



LIVE Leading
LIVE Innovative
LIVE Vascular
2015 Education

Organized by:



Institute
of Vascular Diseases (IVD),
Greece

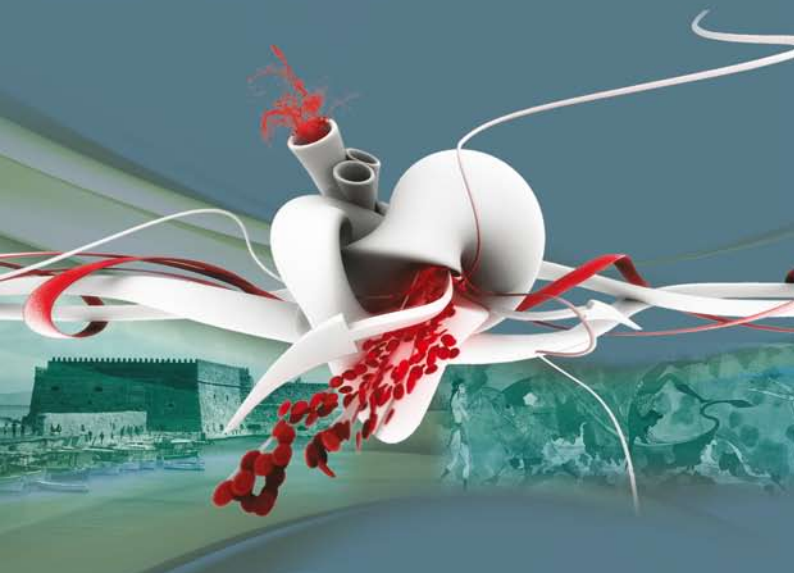
In collaboration with:



Hellenic Society
of Vascular and
Endovascular Surgery



STONY BROOK
UNIVERSITY
MEDICAL CENTER
Stony Brook University
Medical Center,
New York, USA



May 21-23
2015

<http://www.live2015.gr>

Aquila Atlantis Hotel
Heraklion Crete
GREECE

ESCVS
SUMMER SCHOOL
May 20-21, 2015

Final Programme

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Focus on active learning!

Dear colleagues, dear friends,

It is our great pleasure to welcome you this year in Heraklion, Greece for LIVE 2015-Leading Innovative Vascular Education, the annual international meeting of the Institute of Vascular Diseases held every year in Greece. LIVE 2015 is organized in collaboration with the Hellenic Society of Vascular and Endovascular Surgery (HSVS) and the Stony Brook University, Medical Center, New York, USA.

Committed to its main aim, LIVE 2015 symposium is formed to be attractive and towards the needs of young researchers-trainees, appropriate to share knowledge and experience on current evidence. It will give participants the opportunity to learn and keep updated from world renowned experts, to contribute to an open dialogue about all up to date technology advances regarding diagnosis and management of vascular pathologies. The successful format for communication and discussion included in all sessions will help to disseminate knowledge from experienced and introduce the newcomers.

The European Society for Vascular Surgery (ESVS) embraces LIVE 2015 programme with a pre-symposium course. The programme also incorporates oral, & e-poster presentations sessions, multiple scientific sessions, lectures by experts, lunch sessions, debate with voting by the audience and special sessions for vascular nursing and vascular anaesthesia topics.

This year's Congress will also bring a new cooperation with the European Society for Cardiovascular and Endovascular Surgery (ESCVS) with the organization of the Summer School which will be held on Wednesday, May 20th and Thursday, May 21st. We hope that young participants of the Summer School will enjoy also their participation in LIVE 2015.

We cannot be but grateful to both ESVS & ESCVS administrations for their support, to all those who worked for the organization and realization of LIVE 2015, to all invited faculty, Greek and foreign.

Thank you for being here with us in Heraklion. Enjoy your stay!

LIVE 2015 Directors,
A. Giannoukas, N. Labropoulos, M. Lazarides,
M. Matsagkas, D. Tsetis, I. Tsolakis

Organized by



**Institute of Vascular Diseases,
(I.V.D.), Greece**

In collaboration with:



**Hellenic Society
of Vascular and Endovascular Surgery**



**Stony Brook University Medical Center,
New York, USA**

LIVE 2015 Directors

Athanasios Giannoukas

*Professor of Vascular Surgery, Faculty of Medicine,
School of Health Sciences, University of Thessaly, Larissa, Greece*

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*Professor of Surgery and Radiology, Director, Vascular Laboratory,
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Ioannis Tsolakis

*Professor of Vascular Surgery, Faculty of Medicine,
School of Health Sciences, University of Patras, Greece*

A. For PPT Presentations (*applies to all presenters*)

PPT Format (OPTIONAL)

All presenters were encouraged to use one of the official LIVE 2015 templates in order to provide a uniform look to their presentation.

Formal Requirements

Language: All presentations have to be given in **English** (as the official language of the symposium is English and no simultaneous translation will be provided).

Advertising: Advertising of products is **prohibited**. Be sure your slides are free of any commercial bias (eg company names or logos).

Patient anonymity: Kindly make sure that no patient names or any other information allowing the identification of a patient appear in your presentation.

Copyright reserved: It is the author's responsibility to ensure that any part of the slide show (figures, tables, images, etc.) is free of any third party right.

Technical Requirements

Preparation

Format: preferable format is MS PowerPoint (ppt or pps). *Macintosh presentations will be accepted**.

Versions: up to MS PowerPoint 2010.

Saving of files: For onsite upload, the presentation has to be saved on a USB flash (recommended), CD-ROM or DVD-ROM.

Video clips: If you are using embedded video clips in your presentation, please remember to also have the video clips in a separate file (not only in the presentation).

Fonts & character: To avoid any possible compatibility problems, it is preferable not use any special fonts or special characters.

Onsite presentation

You are kindly requested to deliver your presentation(s) to the technical support personnel at least **one (1) hour before the beginning of the Session** (in order to ensure on time they run smoothly and to be able of making any possible changes). If the presentation is scheduled early in the morning, you are kindly requested to check your presentation with the technical support personnel the day before.

Your PPT presentation will be made available in the lecture hall via computer network. There will be no possibility to connect your personal laptop in the lecture hall, due to very restricted timeslots (row of the presentations).

The Hall will be equipped with the following:

• LCD projector with remote control (operated by presenter-no mouse will be available) • Screen & Lighted pointer • Podium mounted microphone • Audience aisle microphones

It is very important to respect the flow of the session and the exact time available for each presentation and therefore you are requested to be consistent with the time slots. It is advisable to rehearse your presentation prior to the congress to ascertain that the **time is not exceeded**.

****To the attention of Mac users:***

Please make sure to come with the suitable adapter and to also have a backup PPT for PC.

You are kindly requested to meet with the technical support personnel at least **two (2) hours before the beginning of the session**, in order to assure compatibility (or backup solutions).

B. Time Slots (*applies to Chairmen/Moderators*)

The profile of LIVE 2015 is mainly **educational**, focusing on providing high quality continuing education by the presentation of the latest significant advances in the area of vascular diseases and encouraging the interaction and open discussion between speakers and participants.

As a chairman or Moderator, you should ensure the smooth progress of the session, time management as well as encourage discussions and interactions between faculty members and the audience by allowing sufficient time for questions from the audience.

In order to be helped, a **timer** will be running on the screen along with the presentation. After a warning (before the last minute of the presentation) the projection will be stopped and you will have to ask from the presenter to conclude.

C. Conflict of Interest Disclosure (*applies to all invited faculty*)

It is the policy of the European Accreditation Council for Continuing Medical Education (EACCME) to ensure that all Live Education Events (LEEs) that receive accreditation will be balanced, independent, objective, scientifically rigorous and in the best interest of patient care. Thus, in compliance with UEMS guidelines, speakers/chairmen participating in LIVE 2015 are **strictly requested** to disclose or indicate potential conflicts of interest (with LIVE2015 sponsors) that might cause a bias. More specifically:

(Essential criterion)

In accordance with criterion 27 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", the Provider must ensure that all members of the Faculty will provide written declarations of potential or actual conflicts of interest.

