

launched mentorship program. The STS developed this program to formalize a year -round mentorship relationship for its surgeon members, and they have agreed to now make this available to residents. Through this program, residents who have registered as STS candidate members, can apply to become a mentor or for mentorship.

Mentorship is widely recognized as a critical element for career success for cardiothoracic surgeons and there are often long-term benefits for both the mentor and mentee in these relationships. Many members of the TSRA have expressed difficulty in finding mentors within their institutions for numerous reasons. We believe this partnership will be an important step towards helping members of the TSRA develop the mentor relationships that they desire.

https://www.sts.org/sts-mentorshipprogram

Next Steps

A few weeks after your application is received, you will be matched with a mentor and make your initial contacts by email. You and your mentor can then communicate in the manner that works best for you both. If you have questions, please contact tsrasurgery@gmail.com Link: http://bit.ly/3h59zuM Associate Membership in the TSRA:

Link: https://bit.ly/3avRlf4 SESATS 13

Link: http://www.sesats.org/

2nd Annual Sutureless Summit 2nd annual Sutureless and rapid deployment valve technology held in October 18-19, 2021. Contact <u>guinnr@mmc.org</u> for questions,

29<sup>th</sup> European Conference on General Thoracic Surgery Link: https://www.emma.events/ ests2021

Link http://bit.ly/2Ym7HVX

## Newsletter Editorial Staff Clauden Louis — Editor

Evan Rotar — Trainee Opportunities Alex Brescia — President's Address Jessica Luc — Manuscript of the Month David Blitzer — Featured Podcast Parth Patel — Abstract & Conference Dates

Yihan Lin — Global Health Fatima Wilder — Diagnostic Challenge Garrett Coyan — TSRA Educational Resources and Multiple Choice Questions

## Young Surgeon's Note: Being a couple in CT Surgery By: Jason Han

TSRA is proud to present insights from our most recent Webinar, titled, *"Tips and Tricks for Maintaining a Successful Relationship as a Cardiothoracic Surgeon"* moderated by Dr. Jordan Bloom

This webinar was part of a series supported by Medtronic, and featured five couples:
Shanda Blackmon (thoracic surgeon at the Mayo Clinic) and Matt Blackmon (Full-time dad to Sam, Jake and Grace)
Christina Pham (internet at UCSF) and Johannes Kratz (thoracic surgeon at UCSF)
Christina Costantino (CT surgery resident at the MGH) and Greg Snyder (hospitalist and Medical Director)
Sameer Hirji (CT surgery resident at the BWH) and Aliya Hirji (labor and delivery

Fatima Wilder (CT surgery fellow at Johns Hopkins) and Francis Wilder (industrial designer)

Here are some of the highlights from the event (paraphrased). Thank you again to our thoughtful panelists!

### Shanda and Matt:

Kids become more independent, and it gets easier. If you call ahead and let the spouse know how you are feeling, then you can set up

expectations. Even when you have to bring work home with you, at least try to have dinner. Set those boundaries. Commit to a structure!

Fatima and Francis Give heads-up about being late! Or being tired! Communicate your needs. Learn to be

slightly "selfish" and make sure you protect yourselves. At the same time, even if you are tired, and struggling, always remember that the other person also has needs and has their own struggles.

### Christina and Greg

Be willing to balance each other's needs. Compromise each piece of the road, so for example, when one person is in school, the other person can work and support the family. When one person is grinding, the other person can take it easier.Do you have any protected time for the relationship?

### Christina and Johannes

You cannot take any family or friend time for granted. You have to work at it. Make date nights with your spouse and your family. Set up the event deliberately and celebrate that. Remember to be a couple and remember what it means to be in a relationship.

### Sameer and Aliya

People always say, "It gets better, it gets better," but it's not a short-term commitment; it's a lifestyle that you share in the long-term.Share calendars. Try to pick up shifts at the same time. When you're off on the weekends, make sure you're both off! Set up events together.How important is your life outside of the hospital?

# Christina and Johannes

It's everything. Family is the center. When everything is good at home, then you can build things professionally. If you don't have that solid base of the pyramid, you can't build anything on it. How do you ensure good communication?

