台灣血管外科學會函

立案證書字號：內政部台內社字第0940037888號函核准立案
11490 台北市內湖區成功路二段325號
電話：02-66002610
承辦人：許心慈

受文者：台灣外科醫學會、中華民國心臟學會、台灣胸腔及心臟血管
外科學會、台灣介入性心臟血管醫學會

速別：普通件
密等及解密條件：
發文日期：101年05月24日
發文字號：101台血外(松)字第1000000010號

主旨：本會擬舉辦「Valiant Captivia Launch Meeting」，敬請惠予繼續教育學分認定。

說明：
一、本會將於101年07月01日(星期日)12:00-16:40，假故宮晶華，舉行
「Valiant Captivia Launch Meeting」

二、課程表、摘要、講師基本資料如附件。

三、敬請貴會給予積分證明。

正本：台灣外科醫學會、中華民國心臟學會、台灣胸腔及心臟血管外科學會、台灣介入性心臟血管醫學會
副本：本會秘書處(存查)
台灣血管外科學會
Valiant Captivia Launch Meeting

主辦單位：台灣血管外科學會(TSVS)
協辦單位：美敦力醫療產品股份有限公司
舉辦時間：101年7月1日（星期日）12:00-16:40
舉辦地點：故宮晶華（台北市士林區至善路二段221號）
教育積分：台灣外科醫學會、台灣血管外科學會、中華民國心臟學會、
台灣胸腔及心臟血管外科學會、台灣介入性心臟血管醫學會
報名方式：線上報名www.tsvs.org
注意事項：1. 本課程限額50名，請盡早報名。
2. 本課程需簽到及簽退，(請攜帶身分證)，嚴禁代簽。

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Agenda

12:00 – 13:30  Lunch @ 故宮京華

13:40 – 13:45 Opening  (Speaker: 蔡建松 理事長)
13:45 – 14:00 Valiant Captivia “The Next Generation Thoracic Stent Graft System”
   (Speaker: Rex Liu)
14:00 – 14:30 Precise Placement with Tip Capture Design / Q&A
   (Speaker: 施俊哲 教授 / Moderator: 林佳勳 醫師）
14:30 – 15:00 Optimised Access with Hydrophilic Coating / Q&A
   (Speaker: 賴韋良 醫師 / Moderator: 柯博仁 主任）

15:00 – 15:20 Tea break / Sample hands-on

15:20 – 15:50 Thoracic Stentgrafting combined with total arch replacement in rescuing acute aortic rupture: A case report / Q&A
   (Speaker: 簡禎彥 醫師/ Moderator: 李國禎 醫師）
15:50 – 16:20 Thoracic Dissection treatment: Hybrid operation with Antegrade CHINMEY stentgraft deployment / Q&A
   (Speaker: 陳益祥 教授 /Moderator: 王水深 教授)
16:20 – 16:30 Closing  (Speaker: 王水深 教授）
16:30 – 16:40 Open discussion / Sample hands on
Wei-Ting Liu (Rex Liu)

+886-988-050-756 / +886-928-033-160
Weitingliu0425@gmail.com
7F-4, No.8, Lane 77, Sec. 2, Chung Shan N. Rd, Chung Shan District, Taipei City

EDUCATION
University of Queensland, Australia Mar. 2009 – July 2010

M.Sc., Magnetic Resonance Technology (Major), Marketing (Minor); GPA: 6.0/7.0
Dean commendation for high achievement (2009)

Kaohsiung Medical University, Taiwan Sep. 2001 - Jun. 2005

B.Sc., Medical Radiation Technology ; GPA: 3.6/4.0(4.0 for the last 2 years)
Kaohsiung Medical University Graduate Award for Excellence Performance in Four Nurtures (2005)
Kaohsiung Medical University Academic Excellence Award and Scholarship (2004,2005)

WORK EXPERIENCE
Endo & Peripheral team, Department of Cardiovascular, Medtronic Taiwan May. 2011 - Now
Product Specialist

Completed 11 new products launch.
Physician training & Sales training.
Simbionix Simulator project manager.
Organized 7 local events and 2 international events.
Support Endo/Peripheral team to reach 138% AOP in FY11; 121% AOP in FY12 (103% AOP in FY12 Q1; 119% AOP in FY12 Q2, 126% AOP in FY12 Q3, 140% in FY12 Q4).
Precise marketing analysis and planning leads to the significant market share growth of Endo (9%-25%) and Peripheral (15%-40%) portfolios within one year, and the total FY12 peripheral revenue of Taiwan exceeds it of UK.
Design and complete “REEF project” which leads to the worldwide significant revenue growth of REEF balloon.
Best Marketer Award, Medtronic Great China Talent Marketing Training.
2012 VEITH conference CI (Competitive Intelligence) award, Medtronic Global Marketing team.
Valiant Captivia “The Next Generation Thoracic Stent Graft System”
Rex Liu, Medtronic Taiwan

Medtronic is pleased to introduce its next generation TAA stent graft. The Valiant Captivia Graft System is Medtronic’s latest innovation in endovascular treatment of Thoracic aortic aneurysm. It is the product of 13 years of clinical experience and combining the best attributes from previous generations of stent grafts. The Valiant Captivia Stent Graft System is designed to provide Endovascular Specialists with the ease of use and confidence to enhanced performance in more TAA patients with straightforward and challenging anatomies.