These declarations must be made publicly available (either in printed form or in electronic form on the website of the organizer of the LEE). The EACCME® considers it a responsibility of the head of the Scientific and/or Organizing Committee to ensure that actual conflicts of interest are resolved. The EACCME® has provided a template, available on the EACCME® website, that provides a guide as to what information must be declared. These declarations must be retained for at least one year after the event for potential review by the EACCME®.

Therefore you **are requested (if not already done) to:**

1. Advise the LIVE2015 sponsors file
2. Declare any potential or actual conflict of interest regarding the above sponsors and topics of the presentation (s)
 - at the Second Slide of your PowerPoint Presentation (if speaker)
 - or orally at the beginning of the session (if chairman etc)
3. Complete and return the COI Disclosure Form (available at the Secretariat)

The existence of potential conflicts of interest does not necessarily indicate a bias. However it is your ethical obligation to inform organizers and participants so that they are made aware of any relationship with the sponsors that might cause unintentional bias. A potential conflict of interest may arise from various relationships, past or present, such as employment, consultancy, funding for research, investments, family relationship etc.

D. PPT Presentations Publishing/Webcasting-*Permission (applies to Invited Speakers)*

According to the LIVE 2015 Directors' willingness, this year's Congress (main hall) will be recorded and broadcasted (in a second time) via the **Institute of Vascular Disease's** portal, <http://www.ivd.gr>.

Due to the importance of your presentation we would like to request for your permission to record your lecture and your presentation and broadcast it in this specific area.

Due to legal reasons, LIVE 2015 organization cannot be held responsible for any of the materials included in your presentation. It is of your responsibility to ensure that any part of the slide show (figures, tables, images, etc.) is free of any third party right (copyright permission and the right to republish scientific information). Due to the importance of your presentation, we must have your permission and you will be requested from the Technical Support Personnel to give your written permission.



Watch the congress on
<http://www.ivd.gr>

SUMMER SCHOOL OF THE ESCVS
Writing and Presenting a Scientific Paper
*Organized by the European Society
for Cardiovascular & Endovascular Surgery (ESCVS).*

15:00-18:00 PART I - Writing an abstract

Moderators:

**Oztekin Oto (Turkey),
Athanasios Giannoukas (Greece),
Lazar Davidovic (Serbia)**

15:00-15:15 How do I review abstract for the annual meeting

Nicos Labropoulos (USA)

15:16-15:30 How to write an abstract for scientific meeting

Ahmet Tulga Ulus (Turkey)

15:31-15:45 *Discussion*

15:46-16:45 Participants would be separated in groups and should write abstracts from the data given by the database

Coordinators:

**Ahmet Tulga Ulus (Turkey),
Igor Koncar (Serbia),
Nicos Rousas (Greece)**

16:46-17:45 Groups should present abstracts with interactive comments

Comments: **Oztekin Oto (Turkey),
Martin Veller (South Africa),
Nicos Labropoulos (USA),
Apostolos Tassiopoulos (USA),
Antonios Gasparis (USA)**

17:46-18:00 *Discussion*

SUMMER SCHOOL OF THE ESCVS
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Parallel Session

- 09:00-13:00** **PART II - How to present scientific paper & reviewers' point of view**
Moderators: **Oztekin Oto (Turkey),
Lazar Davidovic (Serbia)**
- 09:00-09:15 Successful presentation in the scientific meeting
Lazar Davidovic (Serbia)
- 09:16-09:45 Participants will present their own presentations and get opinion from the experts
Panel of experts: **Janet Powell (UK),
Martin Veller (USA),
Oztekin Oto (Turkey),
Lazar Davidovic (Serbia),
Nicos Labropoulos (USA),
Ahmet Tulga Ulus (Turkey)**
- 09:45-10:00 **Break**
- 10:01-10:30 Reviewers job is to criticize or improve paper - take the reviewers point of view
Janet Powell (UK)
- 10:31-12:00 Participants would be separated in groups and review preselected papers
Coordinators: **Igor Koncar (Serbia),
Nicos Rousas (Greece)**
- 12:01-13:00 Reviews will be presented and discussed
Panel of experts:
**Janet Powell (UK),
Martin Veller (USA),
Oztekin Oto (Turkey),
Lazar Davidovic (Serbia),
Nicos Labropoulos (USA),
Ahmet Tulga Ulus (Turkey),
Athanasios Giannoukas (Greece),
Miltiadis Matsagkas (Greece)**
- 13:00-16:00 **Leisure time**

Thursday, May 21st, 2015

PRE SYMPOSIUM SESSIONS

SUMMER SCHOOL OF THE ESCVS
Writing and Presenting a Scientific Paper
*Organized by the European Society
for Cardiovascular & Endovascular Surgery (ESCVS).*

Parallel Session

16:00-19:00 **PART III - Seminar on Thrombosis and Antithrombotic Treatment**
Moderators: **Miltiadis Matsagkas (Greece),
Domenico Palombo (Italy),
Igor Koncar (Serbia)**

16:00-16:50 **Part A**

16:00-16:20 Antithrombotic treatment in peripheral arterial disease
Stavros Spiliopoulos (Greece)

16:21-16:40 Antithrombotic treatment in carotid artery disease
Andreas Lazaris (Greece)

16:41-16:50 *Discussion*

16:51-17:40 **Part B**

16:51-17:10 NOACs in the treatment of VTE. Clinical implications
Miltiadis Matsagkas (Greece)

17:11-17:30 What is new in the recently published ESC guidelines for pulmonary embolism?
Spyros Vasdekis (Greece)

17:31-17:40 *Discussion*

17:40-17:50 **Coffee break**

17:51-19:00 **Part C**

17:51-18:45 Managing patients under anti-thrombotic therapy to undergo interventional procedures
Eleni Arnaoutoglou (Greece)

18:46-19:00 *Discussion*

Parallel Session

09:00-15:30 Modern Therapeutic Interventions in Venous Diseases

Case discussion and venous ultrasound

Jointly organized with the European Society for Vascular Surgery (ESVS)

Convenor: **Cees Wittens (The Netherlands)**

MINOS I HALL

09:00-12:00 Part I: Workshop: Varicose Veins and DVT - diagnostics and treatment

Station 1: Ultrasound on chronic venous insufficiency

Dimitrios Kardoulas (Greece)

Station 2: Compression for limb oedema

**Maria-Christina Papadopoulou (Greece),
Roumiana Salta-Stankova (Greece),
Georgia Ambatziadou (Greece)**

Station 3: Foam Sclerotherapy and Ultrasound guided Vein Access

Dimitrios Kontothanassis (Italy)

Station 4: Endovenous procedures with laser (Biolitec)

**Athanasios Giannoukas (Greece),
Christos Karathanos (Greece)**

Station 5: Endovenous procedures with RF (VNUS)

Andreas Lazaris (Greece)

Station 6: Tumescence less Endovenous procedures (ClarviVein)

Steve Elias (USA)

Station 7: Steam Therapy for varicose veins

Prodromos Papapavlou (Greece)

12:00-12:30 Break

12:30-15:30 **Part II: Workshop: Varicose Veins and DVT - diagnostics and treatment**

Station 1: Ultrasound DVT diagnostics
Nicos Labropoulos (USA)

Station 2: Ambulatory Venous Compression
- venous ulcer
**Maria-Christina Papadopoulou (Greece),
Roumiana Salta-Stankova (Greece),
Georgia Ambatziadou (Greece)**

Station 3: DVT treatment with AngioJet
Antonios Gasparis (USA)

Station 4: Deep venous stenting
Cees Wittens (The Netherlands)

Station 5: IVUS
Mark Meissner (USA)

Station 6: IVC filters
Apostolos Tassiopoulos (USA)

Station 7: Laser treatment for varicose veins
(Angiodynamics)
**Athanasios Giannoukas (Greece),
Nicos Rousas (Greece)**

14:30-16:30 ORAL PRESENTATIONS SESSION

Chairmen: **Nicos Labropoulos (USA),
Christos Ioannou (Greece),
Gabriel Szendro (Israel)**

Award Committee:
**Gabriel Szendro (Israel),
Lazar Davidovic (Serbia),
Antonios Gasparis (USA)**

Review Committee:
**Martin Veller (South Africa),
Gabriel Szendro (Israel),
Johannes Lammer (Austria)**