### Shanda and Matt

Try a common calendar, with rules! Kids can have access to it as well!

## Christina and Johannes

As a partner to a CT surgeon, you may feel like your problems are not worthy of talking about, but all of those things are so important and so worthy to talk about. You have to communicate your feelings.

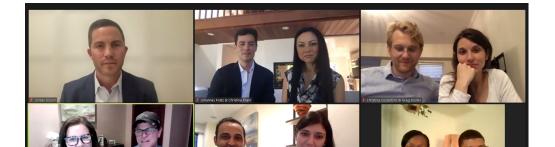
## Christina and Greg

It can be hard to talk during the day, so when you do get home, try to talk without pagers or phones around.

Also, be clear about when you cannot talk. If you only have 30 seconds, make it clear because people outside of the hospital sometimes don't know when it's a good or bad time to talk.

# Sameer and Aliya

If there is a lot to say, make time to release. Give yourselves time daily, even if it's just 30 minutes, to put your phones away and pay attention.





#### Manuscript of the Month

By: Clauden Louis

Title of Feature Manuscript: Cardiac surgeons' concerns, perceptions, and responses during the COVID-19 pandemic.

Authors: Luc JG, Ad N, Nguyen TC, and the COVID-19 North American Cardiac Surgery Survey Working Group Collaborators.

#### Abstract

**Background:** The coronavirus disease 2019 (COVID-19) pandemic has had an unprecedented impact on health care and cardiac surgery. We report cardiac surgeons' concerns, perceptions, and responses during the COVID-19 pandemic.

**Methods:** A detailed survey was sent to recruit participating adult cardiac surgery centers in North America. Data regarding cardiac surgeons' perceptions and changes in practice were analyzed.

**Results:** Our study comprises 67 institutions with diverse geographic distribution across North America. Nurses were most likely to be redeployed (88%), followed by advanced care practitioners (69%), trainees (28%), and surgeons (25%). Examining surgeon concerns in regard to COVID-19, they were most worried with exposing their family to COVID-19 (81%), followed by contracting COVID-19 (68%), running out of personal protective equipment (PPE) (28%), and hospital resources (28%). In terms of PPE conservation strategies among users of N95 respirators, nearly half were recycling via decontamination with ultraviolet light (49%), followed by sterilization with heat (13%) and at home or with other modalities (13%). Reuse of N95 respirators for 1 day (22%), 1 week (21%) or 1 month (6%) was reported. There were differences in adoption of methods to conserve N95 respirators based on institutional pandemic phase and COVID-19 burden, with higher COVID-19 burden institutions more likely to resort to PPE conservation strategies.

**Conclusions:** The present study demonstrates the impact of COVID-19 on North American cardiac surgeons. Our study should stimulate further discussions to identify optimal solutions to improve workforce preparedness for subsequent surges, as well as facilitate the navigation of future healthcare crises.

Citation: Luc JG, Ad N, Nguyen TC, and the COVID-19 North American Cardiac Surgery Survey Working Group Collaborators. Cardiac surgeons' concerns, perceptions, and responses during the COVID-19 pandemic. J Card Surg. 2021 June. [Epub Ahead of Print].

Question and answer with lead author Dr. Jessica Luc, cardiac surgery resident from the University of Alberta:

Question 1: Congratulations on your work and publishing this important article in The Journal of Cardiac Surgery documenting the cardiac surgery response to the COVID-19 pandemic. What was the purpose of this study?

In the context at the time of the study, of a rapidly evolving pandemic and subsequent waves on the horizon, the goal of the study was to provide timely amalgamation of regional and national pragmatic procedures and experiences with the COVID-19 pandemic to develop evidence-based practice to prepare for future surges.



Question 2: What were the main findings from your study?

The main findings from our study were that cardiac surgeons were most concerned about exposing their family to COVID-19, followed by contracting COVID-19, running out of PPE, and hospital resources. They utilized various PPE conservation strategies at the beginning of the pandemic, with redeployment of healthcare personnel common in institutions with a high burden of COVID-19. In addition, the majority of institutions shifted to the adoption of telemedicine strategies to connect with patients during the COVID-19 pandemic for preoperative, postoperative, and follow-up care, with these changes anticipated to continue even after the pandemic.

