

Fri. Jul 8, 2016

第B会場

海外招請講演

海外招請講演12 (IL-12)

TBD

座長:

佐野 俊二 (岡山大学大学院医歯薬学総合研究科 心臓血管外科)

2:35 PM - 3:05 PM 第B会場 (天空 センター)

[III-IL-12] TBD

○Emre Belli (Institut Jacques Cartier)

2:35 PM - 3:05 PM

第C会場

海外招請講演

海外招請講演11 (IL-11)

Cardiopulmonary Resuscitation and Automated
External Defibrillation Education in Philadelphia
High Schools

座長:

野村 裕一 (鹿児島市立病院 小児科)

11:25 AM - 11:55 AM 第C会場 (オーロラ ウェスト)

[III-IL-11] Cardiopulmonary Resuscitation and

Automated External Defibrillation Education
in Philadelphia High Schools

○Victoria L. Vetter (Professor of Pediatrics The
children's Hospital of Philadelphia Perelman School
of Medicine at the University of Pennsylvania)

11:25 AM - 11:55 AM

第E会場

海外招請講演

海外招請講演10 (IL-10)

Cardiac resynchronization therapy in congenital
heart disease

座長:

賀藤 均 (国立成育医療センター)

8:40 AM - 9:10 AM 第E会場 (シンシア ノース)

[III-IL-10] Cardiac resynchronization therapy in
congenital heart disease

○Jan Janousek (Children's Heart Center,
University Hospital Motol Prague, Czech)

8:40 AM - 9:10 AM

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[III-IL-11] Cardiopulmonary Resuscitation and Automated External Defibrillation Education in Philadelphia High Schools

○Victoria L. Vetter (Professor of Pediatrics The children's Hospital of Philadelphia Perelman School of
Medicine at the University of Pennsylvania)

Background: Bystander cardiopulmonary resuscitation (CPR) rates are low. Our study aim was to encourage Philadelphia high school students to develop CPR/AED (automated external defibrillator) training programs and to assess their efficacy. The students focused on developing innovative ways to learn the skills of CPR/ AED use, to increase willingness to respond in an emergency, and to retain effective psychomotor resuscitation skills.

Methods: Health education classes in 15 Philadelphia School District high schools were selected, with one Control and one Study Class per school. Both completed CPR/AED pre- and post-tests to assess cognitive knowledge and psychomotor skills. After pre-tests, both were taught CPR skills and AED use by their health teacher. Study Classes developed innovative programs to learn, teach, and retain CPR/AED skills. The Study Classes competed in multiple CPR/AED skills events at a CPR/AED competitive event (CPR/AED Olympics).

Results: All students' cognitive and psychomotor skills improved with standard classroom education (p Conclusion: Students who developed creative and novel methods of teaching and learning resuscitation skills showed outstanding application of these skills in a Mock Code with remarkable psychomotor skill retention, potentially empowering a new generation of effectively trained CPR bystanders.

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Cardiac resynchronization therapy in congenital heart disease

Jan Janoušek, Children's Heart Centre, 2nd Faculty of Medicine, Charles University in Prague and Motol University Hospital, Prague, Czech Republic

Cardiac resynchronization therapy (CRT) is an established treatment option for adult patients suffering from heart failure due to idiopathic or ischemic cardiomyopathy associated with electromechanical dyssynchrony. A limited evidence exists suggests efficacy of CRT in patients with congenital heart disease (CHD). Due to the heterogeneity of structural and functional substrates CRT implantation techniques are different with a prevailing thoracotomy or hybrid approach. Efficacy of CRT in CHD seems to depend on the anatomy of the systemic ventricle with best results achieved in systemic left ventricular patients upgraded to CRT from conventional pacing. Indications to CRT in patients with CHD have been recently reviewed in the PACES/HRS Expert Consensus Statement on the Recognition and Management of Arrhythmias in Adult Congenital Heart Disease. They include patients with systemic left, right and single ventricular anatomy along with electromechanical dyssynchrony caused by bundle branch block or conventional ventricular pacing. Due to lack of randomized prospective studies the recommendations are based mostly on C level of evidence. Despite many differences CRT seems to offer a similar benefit as to adult patients with idiopathic or ischemic cardiomyopathy and should be considered whenever electromechanical dyssynchrony is encountered along with heart failure.