14:30-16:30 e-POSTER PRESENTATIONS SESSION

Chairmen-Award Committee:
**Apostolos Tassiopoulos (USA),
Steve Elias (USA),
Mark Meissner (USA),
Pavlos Antoniadis (Greece)**

Review Committee:
**Martin Veller (South Africa),
Gabriel Szendro (Israel),
Johannes Lammer (Austria)**

**16:30-17:30 SCIENTIFIC SESSION I
Chronic Venous Disease I**

*Jointly organized with the
Orient Society for Vascular Surgery*

Moderators:
**Louay Altarazi (Syria),
Emmanouil Touloupakis (Greece),
Theodoros Kostas (Greece)**

16:30-16:39 Transcutaneous ND Yag Laser for the treatment of telangiectasia and spider veins
Elias Obeid (Lebanon)

16:40-16:49 A New Look for Venous Ultrasound Anatomy in Varicose Veins: Review of more than 1000 patients
Wassila Taha (Egypt)

- 16:50-16:59 Iliac vein stenting in the context of ilio-femoral DVT
Rashad Bishara (Egypt)
- 17:00-17:09 Abolishing the Distal Reflux for Venous ulcer: Does it count? (ADIR Technique)
Wassila Taha (Egypt)
- 17:10-17:19 Pelvic Congestion Syndrom approach, special tips and tricks
Louay Altarazi (Syria)
- 17:20-17:30 *Discussion*

PASIPHAE HALL

17:30-18:45 SCIENTIFIC SESSION II
Chronic Venous Disease II

Moderators:

Nicos Labropoulos (USA),
Konstantinos Katsenis (Greece),
Prodromos Papapavlou (Greece)

- 17:30-17:39 Controversial issues on vein disease
Mark Meissner (USA)
- 17:40-17:49 Residual, recurrent and new varicosities
Dimitrios Kontothanasis (Italy)
- 17:50-17:59 Many saphenous veins are treated unnecessarily
Nicos Labropoulos (USA)
- 18:00-18:09 Does the ablation method alter the clinical outcome?
Steve Elias (USA)
- 18:10-18:19 The controversy of the perforator veins
Cees Wittens (The Netherlands)
- 18:20-18:29 Which patients with pelvic varices benefit from the treatment?
Antonios Gasparis (USA)
- 18:30-18:45 *Discussion*
- 18:45-19:00 Break - Visit of the exhibition area**

19:00-20:15 SCIENTIFIC SESSION III
Venous Thromboembolism

Moderators:

**Cees Wittens (The Netherlands),
 Spyros Vasdekis (Greece),
 Ahmet Tulga Ulus (Turkey)**

- 19:00-19:09 Management of calf DVT - make it simple
Nicos Labropoulos (USA)
- 19:10-19:19 What is the progress on prevention of post-thrombotic syndrome?
Mark Meissner (USA)
- 19:20-19:29 The current burden of the IVC filters
Apostolos Tassiopoulos (USA)
- 19:30-19:39 Critical evaluation of the new oral anticoagulants
Ioannis Kakisis (Greece)
- 19:40-19:49 Updates on the treatment of massive and sub-massive pulmonary embolism
Luis Leon (USA)
- 19:50-19:59 How the modern phlebologist should be trained?
Steve Elias (USA)
- 20:00-20:15 *Discussion*

PASIPHAE HALL

20:15-21:15 OPENING CEREMONY

Welcome Message from LIVE 2015 Directors

Greetings-Official Opening

Best Oral & e-Poster Presentation Award

Prof. A. Katsamouris: The friend, the physician and the Academic man (film presentation)

PROF. ASTERIOS KATSAMOURIS LECTURE
Rationale and benefits from vascular surgical training with life-like pulsatile flow models

Invited speaker:

Hans-Henning Eckstein (Germany)

21:15 Welcome Reception

09:00-10:00 SCIENTIFIC SESSION IV
Peripheral Arterial Disease - Diabetic Foot

Moderators: **Dimitrios Tsetis (Greece),**
Christos Klonaris (Greece),
Marios Moustardas (Greece)

- 09:00-09:09 Diabetic foot: Advanced BTK interventions
Dimitrios Tsetis (Greece)
- 09:10-09:19 POBA, DEB, BMS or DES for the SFA
 revascularization
Stefan Muller-Hulsbeck (Germany)
- 09:20-09:29 Bioabsorbable vascular scaffolds in PAD:
 where are we now?
Johannes Lammer (Austria)
- 09:30-09:39 Fem-distal bypass with saphenous vein is
 still an unsurpassed choice of treatment for
 diabetic patients
Martin Veller (South Africa)
- 09:40-09:49 Diabetic Vascular Disease: new reporting
 standards are required
Philip Chan (UK)
- 09:50-10:00 *Discussion*

10:00-11:00 SCIENTIFIC SESSION V
**Hellenic-German Forum on the current
 and future patterns of Arterial Disease
 Management**

*Jointly organized with the
 German Society for Vascular Surgery*

Moderators:

**Tilo Koelbel (Germany),
 Christos Liapis (Greece),
 Odysseas Zoras (Greece)**

- 10:00-10:09 Current status and future developments in endovascular treatment of chronic aortic dissections
Tilo Koelbel (Germany)
- 10:10-10:19 Surgeon-modified and off-the-shelf devices to treat acute complex aortic aneurysms
Nikolaos Tsilimparis (Germany)
- 10:20-10:29 Fenestrated and branched endografting of pararenal and thoraco-abdominal aortic aneurysms
George Vourliotakis (Greece)
- 10:30-10:39 Novel indications and use of parallel grafts expand the applicability of the chimney technique
**Konstantinos Donas (Germany),
 Georgios Pitoulis (Greece)**
- 10:40-11:00 *Discussion*
- 11:00-11:25 Break - Visit of the exhibition area**

PASIPHAE HALL

11:25-11:40 INVITED LECTURE I
**Interventional access maintenance:
 how far can we go?**

Chairmen: **Ioannis Tsolakis (Greece),
 Miltos Lazarides (Greece),
 Nikolaos Bessias (Greece)**

Invited Speaker:

Dimitrios Karnabatidis (Greece)

11:40-12:05 DEBATE

**Elderly end-stage renal disease patients:
autologous access at all cost or liberal
use of grafts and catheters?**

Moderators: **Ioannis Tsolakis (Greece),
Miltos Lazarides (Greece),
Nikolaos Bessias (Greece)**

11.40-11.42 The audience is voting

11.43-11.52 Autologous access at all costs
Selcuk Baktiroglu (Turkey)

11.53-12.02 Liberal use of grafts and catheters
David Shemesh (Israel)

12.03-12.05 The audience is voting

12:05-13:05 SATELLITE SESSION**13:05-14:00 SCIENTIFIC SESSION VI**

Hot topics in Vascular Anaesthesia

Moderators: **Eleni Arnaoutoglou (Greece),
Petros Hatzigakis (Greece),
Georgios Halkiadakis (Greece)**

13.05-13.14 Preoperative assessment, intra- and peri-
operative care: What is the evidence that
dedicated Vascular Anesthetists can improve
outcomes?
Meryl Davis (UK)

13.15-13.24 Improving communication and teamwork
in the perioperative setting
Aikaterini Chatzimichali (Greece)

13.25-13.34 Monitored Anesthesia Care for EVAR for
AAA. Less is more
Eleni Arnaoutoglou (Greece)

13.35-13.44 Recent guidelines on Perioperative
Cardiovascular Evaluation and Management
of Patients Undergoing Noncardiac Surgery
Theodosia Vogiatzaki (Greece)

13.45-14.00 *Discussion*

14:00-14:15 Break - Visit of the exhibition area
Lunch boxes available at the exhibition area

PASIPHAE HALL

14:15-15:15 SATELLITE LUNCH SESSION

PASIPHAE HALL

15:15-15:30 INVITED LECTURE II
**New devices and techniques in CAS:
Clinically meaningful?**

Chairmen: **Elias Brountzos (Greece),
Dimitrios Maras (Greece),
George Sfyroeras (Greece)**

Invited Speaker: **Sumaira Macdonald (USA)**

PASIPHAE HALL

15:30-16:00 SATELLITE SESSION

PASIPHAE HALL

16:00-16:45 MEET THE EXPERTS SESSION I
How I do it?