Question 3: What are the implications of your study?

The implications of our study are that we hope documentation of the early impact of the pandemic on our specialty can provide valuable insight and to stimulate discussions to identify optimal solutions to improve workforce preparedness for the COVID-19 emergency response, as well as preparation for subsequent surges, and future natural disasters. We thank all our collaborators for their contributions to make this manuscript possible, as well as thank the TSRA for the opportunity to be featured.

Once again, thank you for your time and congratulations on an important manuscript.

Citation: Luc JG, Ad N, Nguyen TC, and the COVID-19 North American Cardiac Surgery Survey Working Group Collaborators. Cardiac surgeons' concerns, perceptions, and responses during the COVID-19 pandemic. J Card Surg. 2021 June. [Epub Ahead of Print].

Click here to read the full manuscript in *Journal of Cardiac Surgery – link* <u>https://onlinelibrary.wiley.com/doi/10.1111/jocs.15681</u>

#### Featured TSRA Podcast

### By: David Blitzer

This month, rather than a podcast, we feature examples from our two new webinar series. In the first, we have an excellent line-up of faculty and trainees from CT surgery and cardiology discussing, "Lifetime Management Low-Risk Patients w/ Severe Aortic Stenosis" in our new TSRA Medtronic Journal Club Series. While the Medtronic Journal Club Series will feature discussion of controversial topics, the TSRA Atricure Series will feature discussions relevant to early career surgeons and trainees, such as this one focusing on Early Career Tips, Tricks, and Lessons Learned in Thoracic Surgery. The videos of our webinar series can all be seen on the <u>TSRA youtube page</u>, and as always all of our podcasts can be found at the podcast main site. Happy listening!

Call for New TSRA Podcast Ideas

We want to expand our popular podcast series with new ideas & topics. Our existing collection is available on Soundcloud & iTunes

Here is a list of unclaimed topics that need to be recorded: Adult Cardiac

- Brain and spinal cord protection + neuromonitoring
- Electrophysiology (common arrhythmias, postop arrhythmias)
   Managing/interrogating LVAD
- Transcatheter Mitral Valve Replacement
- <u>General Thoracic</u> - Advanced endoscopy + POEM
- Thoracic outlet syndrome
- Esophageal motility disorders
- <u>Congenital</u>
- Career
- Residents as teachers
  Ethical research practice in CT surgery
  Imperative care vs. futility

If you are interested in recording one of the unclaimed podcast topics -OR- have new topics to propose, please contact Garret Coyan @ <a href="mailto:coyangn@upmc.edu">coyangn@upmc.edu</a>

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TSRA	Executive Committee	TSRA	Education Resources
0	(2020-2021)	JUSTIN WATSON CLAUDEN LOUIS	TSRA Clinical Scenarios in
	Alex Brescia		Cardiothoracic Surgery (2nd Ed)
	University of Michigan President	Section Editors: Alex Brescia Jordan Bloom Garrett Coyan	Kindle & print available <b>NOW!!!</b> 1. As a print book on <u>Amazon</u> . 2. As a <u>Kindle</u> e-book on Amazon.
	J. Hunter Mehaffey	TSRA Clinical Scenarios in	
	University of Virginia Vice President	Cardiothoracic Surgery: 2nd Edition	
	Clauden Louis	TSRA Decision Algorithms in	TSRA Decision Algorithms in Cardiothoracic Surgery
	University of Rochester	Cardiothoracic Surgery	1. As a print book on <u>Amazon</u> .
No la compañía de la	Secretary and Communications Chair	Clauden Louis Tenas Vardas. Reter Chan, Jennier Duon, Roth & Amin	2. As a <u>Kindle</u> e-book on Amazon.
S.	Anthony Mozer Northwestern University	TSRA ALGORITHMS	
	Treasurer	TODA	TSRA Review of
		TSRA Review of	Cardiothoracic Surgery (2nd Ed)
	Xiaoying Lou Emory University	Cardiothoracic Surgery 2nd Edition	1. As a print book on <u>Amazon</u> .
	Immediate Past President	(YRC)	Stay tuned 3rd edition Second
	Garrett Coyan University of Pittsburgh Projects Chair	Damien J. LaPar Carlos M. Mery Joseph W. Turek TSRA Operative Dictations in	quarter 2021!!! TSRA Operative Dictations in
	-	Cardiothoracic Surgery	Cardiothoracic Surgery
	Jason Han University of Pennsylvania		1. As a print book on <u>Amazon</u> . 2. As a <u>Kindle</u> e-book on Amazon.
	Education Chair		
	David Blitzer	David D. Odell Damien J. LaPar Section Editors: Shawn S. Groth; Michael P. Robich ; Muhammad Aftab	
9	Columbia University Membership Chair		
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	John Hopkins University	Check out the official website with free <u>registration</u> . Open collaboration product with free content questions.	
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	University of Colorado		