The Valiant Captivia Stent Graft System is designed to provide endovascular specialists with the ease of use and confidence to enhance performance in more TAA patients with straightforward and challenging anatomies.

In short, The Valiant Captivia Stent Graft System is designed with three key advantages to enhance performance. First, it provides high flexibility and conformability to adapt to straight and tortuous anatomies. Second, it combines accurate and controlled positioning with tip capture mechanism, providing desired stent graft placement even in difficult anatomies. Lastly, the Valiant Captivia Delivery System has a low crossing profile with hydrophilic coating and high trackability to access tight and tortuous iliac arteries.
Chun-Che Shih

Office Address: Division of Cardiovascular Surgery, Taipei Veterans General Hospital, Taipei, Taiwan.

Education:

<table>
<thead>
<tr>
<th>Year</th>
<th>Degree</th>
<th>Institution</th>
</tr>
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<tbody>
<tr>
<td>1980~1987</td>
<td>MD degree</td>
<td>School of Medicine, China Medical University, Taichuang, Taiwan.</td>
</tr>
<tr>
<td>1989-1994</td>
<td>Residency</td>
<td>Division of Cardiovascular Surgery, Taipei Veterans General Hospital</td>
</tr>
<tr>
<td>1994- till Now</td>
<td>Consultant</td>
<td>Division of Cardiovascular Surgery, Taipei Veterans General Hospital</td>
</tr>
<tr>
<td>1997-2000</td>
<td>Ph.D degree</td>
<td>Institute of Clinical Medicine, National Yang –Ming University</td>
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Current Position:
Professor
Institute of Clinical Medicine National Yang –Ming University
Director of endovascular surgery unit & Consultant of Cardiovascular division and heart transplantation, Taipei Veterans General Hospital
General Secretary of 2009 ASCTVS

Clinical Research
1. Heart Transplantation
2. Surgery of end-stage heart disease
3. Valve repair surgery
4. Endovascular mini-invasive surgery for aortic aneurysm, peripheral artery occlusive disease and AVF occlusive disease

Basic Research
1. Drug eluting stent development and application
2. Nano-oxide surface of biomedical metallic surface
3. Surface toxicity of corrosion product of biomedical metallic surface
The Captivia Delivery System’s tip capture feature provides excellent control of the stent graft during deployment, which is critically important when treating lesions in the thoracic aorta. Its hydrophilic coating has also made a significant improvement in stent graft delivery. These added features will provide greater confidence in physicians’ ability to treat these very challenging cases.”

Indicated for the treatment of a variety of thoracic aortic lesions, the Valiant Thoracic Stent Graft has emerged as the minimally invasive “system of choice” for thoracic endovascular aortic repair (TEVAR) outside the United States. In four years of clinical experience, more than 15,000 patients worldwide have received the Valiant Thoracic Stent Graft.

Given the widespread acceptance and growing use of our Valiant Thoracic Stent Graft, the Captivia Delivery System represents an enhancement that provides physicians with outstanding ease of access and delivery, as well as deployment accuracy and control, and combined with the Valiant Thoracic Stent Graft, which retains its hallmark attribute of conformability, the new system will expand endovascular treatment to more patients with complex aortic disease.
Wei-Liang, Lai

No.2, Yu-Der Road, Taichung, Taiwan
Phone: (O) 886-4-2205-2121, ext 1638
E-mail: s831012kimo@yahoo.com.tw

Education
Medical department, Jun 2001
National Yang-Ming University
Taipei, Taiwan

Training course
2001-2003 Resident in surgery department, Taoyuan Veterans Hospital
   Taoyuan, Taiwan
2003-2006 Resident in surgery department, Taipei Veterans General Hospital
   Taipei, Taiwan
2006-2008 Fellowship in cardiaovascular surgery department, Taipei Veterans General Hospital,
   Taipei, Taiwan
2008-2010 Visiting staff, cardiovascular surgery department, China Medical University Hospital,
   Taichung, Taiwan

Specialty
1. General cardiac surgery, including coronary artery bypass surgery, valve surgery
2. General aorta surgery, including bentall operation, aorta replacement
3. Endovascular surgery for aortic aneurysm or dissection disease
4. Surgery for peripheral arterial diseases
5. Surgery for varicose veins: ligation and excision, subfascial ligation
6. Vascular access for haemodialysis
Optimized Access with Hydrophilic Coating

Dr. Lai Wai Leung, 中國醫藥大學附設醫院

The Captivia Delivery System features tip capture for enhanced control of the Valiant Thoracic Stent Graft during deployment and a hydrophilic coating applied to the graft cover to facilitate iliac access and delivery through patients’ vasculature. The new Valiant Captivia system enables physicians to treat a wide range of anatomies with a highly conformable stent graft, with accuracy and ease of delivery to achieve optimal clinical results.