Moderators:
**Alexandros Gougoulakis (Greece),
Martin Veller (South Africa),
Kyriakos Ktenidis (Greece)**

16:00-16:09 Endovascular management of complex aortoiliac occlusion: technique to avoid surgery
Samer Koussayer (Saudi Arabia)

16:10-16:15 *Discussion*

16:16-16:25 Open repair of AAA in the presence of the horseshoe kidney
Lazar Davidovic (Serbia)

16:26-16:30 *Discussion*

16:31-16:40 Endovascular repair of pararenal AAA with Chimney technique
Mario Lachat (Switzerland)

16:41-16:45 *Discussion*

Friday, May 22nd, 2015

LIVE2015 MAIN PROGRAMME

08:15-15:00 VASCULAR NURSING SESSION

The session applies only to Greek participants

For more information please collect the program from LIVE 2015 secretariat.

PASIPHAE HALL

09:00-10:20 SCIENTIFIC SESSION VII

All about thoracic and abdominal aorta

Jointly organized with the European Society for Cardiovascular & Endovascular Surgery (ESCVS)

Moderators:

**Miltiadis Matsagkas (Greece),
Michael Jacobs (The Netherlands),
Vasileios Tzilalis (Greece)**

- 09:00-09:09 An update in the Endovascular management of chronic post-dissection aneurysms
Athanasios Katsargyris (Germany)
- 09:10-09:19 Aortic penetrating atherosclerotic ulcers: Aetiology, diagnosis and management in the endovascular era
Domenico Palombo (Italy)
- 09:20-09:29 EVAR versus OSR in rAAA: what do we know so far?
Johannes Lammer (Austria)
- 09:30-09:39 Surveillance intervals in Small AAA
Janet Powell (UK)
- 09:40-09:49 AAA: The role of open surgery in the endovascular era
Franco Grego (Italy)
- 09:50-09:59 Indications for treatment of AAA in women
Janet Powell (UK)
- 10:00-10:20 *Discussion*
- 10:20-10:40 Break - Visit of the exhibition area**

10:40-11:40 SCIENTIFIC SESSION VIII**Complications in Vascular Interventions***Jointly organized with the
World Federation of Vascular Surgery*Moderators:**Sebastian DeBus (Germany),
John Wolfe (UK),
Chrysostomos Maltezos (Greece)**

- 10:40-10:50 Complications of carotid stenting
Elias Brountzos (Greece)
- 10:51-11:00 Transcatheter embolization of iatrogenic
vascular injuries
Miltiadis Krokidis (UK)
- 11:01-11:10 Strategies in the management of aorto-
enteric fistula
John Wolfe (UK)
- 11:11-11:20 Prolonged use of temporary shunts for limb
salvage in critically injured trauma patients
Gabriel Szendro (Israel)
- 11:21-11:40 *Discussion*

PASIPHAE HALL

11:40-11:55 KEYNOTE LECTURE**Staged open and endovascular repair of
TAAA to reduce the risk of paraplegia**Chairmen: **Mario Lachat (Switzerland),
Natzi Sakalihasan (Belgium),
Miltos Lazarides (Greece)**Invited Speaker:**Michael Jacobs (The Netherlands)**

- 11:55-12:05 Break - Visit of the exhibition area**

PASIPHAE HALL

12:05-12:50 SATELLITE SESSION

12:50-14:10 SCIENTIFIC SESSION IX
Update in carotid disease management

Moderators:

**Hans-Henning Eckstein (Germany),
 Achilles Chatziioannou (Greece),
 Dimitrios Christopoulos (Greece)**

12:50-13:00 Why the SPACE-2 trial failed to recruit more than 500 patients
Hans-Henning Eckstein (Germany)

13:01-13:10 Intervention may not be needed to all patients with severe asymptomatic stenosis: The rationale for a new natural history assessing the role of Optimum Medical Treatment
Stavros Kakkos (Greece)

13:11-13:20 Aortic arch markers for selecting patients for carotid intervention
Achilleas Chatziioannou (Greece)

13:21-13:30 How to adapt different CAS strategies for different carotid morphologies?
Sumaira Macdonald (USA)

13:31-13:40 How to select the appropriate stent for a safe CAS?
Konstantinos Papazoglou (Greece)

13:41-13:50 Great evidence - 5000 patients in the ACST trials
Richard Bulbulia (UK)

13:51-14:10 Discussion
Christos Liapis (Greece)

14:10-14:20 Break - Visit of the exhibition area
Lunch boxes available at the exhibition area

14:20-15:05 SATELLITE LUNCH SESSION

15:05-16:45 MEET THE EXPERTS SESSION II
Difficult case scenarios

Moderators: **Lazar Davidovic (Serbia),
 Apostolos Karantanas (Greece),
 Konstantinos Filis (Greece)**

- 15:05-15:13 Case 1: Unusual treatment of EVAR complications - Presentation of four cases
**Ioannis Tsolakis (Greece),
 Dimitrios Karavias (Greece)**
- 15:14-15:21 *Discussion*
- 15:22-15:30 Case 2: NICE operation resulting thigh amputation. Is it a cause for celebration?
Alexandros Gougoulakis (Greece)
- 15:31-15:38 *Discussion*
- 15:39-15:47 Case 3: The use of covered stents in the treatment of distal internal carotid artery pathologies
**Athanasios Giannoukas (Greece),
 Stylianos Koutsias (Greece),
 Konstantinos Spanos (Greece)**
- 15:48-15:56 *Discussion*
- 15:57-16:04 Case 4: Standard endovascular repair of a huge aorto-iliac aneurysm with very severe neck angulation
**Miltiadis Matsagkas (Greece),
 George Kouvelos (Greece)**
- 16:05-16:13 *Discussion*
- 16:14-16:21 Case 5: Unexpected iliac limb collapse during EVAR
**Efstratios Georgakarakos (Greece),
 Nikolaos Schoretsanitis (Greece)**
- 16:22-16:30 *Discussion*

16:31-16:38 Case 6: Primary Aortocaval Fistula -
Diversity of Clinical Presentation
**Stella Lioudaki (Greece),
Dimitrios Pantidis (Greece),
Alexandros Kafetzakis (Greece),
Christos Ioannou (Greece)**

16:39-16:45 *Discussion*

Panel of Expert Discussants:

**S. Debus (Germany), M. Veller (South Africa),
J. Lammer (Austria), M. Jacobs (The Netherlands),
H.-H. Eckstein (Germany), J. Wolfe (UK),
M. Lachat (Switzerland), G. Szendro (Israel),
S. Muller-Hulsbeck (Germany), C. Liapis (Greece),
D. Tsetis (Greece), C. Klonaris (Greece),
K. Papazoglou (Greece)**

PASIPHAE HALL

16:45-17:30 LECTURES ON INNOVATIVE CONCEPTS

Chairmen: **Johannes Lammer (Austria),
Janet Powell (UK),
Christos Klonaris (Greece)**

16:45-16:55 **Lecture 1**
Vascular Mimetic Implants in the Femoro-
popliteal Arterial segment: A novel and
proven superior concept
Luis Leon (USA)

16:56-17:00 *Discussion*

17:01-17:10 **Lecture 2**
PET/CT in the abdominal aneurysm:
correlation with the cellular and molecular
alterations in the aneurysmal wall
Natzi Sakalihan (Belgium)

17:11-17:15 *Discussion*

17:16-17:25 **Lecture 3**
Carotid stenting with Roadsaver stent
Stefan Muller-Hulsbeck (Germany)

17:26-17:30 *Discussion*

17:30-18:00 SATELLITE LECTURE

18:00-18:20 INVITED LECTURE III
**The FastVASCular concept:
a multidisciplinary approach for early
recovery after Aortic Operations**

Chairmen:

**Domenico Palombo (Italy),
Franco Grego (Italy),
Stefan Muller-Hulsbeck (Germany)**

Invited Speaker:

Sebastian Debus (Germany)