Abstract Deadlines and Conference Dates By: Parth Patel

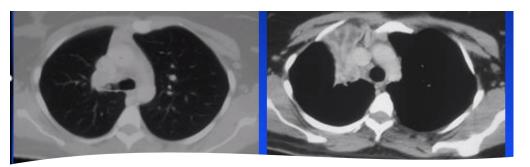
Hospital

## If there are meetings you would like to see here please contact Parth M. Patel, parth.mukund.patel@emory.edu

Meeting Cardiovascular and Th Transcatheter Valve Therapy	Submission deadline horacic Specific Me		Dates			
Transcatheter	horacic Specific Me	etings				
(TVT) Structural	May 25, 2021	Miami, FL	July 20-22, 2021			
Western Thoracic Surgical Association (WTSA)	January 11, 2021	Phoenix, AZ	Sept 29- Oct 2, 2021			
Extracorporeal Life Support Organization (ELSO)	July 15, 2021	Virtual	Sep 29- Oct 1, 2021			
Eastern Cardiothoracic Surg ical Society (ECTSS)	June 22, 2021	Manalapan, FL	Oct 6-9, 2021			
European Association for Cardio- Thoracic Surgery (EACTS)	April 30, 2021	Barcelona, Spain	Oct 13-16, 2021			
International Thoracic Surgical Oncology Summit	August 17, 2020	Virtual	Oct 16-17, 2020			
Transcatheter Cardiovascular The rapeutics (TCT)	July 21, 2021	Orlando, FL	Nov 4-6, 2021			
Congenital Heart Surgeons' Society (CHSS)	May 25, 2021	Chicago, IL	Oct 24-25, 2021			
CHEST Annual Meeting	April 28, 2021	Orlando, FL	Oct 17-20, 2021			
American College of Surgeons (ACS)	March 1, 2021	Virtual	Oct 24-28, 2021			
Surgical Treatment for Arrhythmias and Rhythm Disorders	September 11, 2020	Virtual	Oct 30-31, 2020			
Southern Thoracic Surgical Association (STSA)	April 5, 2021	Atlanta, GA	Nov 3-6, 2021			
American Heart Association (AHA)	June 10, 2021	Boston, MA	Nov 13-15, 2021			
Resuscitation Science Symposium	June 10, 2021	Boston, MA	Nov 13-15, 2021			
Society of Thoracic Surgeons (STS) Annual Update on	August 3, 2021	Miami, FL	Jan 29 - Feb1, 2022			
Pediatric & Congenital CV Disease Conference	November 30, 2020	Virtual	Feb 11-14, 2021			
American College of Cardiology (ACC)	October 13, 2021	Washington, D.C.	Apr 2-4, 2022			
Transplantation (ISHLT)	October 27, 2020	Boston, MA	Apr 27-30, 2022			
American Association of Thoracic Surgery (AATS) & Aortic	January 6, 2021	Boston, MA	May 14 - 17, 2022			
Symposium	October 27, 2020	Virtual	Apr 30- May 2, 2021			
	General Surgery Meetings of Interest					
Southeastern Surgical Congress (SESC)	February 19, 2021	Atlanta, GA	August 21-24, 2021			
Southern Surgical Association (SSA)	June, 30 2021	Hot Springs, VA	Dec 5-8, 2021			
Academic Surgical Congress (ASC)	August 7, 2020	Orlando, FL	Feb 1-3, 2022			
American Surgical Association (ASA)	November 16, 2020	Chicago, IL	Apr 7-9, 2022			