Following are the key features of this latest generation TAA stentgraft:

Confidence in Control
• Tip capture provides controlled deployment and precise placement in the thoracic aorta
• Tip capture release handle provides simple turn-and-pull motion to release proximal stents

Advanced Design
• Proximal 8-Peak FreeFlo configuration evenly distributes radial force over multiple apices
• Platinum iridium “Figur8” markers provide high visibility and assist deployment
• Broad selection of proximal and distal components treat a variety of patients

Enhanced Conformability
• Sinusoidal shape and placement of nitinol springs provide flexibility and conformability
• Super-elastic nitinol springs exert active radial force to enhance seal and conformability

Optimized Access
• Crossing profile is similar to or lower than other thoracic stent grafts
• Hydrophilic coating facilitates stent graft delivery
• Easy three-step deployment process
簡禎彥

現職
馬偕紀念醫院心臟血管外科主治醫師
台大醫院心臟血管外科兼任主治醫師

專長
冠狀動脈繞道手術(停跳與不停跳)、心臟瓣膜修補(置換)手術、主動脈疾病手術(含支架置放)、
心衰竭及心室輔助器手術、周邊血管手術(動靜脈阻塞、動靜脈繞道、動靜脈瘻管、靜脈曲張)。

學歷
台灣大學醫學系學士
台灣大學臨床醫學研究所碩士
台灣大學臨床醫學研究所博士候選人

經歷
台大醫院外科部住院醫師
台大醫院心臟血管外科總住院醫師
亞東紀念醫院心臟血管外科主治醫師

專科醫師
外科專科醫師
中華民國心臟學會專科醫師
台灣胸腔及心臟血管外科學會專科醫師
台灣胸腔及心臟血管外科學會專科指導醫師
台灣血管外科學會專科醫師
台灣血管外科學會專科指導醫師
台灣重證醫學會專科醫師
台灣重證醫學會專科指導醫師

教職
教育部部定講師(講字第 072974 號)

著作
碩士論文 : 過渡性治療對等待心臟移植病人所扮演之角色
Thoracic Stentgrafting combined with total arch replacement in rescuing acute aortic rupture: A case report

簡禎彥 醫師,台北馬偕紀念醫院 心臟外科

Long-term management after repair of a type A aortic dissection includes aggressive medical therapy and routine surveillance with serial imaging to ensure thrombosis of the false lumen. Retained patency of the false lumen can lead to either the development of a false lumen aneurysm with a subsequent rupture or extension of dissection. Typically such events occur late, usually months after repair, and are treated with either a conventional one-stage open thoracoabdominal repair or a two-stage elephant trunk procedure. However, most patients who undergo such procedures experience major complications and the procedure-related mortality rate is high. We present a unique case of a 61-year-old woman who presented with a ruptured type B aortic dissection 3 weeks after repair of a type A aortic dissection. She underwent an emergent thoracotomy and primary repair of the ruptured aorta followed by concomitant arch debranching and thoracic stent graft placement. Simultaneous surgical debranching with a median sternotomy and endovascular repair with stent grafts is an attractive hybrid approach in patients who present with an acute rupture of a false lumen aneurysm soon after initial repair of an aortic dissection, a situation in which a conventional repair is not feasible. This report emphasizes that hybrid thoracic stent graft repair should be considered for such high-risk patients in the near future as it offers them relatively lower morbidity and mortality compared with what is seen with conventional repairs.
陳益祥

心臟外科主任
專任主治醫師
教授

專長:
小兒開心手術、成人開心冠狀動脈繞道手術、心臟瓣膜修補術、心臟瓣膜置換術複雜之先天性心臟病:大動脈轉位，左心室發育不全、單心室循環之三階段手術、心內膜墊異常、主動脈手術、週邊血管手術、心臟移植、心衰竭手術、心室輔助器植入

主要經歷:
台大醫院住院醫師訓練
台大醫院講師
台大醫學院外科助理教授
台大醫學院外科副教授
台大醫學院外科教授
東京女子醫大研究員
英國 Papworth Hospital 移植研究員
美國密西根大學小兒心臟外科研究員
美國德州心臟中心心室輔助訓練
主動脈支架訓練
國際小兒先心症訓練, 1999
台大雲林分院外科主任
台灣心胸外學會秘書長、理事
台灣心胸外學會筆試口試委員
多次台灣心胸外學會理事長獎
台灣血管外學會秘書長、理事
心臟學會丁農獎得主
2009 年亞洲心胸外學會秘書長
心臟學會學術委員
Some patients with aortic arch or descending thoracic aorta pathologies are not suited for open repair because of comorbidities that may increase their risk of procedural complications or death. Endovascular approaches may also be difficult when there are inadequate proximal landing zones in the aortic arch. We report our experience using rerouting techniques with bypass, stenting of the branches, or a combination of both to create a landing area in zones 0 and 1 of the aortic arch.

The hybrid approach for repair of the aortic arch pathologies is feasible in patients unfit for open repair. We present the results of performing different techniques to treat the aortic arch with hybrid repair with antegrade or retrograde inflow, stenting of the branches or a combination of both. Long-term results are unknown, and larger series results and comparative studies are needed to determine safety and efficacy.