18:20

CLOSING CEREMONY

Draw

Closing Remarks

A

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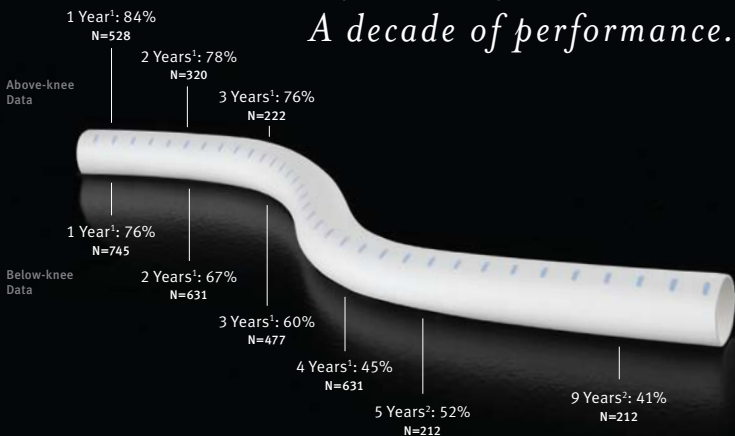
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1. Overall weighted average primary patency is based on data from 11 peer-reviewed publications meeting pre-determined inclusion criteria. Visit goremedical.com/propatenperformance to see inclusion criteria, explore the data, see publications, and request reprints.
2. Monaca V, Battaglia G, Turiano SA, Tringale R, Catalfamo S. Sub popliteal revascularization. Criteria analysis for use of E-PT.F.E. (Propaten®) as first choice conduit. *Italian Journal of Vascular & Endovascular Surgery*. In press.
3. Lindholt JS, Gottschalksen B, Johannesen N, et al. The Scandinavian Propaten® Trial – 1-year patency of PTFE vascular prostheses with heparin-bonded luminal surfaces compared to ordinary pure PTFE vascular prostheses – a randomised clinical controlled multi-centre trial. *European Journal of Vascular & Endovascular Surgery* 2011;41(5):668-673.
4. Value in Performance. W. L. Gore & Associates, Inc. Web site. www.goremedical.com/resources/dam/assets/AQ0599-EN2.pdf. Published September 2012. Accessed September 30, 2013.

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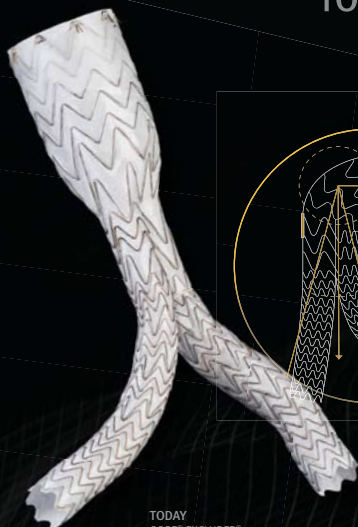
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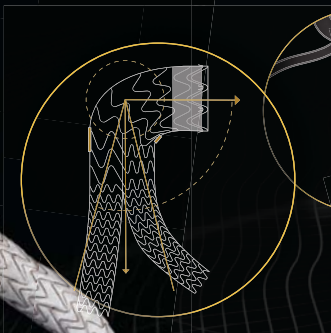
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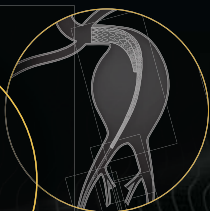
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General Information

Venue

Aquila Atlantis Hotel

2 Ygias Str, Heraklion, Crete, 71202, Greece

Tel: +30 2810 229 103

Fax: +30 2810 226 265

Email: reservations.at@aquilahotels.com

Web: www.theatlantishotel.gr

Dates & Hours

Registration

Wednesday, May 20, 2015 14.30 - 19.00

Thursday, May 21, 2015 08.30 - 20.15

Scientific Programme

Thursday, May 21, 2015 09.00 - 21.15

Friday, May 22, 2015 09.00 - 16.45

Saturday, May 23, 2015 08.15 - 18.20

Secretariat/Technical Support/Exhibition

Thursday, May 21, 2015 08.30 - 21.15

Friday, May 22, 2015 08.30 - 16.45

Saturday, May 23, 2015 08.00 - 18.20

Opening Ceremony

Thursday, May 21, 2015 20.15 - 21.15

Welcome Reception

Thursday, May 21, 2015 21.15

Closing Ceremony

Saturday, May 23, 2015 18.20

Official Language

The official language of LIVE 2015 is **English**.

Simultaneous translation (interpretation) is not provided.



Official Website


Find LIVE 2015 at **www.live2015.gr**.

Contact: **info@live2015.gr** & **admin@live2015.gr**

Newsletter: If you wish to receive information and news about future LIVE symposiums or/and relative vascular courses/congresses, you may subscribe in the Keep me Updated Subscription Form available on the website.

Webcasting

According to the LIVE 2015 Directors' willingness, this year's Congress (main hall) will be recorded and broadcasted (in a second time) via the **Institute of Vascular Disease's** portal, <http://www.ivd.gr>.

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Halls

LEVEL 1 (Ground Floor)

Main Hall: **PASIPHAE**

- Main Programme
- Oral Presentations

Parallel Sessions Hall: **APOLLO**

- Summer School of the ESCVS
- Simulator training on Bolton's Medical stent graft systems - Treovance (AAA) & Relay (TAA)

INDUSTRY EXHIBITION

LEVEL -1

Parallel Sessions Hall: **MINOS I**

- Pre Symposium Course (Part I)
- e-Poster Presentations

Parallel Sessions Hall: **MINOS II**

- Pre Symposium Course (Part II)
- Vascular Nursing Session

INDUSTRY EXHIBITION

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Exhibition & Draw

LIVE 2015 is accompanied by a major exhibition where pharmaceutical and/or equipment/device industries will display relevant products and therapeutic developments. The exhibition forms an integral component of the symposium giving the exhibitors the opportunity to promote their activities, research and technologies.

Visit the exhibition and take part in the prize Draw!

We invite you all to catch a glimpse of the industries' latest developments. Visit the exhibition stands, collect **one stamp from each stand** (on the special card which you will find in your bag) and get a chance to be the winner of the special LIVE 2015 prize draw, that will take place during the Closing Ceremony on Saturday, May 23, 2015. Be all there!

Be the winner of a(n):

- ✓ iPad
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- ✓ Free registration and accommodation for LIVE 2016 symposium to be held on May 19-21, 2016 in Ioannina, Greece

Internet Corners

At the exhibition area, there will be "Internet Corner(s)", where registered participants will be able to use the available **laptops** for their work and for free access to internet.

On the desktops participants will also find the:

- **LIVE 2015 E-Abstract Book (PDF)**
(Oral & E-Poster Presentations abstracts)
- **E-Final Programme (PDF)**
- PPT templates
- other files with useful information

Name Badge – Scanning (*mandatory*)

All Participants upon confirmation of their registration at the Secretariat will be provided with a **unique Name Badge**, which must be **scanned**, in order to record CME Credits for their attendance.

General Information

Your personal name badge is your passport to all scientific sessions and the exhibition area. All participants are required to wear their badges (visibly) during all sessions. Make sure you will not forget to take always with you this unique name badge.

It must be clearly understood that barcode badges must be scanned **before entering AND after exiting** the session Halls (in order the exact duration of attendance to be recorded).

Remember



Scan your badge to record your attendance!

No scanned badges - No credits!

Notes:

- Name badge already used for recording credits of attendance cannot be replaced with a second badge (as credits will not be allocated properly).
- Name badges are also necessary to be returned to the Secretariat for receiving the Certificate(s) of Attendance.
- Time slots for satellite sessions and breaks cannot be recorded

Also note:

According to the Regulation of the **Greek National Organization of Medicines**, participation **for at least of 60%** of the total duration of the scientific programme must be secured and recorded!

Certificate of Attendance

All registered participants are entitled to receive a **Certificate of Attendance**. The Certificate will be issued only upon return of the name badge and the Evaluation Form (completed) at the Secretariat desk onsite by the end of the Congress.

Participants, who will register for and participate in the Pre-Symposium Courses or/and the Vascular Nursing Session will also be entitled to receive the **Relative Certificates** (after completion).