#### By: Fatima Wilder

### **Diagnostic Challenge**



#### History:

A 32 year old woman was recently admitted with a diagnosis of pneumonia. On interview she reports 2 weeks of a non-progressive cough. She has no known exposures, no fevers, chills, nausea or vomiting. Over the counter medications were not helpful. When she began coughing up blood, she presented to the emergency room.

Based on this imaging, what is the diagnosis?

# Diagnosis: Carcinoid with RUL collapse

A bit about pulmonary carcinoid tumors:

In the image on the left, you can see a mass in the right upper lobe bronchus take-off. In the image on the right, the right upper lobe is collapsed due to obstruction from the carcinoid, appearing consolidated (as seen with pneumonia).

Pulmonary carcinoid tumors are uncommon neuroendocrine epithelial malignancies accounting for less than 1% of all lung cancers. They divide into two subcategories: typical carcinoids and atypical carcinoids.

The most common presenting symptoms of bronchopulmonary carcinoid tumors are: Coughing or wheezing

Hemoptysis

Symptoms referable to the consequences of collapse or pneumonia distal to airway obstruction

Sometimes the patients present with stridor

Treatment of choice - surgical resection.

NCCN Guidelines recommend adjuvant cisplatin and etoposide with or without radiation in stage III atypical carcinoids.

#### Reference:

Limaiem F, Tariq MA, Wallen JM. Lung Carcinoid Tumors. [Updated 2021 Feb 9]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK537080/

### TSRA Educational Resources and Multiple Choice Questions By: Garrett Coyan

Characteristic echocardiographic feature that differentiates Ebstein's anomaly from other causes of congenital tricuspid insufficiency is

A. Degree of apical displacement of septal leaflet

- B. Degree of right atrial dilationC. Degree of tricuspid annular dilation
- D. Degree of right ventricular dilation

Answer: A; The characteristic feature for Ebstein's on echocardiography that differentiated from other causes of congenital tricuspid insufficiency is the degree of apical displacement of the septal leaflet at the crux of the heart.

A newborn with Ebstein's has cyanosis and severe RV failure despite medical therapy. Echocardiography shows severe pulmonary stenosis, severely depressed RV function, and good LV function. The most appropriate surgical option is A. Tricuspid valve repair

- B. Univentricular repair
- C. "One and half" ventricle repair D, Cardiac transplantation

Answer: B; This newborn with severe pulmonary atresia and severely depressed RV function should have a univentricular repair. The tricuspid valve orifice is patch closed with a 4mm fenestration to allow right ventricular decompression, the ASD is enlarged, and a systemic to pulmonary artery shunt created (Starnes's right ventricular exclusion procedure). Eventually a Fontan pathway is followed. Cardiac transplant is needed for biventricular failure. Other operations are indicated for lesser degree of RV dysfunction with no pulmonary stenosis.

A newborn infant with Ebstein's anomaly has cyanosis and severe right-sided heart failure. Echocardiography shows a large PDA with left to right shunt and no pulmonary stenosis. There is increase in antegrade pulmonary blood flow on administration of Nitric Oxide. The best treatment strategy includes

A. Using pulmonary vasodilators to decrease PVR

B. Give PGE1 to keep the ductus open C. Stop PGE1 to help ductus close

D. Perform emergency surgery to repair the tricuspid valve. Answer: C; This newborn has functional RVOT obstruction due to increase in RV afterload due to flow from a large PDA. The increase in antegrade pulmonary flow on administration of pulmonary vasodilator supports the diagnosis. Closure of the PDA will help improve RV failure. However, if pulmonary atresia is present, then the PDA may be the only source for pulmonary blood flow.