncheon Seminar	Clinical Video Session: Aortic	Clinical Video Session: MICS					
Room D (Colosseum)	Kouin	Surgical Coliseum: Aortic 2	Surgical Coliseum: Mitral Annuloplasty	Surgical Coliseum: Mitral Annuloplasty	Surgical Coliseum: Mitral Annuloplasty	Luncheon Seminar	Surgical Coliseum: Congenital 2	Surgical Coliseum: Congenital 2	Surgical Coliseum: Congenital 2	Gliadator Session	Gliadator Session				
Room E	Gyoko	Oral Presentation: Mitral Valve 1	Oral Presentation: Mitral Valve 2: Value Repair	Oral Presentation: Mitral Valve 2: Value Repair	Oral Presentation: Mitral Valve 2: Value Repair	Luncheon Seminar	Oral Presentation: MICS	Oral Presentation: MICS	Oral Presentation: MICS	Oral Presentation: MICS	Uncomplicated type B acute aortic dissection: which should be chosen, TEVAR or	Chronic type B dissecting aortic aneurysm: TEVAR or still Open surgery?			
Room F	Kyokko	Oral Presentation: Pericardial Management, Complication 1	Oral Presentation: Pericardial Management, Complication 2	Oral Presentation: Pericardial Management, Complication 2	Oral Presentation: Pericardial Management, Complication 2	Luncheon Seminar	Oral Presentation: MICS	Oral Presentation: MICS	Oral Presentation: MICS	Oral Presentation: MICS	Uncomplicated type B acute aortic dissection: which should be chosen, TEVAR or	Chronic type B dissecting aortic aneurysm: TEVAR or still Open surgery?			
Room G	Zuiko	Techno-Academy: Congenital 3: Aortic & Mitral Surgery for acute junctional aortic dissection	Techno-Academy: Congenital 3: Aortic & Mitral Surgery for acute junctional aortic dissection	Techno-Academy: Congenital 3: Aortic & Mitral Surgery for acute junctional aortic dissection	Techno-Academy: Congenital 3: Aortic & Mitral Surgery for acute junctional aortic dissection	Luncheon Seminar	Oral Presentation: MICS	Oral Presentation: MICS	Oral Presentation: MICS	Oral Presentation: MICS	Uncomplicated type B acute aortic dissection: which should be chosen, TEVAR or	Chronic type B dissecting aortic aneurysm: TEVAR or still Open surgery?			
Room H	Aoba	Techno-Academy: Esophagus	Techno-Academy: Esophagus	Techno-Academy: Esophagus	Techno-Academy: Esophagus	Luncheon Seminar	Oral Presentation: Multistage Treatment	Oral Presentation: Multistage Treatment	Oral Presentation: Multistage Treatment	Oral Presentation: Multistage Treatment	Oral Presentation: Multistage Treatment	Oral Presentation: Multistage Treatment			
Poster Room 1	Ogyoku	Poster Mounting	Poster Mounting	Poster Mounting	Poster Mounting	Poster Viewing	Poster Viewing	Poster Viewing	Poster Viewing	Poster Presentation	Poster Presentation	Poster Removal			
Poster Room 2	Kogyoku	Poster Mounting	Poster Mounting	Poster Mounting	Poster Mounting	Poster Viewing	Poster Viewing	Poster Viewing	Poster Viewing	Poster Presentation	Poster Presentation	Poster Removal			
Poster Room 3	Hokushin	Poster Mounting	Poster Mounting	Poster Mounting	Poster Mounting	Poster Viewing	Poster Viewing	Poster Viewing	Poster Viewing	Poster Presentation	Poster Presentation	Poster Removal			
Exhibition							Exhibition	Exhibition	Exhibition	Exhibition	Exhibition	Exhibition			