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General Information

Evaluation Form (*mandatory*)

All participants by the end of the Symposium will be requested to complete and deliver to the Secretariat a relative Evaluation Form (anonymous) as feedback of their experience during the symposium. Official Feedback Report (based on participants' opinion) is required by the EACCME (European Accreditation Council for Continuing Medical Education-UEMS) in the framework of the symposium's accreditation (with CME Credits).

Technical Support Personnel

The technical support personnel will be operating during the sessions of the scientific programme outside the session Halls in order to assist speakers/presenting authors with their Presentations.

Liability and Insurance

The Organizers as well as the Organizing-Administrative Bureau of LIVE 2015 will assume no liability for injuries or losses of any nature incurred by participants and/or accompanying persons, or for the damage, loss or theft of their personal property during the Symposium. Participants are advised to take out their own health, travel and personal insurances.

Mobile Phones

Everyone is requested to switch off his/her mobile phone while in session Halls.

Organizing-Administrative Bureau/Secretariat



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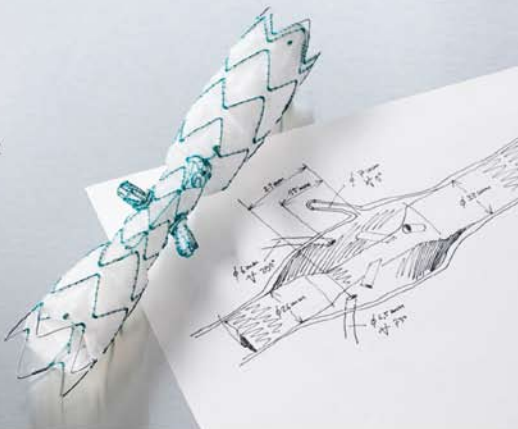


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Registration for the Symposium

1. Registration Fee for Doctors and Trainees includes:

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PRE-SYMPOSIUM COURSE

*Jointly organized with the European Society
for Vascular Surgery (ESVS)*

Modern Therapeutic Interventions in Venous Diseases

Thursday, May 21, 2015

09.00-15.30 hrs

Convenor: **Cees Wittens (The Netherlands)**

Registration Fee (euro/incl. VAT 23%):

€30,00 (for Doctors & Trainees)

Max participants:

42 pax

Important Notes for the Pre-Symposium Courses:

- **ONLY** doctors & trainees are entitled to participate.
- PRE-REGISTRATION is required.
- Registration for the Symposium does not presuppose registration for the Pre-Symposium Courses.
- Registrations will be honored on a first-come first-served space available basis.
- Registrations will be accepted until the maximum number of participants (of each) is reached.





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1. Karthikeyan et al. Eur J Vasc Endovasc Surg. 2013;46:440-445.

2. Complex EVAR cases refer to AAA with irregular, conical or reverse tapered necks, and/or short iliacs.

3. M. Thompson, CX Symposium 2015. Data on file at Endologix, Inc.

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Oral & e-Poster Presentations Sessions

Please note that all submitted abstracts were reviewed by an independent abstract **Review Committee** that was blinded in regard of authors' names and affiliations. The review, evaluation and final acceptance was based on the **best scoring** as far as work's scientific/clinical importance, results/conclusions & originality is concerned.

For the Presentation

All presenters are kindly requested to provide their presentations (**PowerPoint format in a USB-flash/disk/CD-ROM**) to the technical support personnel at least one (1) hour before the beginning of the Session (*in order to ensure on time their presentations run smoothly and to be able of making any possible changes*).

Duration

Oral Presentations (12 min in total)

Each oral presentation should not exceed **8 minutes**.
It will be followed by **4 minutes discussion**.

e-Poster Presentations (5 min in total)

Each e-poster presentation should not exceed **3 minutes**.
It will be followed by **2 minutes discussion**.

Presenters need to be strictly consisted with the time slots and to respect the flow of the scientific programme.

Awards

During the Opening Ceremony, the best Oral & the best e-Poster Presentations will be AWARDED by an independent scientific Award Committee (on the basis of scientific merit of authors' works and presentations).

Presenters should bear in mind that their presence during the Opening Ceremony is required for the award nomination procedure.

e-Abstract Book

All oral & e-poster presentations of LIVE 2015 will be included in the symposium e-Abstract Book.

ORAL PRESENTATIONS SESSION

OP01

DO STATINS STABILIZE HUMAN CAROTID PLAQUES IN PATIENTS UNDERGOING CAROTID ENDARTERECTOMY?

¹ G. Galyfos, ¹ D. Karageorgiadi, ¹ K. Filis, ² P. Efentakis,
¹ D. Tsilimigras, ³ E. Stroumpouli, ² D. Farmakis, ⁴ E.K. Iliodromitis,
² I. Andreadou, ¹ F. Sigala

¹ *First Department of Propaedeutic Surgery, University of Athens Medical School, Hippocraton Hospital, Athens, Greece;*

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⁴ *Second Department of Cardiology, University of Athens Medical School, Attikon Hospital, Athens, Greece;*

OP02

INFLOW STENOSIS INDUCED BY THE INFLATABLE RINGS OF THE OVATION ENDOGRAFT AND RESULTS OF ROUTINE USE OF AN AORTIC BALLOON

¹ N. Kontopodis, ² D. Tsetis, ³ E. Metaxa, ¹ D. Pantidis, ¹ E. Tavlas,
³ Y. Papaharilaou, ¹ C. Ioannou

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² *Interventional Radiology Unit, Department of Radiology, University of Crete Medical School, University Hospital of Heraklion, Crete, Greece;*

³ *Institute of Applied and Computational Mathematics, Foundation for Research and Technology-Hellas (FORTH), Crete, Greece;*

OP03

RAPID PROTOTYPING OF AORTA FOR IN VITRO STUDIES

¹ P. Bangeas, ¹ K. Kofina, ¹ M. Jahnic, ¹ D. Lycopoulos,
¹ K. Ktenidis

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ORAL PRESENTATIONS SESSION

OP04

POST IMPLANTATION INFLAMMATORY RESPONSE AFTER EVAR FOR AAA. INFLUENCE ON PATIENTS' ONE-YEAR OUTCOME

¹ E. Arnaoutoglou, ² G. Kouvelos, ² N. Papa, ³ K. Gartzonika, ⁴ H. Millionis, ⁵ V. Koulouras, ² M. Matsagkas

¹ Department of Anesthesiology, School of Medicine, University of Ioannina, Ioannina, Greece;

² Department of Surgery - Vascular Surgery Unit, School of Medicine, University of Ioannina, Ioannina, Greece;

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⁴ Department of Internal Medicine, School of Medicine, University of Ioannina, Ioannina, Greece;

⁵ Department of Intensive Care Medicine, Medical School, University of Ioannina, Ioannina, Greece;

OP05

HEMODYNAMIC PROPERTIES AND PATTERNS BEFORE AND AFTER ENDOVASCULAR ANEURYSM REPAIR USING THE NELLIX (TM) ENDOVASCULAR SYSTEM

¹ A. Raptis, ² M. Xenos, ³ E. Georgakarakos, ¹ G. Kouvelos, ¹ M. Matsagkas

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² Department of Mathematics, University of Ioannina, Ioannina, Greece;

³ Department of Vascular Surgery, Medical School, Democritus University of Thrace, Alexandroupolis, Greece;

OP06

ROLE OF VASCULAR RESECTION IN PANCREATIC TUMOR SURGERY

¹ P. Bangeas, ¹ S. Salonikidis, ¹ S. Abu Farha, ¹ T. Boutsiadou, ¹ D. Lykopoulos, ¹ K. Ktenidis

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ORAL PRESENTATIONS SESSION

OP07

PACLITAXEL-COATED BALLOON ANGIOPLASTY TREATMENT FOR THE FAILING DIALYSIS ACCESS. A 5-YEAR, REAL-LIFE EXPERIENCE

¹ P. Kitrou, ¹ S. Spiliopoulos, ¹ V. Theodosiadou, ¹ P. Papadimitos, ¹ N. Christeas, ¹ D. Karnabatidis

¹ Diagnostic and Interventional Radiology Department, Patras University Hospital, Patras, Greece;

OP08

THE EFFECT OF STENT DESIGN ON THIRTY-DAY OUTCOME AFTER CAROTID ARTERY STENTING: A META-ANALYSIS OF 8018 PATIENTS

¹ G. Kouvelos, ² N. Patelis, ³ G. Antoniou, ⁴ A. Lazaris, ¹ M. Matsagkas

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³ Liverpool Vascular and Endovascular Service, Royal Liverpool University Hospital, Liverpool, UK;

⁴ Third Department of Surgery-Vascular Surgery Unit, University of Athens, Athens, Greece;

OP09

TOTALLY PERCUTANEOUS ENDOVASCULAR ANEURYSM REPAIR USING THE PERCLOSE PROGLIDE DEVICE AND A PRE-CLOSING TECHNIQUE. SINGLE CENTER EXPERIENCE

¹ N. Kontopodis, ² D. Tsetis, ² E. Kehagias, ¹ N. Daskalakis,

² N. Galanakis, ¹ G. Papadopoulos, ¹ A. Kafetzakis, ¹ C. Ioannou

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² Interventional Radiology Unit, Department of Radiology, University of Crete Medical School, University Hospital of Heraklion, Crete, Greece;

ORAL PRESENTATIONS SESSION

OP10

ENDURANT (TM) VS EXCLUDER®: COMPARISON OF BLOOD FLOW PROPERTIES BETWEEN PATIENT-SPECIFIC MODELS USING COMPUTATIONAL FLUID DYNAMICS

¹ A. Raptis, ² M. Xenos, ³ E. Georgakarakos, ¹ G. Kouvelos,

¹ M. Matsagkas

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e-POSTER PRESENTATIONS SESSION

ePP01

VASCULAR TRAUMA MANAGEMENT IN AN URBAN TRAUMA CENTRE: A 20 YEAR EXPERIENCE

¹ G. Galyfos, ¹ G. Kastrisios, ¹ S. Kerasidis, ¹ G. Stamatatos,

¹ G. Stefanidis, ¹ G. Papacharalampous, ¹ C. Maltezos

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ePP02

ENDOVASCULAR OPTIONS TO TREAT SPLENIC ARTERY ANEURYSMS: CASE REPORT, CONSIDERATIONS AND EARLY RECOMMENDATIONS

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ePP03

INTERACTION OF NANOMEDICINE WITH CONVENTIONAL VASCULAR SURGERY

¹ P. Bangeas, ¹ P. Goulas, ¹ M. Jahnic, ¹ D. Lycopoulos,

¹ K. Ktenidis

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ePP04

EARLY AND LATE COMPLICATIONS AFTER ENDOVASCULAR REPAIR OF ABDOMINAL AORTIC ANEURYSM: SUPRARENAL VERSUS INFARENAL FIXATION

¹ G. Stamatatos, ¹ G. Galyfos, ¹ S. Giannakakis, ¹ S. Kerasidis,

¹ G. Stefanidis, ¹ G. Geropapas, ¹ G. Papacharalampous,

¹ C. Maltezos

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ePP05

EFFICACY, SAFETY AND DURABILITY OF DIRECT STENTING IN PATIENTS WITH ACUTE LOWER LIMB ARTERIAL OCCLUSIONS. LONG TERM RESULTS

¹ N. Galanakis, ¹ I. Peteinarakis, ¹ E. Kehagias, ² N. Kontopodis, ² C. Ioannou, ¹ D. Tsetis

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² *Vascular Surgery Unit, Department of Cardiothoracic and Vascular Surgery, University Hospital of Heraklion, Heraklion, Greece;*

ePP06

ASSESSMENT OF THE DELETERIOUS ROLE OF THE INTRALUMINAL THROMBUS IN A RAT MODEL OF ABDOMINAL AORTIC ANEURYSM: ROLE OF AN ANTI-THROMBOXANE RECEPTOR

^{1,2} A. Courtois, ³ A. Nchimi, ^{1,4} A. Arbesu Y Miar, ⁵ P. Drion,

^{1,2} J.-P. Cheramy-Bien, ⁴ J.-M. Dogné, ² J.-O. Defraigne,

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⁴ *Department of Pharmacy, Namur Thrombosis and Hemostasis Center (NTHC), Namur Research Institute for Life Sciences (NARILIS), University of Namur, Belgium;*

⁵ *Department of Experimental Surgery and Animal Care, University Hospital Liège, Belgium;*

ePP07

VENOPLASTY AND STENTING TO TREAT OBSTRUCTION OF THE RIGHT INNOMINATE VEIN IN A YOUNG PATIENT. ARE VEIN PATHOLOGIES A NEW FIELD IN ENDOVASCULAR PROCEDURES?

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e-POSTER PRESENTATIONS SESSION

ePP08

CONCOMITANT ATHEROSCLEROTIC LESIONS OF THE AORTIC ARCH BRANCHES AND LOWER EXTREMITIES ARTERIES: DIAGNOSES, LESIONS SEVERITY AND SURGICAL TREATMENT

J.G. Sobirov, V.Sh. Bakhritdinov

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ePP09

ANTITHROMBOTIC THERAPY IN CAROTID ARTERY STENTING AND CAROTID ENDARTERECTOMY WITHIN THE ASYMPTOMATIC CAROTID SURGERY TRIAL-2 (ACST-2)

^{1,3} A. Huibers, ² R. Bulbulia, ³ G.J. de Borst, ¹ A. Halliday

¹ *Nuffield Department of Surgical Sciences, John Radcliffe Hospital, University of Oxford, Oxford, United Kingdom;*

² *Clinical Trial Service Unit, University of Oxford, Oxford, United Kingdom;*

³ *Department of Vascular Surgery, University Medical Center Utrecht, Utrecht, The Netherlands;*

ePP10

A NOVEL TECHNIQUE FOR THORACIC AORTA ANEURYSM REPAIR IN A PATIENT WITH A SOLITARY KIDNEY

¹ C. Bakoyiannis, ¹ D. Moris, ¹ G. Karaolani, ¹ N. Patelis,

¹ A. Maskanakis, ¹ G. Tsaples, ¹ C. Klonaris, ¹ S. Georgopoulos

¹ *Vascular Division, 1st Dept of Surgery, Laiko General Hospital, National Kapodistrian University of Athens;*

ePP11

USE OF PARALLEL GRAFTS TO TREAT PARARENAL OR TYPE IV THORACOABDOMINAL ANEURYSMS. CAN WE ACHIEVE GOOD GRAFT STABILITY? A LABORATORY APPROACH

^{1,2} D. Papadimitriou, ² M. Lachat, ² D. Mayer, ² Z. Rancic

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e-POSTER PRESENTATIONS SESSION

ePP12

EARLY SINGLE-CENTRE EXPERIENCE WITH NELLIX EVAS SYSTEM

² M. Doulaptis, ¹ N. Patelis, ² A. Kotzadimitriou, ¹ A. Maskanakis, ¹ G. Karaolani, ¹ G. Tsaples, ¹ C. Bakoyiannis, ¹ S. Georgopoulos, ¹ C. Klonaris

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ePP13

THROMBIN INJECTION OF IATROGENIC FEMORAL PSEUDOANEURYSM AND IPSILATERAL DEEP VEIN THROMBOSIS DUE TO FEMORAL COMPRESSION: A THERAPEUTIC DILEMMA?

¹ M. Papadakis, ¹ N. Floros

¹ *Department of Vascular Surgery, University Hospital Witten-Herdecke, HELIOS Klinikum Wuppertal;*

ePP14

MANAGEMENT OF VASCULAR GRAFT INFECTIONS-CASE SERIES

¹ P. Bangeas, ² S. Salonikidis, ¹ A. Giannopoulos, ¹ D. Lykopoulos, ² D. Paramythiotis, ² G. Basdanis, ¹ K. Ktenidis

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ePP15

DIFFERENTIAL APPROACH TO THE TREATMENT OF THE PATIENTS WITH ATHEROSCLEROTIC LESION OF AORTO-FEMORAL SEGMENT HAVING STENOSIS AND OCCLUSIVE DISEASE SIMULTANEOUSLY

¹Y. Hardubey

¹*Kherson City Clinical Hospital "E.E. Karabelesh", Kherson, Ukraine*

e-POSTER PRESENTATIONS SESSION

ePP16

ASSESSMENT OF KNOWLEDGE AND ATTITUDES TOWARDS HIV / AIDS NURSING PERSONNEL VLORE

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¹ Faculty of Public Health, University "Ismail Qemali" Vlore;

² Hospital Center "Mother Teresa" Tirana;

ePP17

ANTEGRADE EVERSION ENDARTERECTOMY OF THE EXTERNAL ILIAC ARTERY FOR THE TREATMENT OF EXTERNAL ILIAC ARTERY ENDOFIBROSIS. A CASE REPORT

¹ S. Theodorou, ¹ T. Konstantopoulos, ¹ G. Galanopoulos,

¹ I. Tsoutsas, ¹ D. Xanthopoulos, ¹ E. Kaperonis, ¹ K. Loupou,

¹ S. Tsoupanos, ¹ V. Papavasiliou

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ePP18

ENDOLUMINAL TREATMENT OF STANFORD TYPE B AORTIC DISSECTION WITH PROXIMAL ENTRY TEAR REPAIR

¹ N. Asaloumidis, ² G. Trellopoulos, ¹ C. Karkos, ¹ K. Konstantinidis,

¹ I. Giagtzidis, ¹ K. Papazoglou,

¹ E' Surgery, Vascular Surgery, General Hospital "Ippokrateion," Thessaloniki, AUTH, Greece;

² Vascular Surgery, General Hospital "Papanikolaou," Thessaloniki, NHS, Greece;

ePP19

THE EFFECT OF INCREASING OPERATOR EXPERIENCE ON PROCEDURE-RELATED CHARACTERISTICS IN PATIENTS UNDERGOING CAROTID ARTERY STENTING

¹ G. Kouvelos, ¹ A. Koutsoumpelis, ² E. Arnaoutoglou, ¹ V. Bouris, ¹ M. Peroulis, ² G. Papadopoulos, ¹ M. Matsagkas

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e-POSTER PRESENTATIONS SESSION

ePP20

THE ROLE OF CALPROTECTIN IN ABDOMINAL AORTIC ANEURYSM DEVELOPMENT AND PROGRESSION IN RATS. A PORCINE PANCREATIC ELASTASE-INDUCED EXPERIMENTAL MODEL

¹ D. Moris, ² I. S. Vlachos, ³ G. Agrogiannis, ¹ C. Bakoyiannis,

² D. N Perrea, ¹ S. Georgopoulos

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ePP21

ENDOVASCULAR ABDOMINAL AORTIC ANEURYSM REPAIR (EVAR) IN A TWICE CROSSED-LIMB "DOUBLE BALLERINA" CONFIGURATION. A CASE REPORT

¹ S. Theodorou, ¹ T. Konstantopoulos, ¹ G. Galanopoulos,

¹ I. Tsoutsas, ¹ D. Xanthopoulos, ¹ E. Kaperonis, ¹ K. Loupou,

¹ S. Tsoupanos, ¹ V. Papavasiliou

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ePP22

LATE RESULTS OF A CHALLENGING TEVAR IN A COMPLICATED ACUTE TYPE B AORTIC DISSECTION IN A PATIENT WITH PRIOR EVAR TREATMENT

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² *Radiology Department, General Hospital of Chania "O Agios Georgios", Chania Greece;*

e-POSTER PRESENTATIONS SESSION

ePP23

AN UNUSUAL CASE OF ACUTE THROMBOSIS OF ABDOMINAL AORTIC ANEURYSM WITHOUT ACUTE LIMB ISCHEMIA

¹ S. Mastoraki, ¹ K. Moulakakis, ¹ A. Lazaris, ¹ S. Vasdekis

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ePP24

SHORT TERM OUTCOMES OF INTRODUCING PERCUTANEOUS ENDOVASCULAR ANEURYSM REPAIR IN COMPARISON TO OPEN ENDOVASCULAR ANEURYSM REPAIR AT AN ACADEMIC INSTITUTION

^{1,2} B. Chan, ² V. Srivatsav, ^{1,2} F. Elias, ¹ T. Adrinopoulos, ^{1,2} D. Szalay, ^{1,3} J. Tittley, ³ J. Harlock, ^{1,2} T. Rapanos

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² McMaster University, Hamilton, Canada;

³ Hamilton Health Sciences, McMaster University;

ePP25

TYPE B AORTIC ARCH INTERRUPTION IN THE YOUNGS. SINGLE CENTER CREATIVE EXPERIENCE

¹ Y. Kolesnikov, ¹ V. Arakelyan

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ePP26

PREDICTING EARLY GRAFT FAILURE AFTER INFRAINGUINAL SURGICAL REVASCULARIZATION: DEVELOPMENT AND INTERNAL VALIDATION OF A RISK-SCORING SYSTEM

¹ A. Lazaris, ¹ S. Mastoraki, ¹ M. Karouki, ¹ K. Seretis, ¹ S. Vasdekis

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e-POSTER PRESENTATIONS SESSION

ePP27

**INVESTIGATION OF GRAVITY OF THORACIC AORTIC
ATHEROSCLEROSIS COMPARED TO AGE, SEX AND
PRESENCE OF THROMBOUS IN LEFT ATRIAL APPENDAGE**

¹ G. Spyromitros, ¹ I. Lagos

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ePP28

**RE-ROOTING OF THE AORTIC ARCH AND ENDOVASCULAR
REPAIR FOR THE TREATMENT OF ARCH PATHOLOGIES**

¹ F. Eforakopoulos, ² Ch. Kalogeropoulou, ² P. Zambakis,

¹ E. Koletsis, ¹ C. Prokakis, ¹ N. Charoulis, ³ A. Sambalioti,

³ F. Fligou, ¹ Ch. Stroubos, ¹ P. Papadopoulos, ¹ P. Alexopoulos,

¹ M. Margaritis, ¹ A. Kizilis, ¹ D. Dougenis

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1. ΟΝΟΜΑΣΙΑ ΤΟΥ ΦΑΡΜΑΚΕΥΤΙΚΟΥ ΠΡΟΪΟΝΤΟΣ: innohep® 10.000 anti Xa IU/0,5ml PF.SYR. Ενέσιμο διάλυμα. innohep® 14.000 anti Xa IU/0,7ml PF.SYR. Ενέσιμο διάλυμα. innohep® 18.000 anti Xa IU/0,9ml PF.SYR. Ενέσιμο διάλυμα. **2. ΠΟΙΟΤΙΚΗ ΚΑΙ ΠΟΣΟΤΙΚΗ ΣΥΝΘΕΣΗ:** Tinzaparin sodium 20.000 anti-Xa IU/ml. Έκδοχα με γνωστές δράσεις: Sodium metabisulphite (1,83 mg/ml) και η ολική ποσότητα νατρίου είναι μικρότερη από 1 mmol νάτριο (23 mg) ανά δόση, όλη. Ουσιαστικά είναι «ελεύθερο νατρίου». **4.3. Αντενδείξεις:** Ενεργός ή ιστορικό ανοσολογικής επαγόμενης από ηπαρίνη θρομβοκυτοπενίας (τύπου II) (βλέπε παράγραφο 4.4). Ενεργή μείζονα αιμορραγία ή συνθήκες που προδιαθέτουν για μείζονα αιμορραγία. Μείζονα αιμορραγία ορίζεται όταν πληροί οποιαδήποτε από αυτά τα τρία κριτήρια: α) συμβαίνει σε μία σημαντική περιοχική ή όργανο (π.χ. ενδοκρανιακή, ενδορραχιαία, ενδοφθαλμιαία, οπισθοπεριτοναϊκή, ενδοαρθρική ή ενδομυϊκή) με σύνδρομο διαμερίσματος, β) προκαλεί πτώση του επιπέδου αιμοσφαιρίνης της τάξης των 20 g/L (1,24 mmol/L) ή περισσότερο, γ) οδηγεί σε μετάγγιση δύο ή περισσότερων μονάδων πλήρους αίματος ή ερυθρών κυττάρων. Σηπτική ενδοκαρδίτιδα. Οι θεραπευτικές δόσεις του innohep® (175 IU/kg) αντενδείκνυνται σε ασθενείς που λαμβάνουν νευραζονική αναισθησία. Εάν έχει προγραμματιστεί νευραζονική αναισθησία, το innohep® θα πρέπει να διακοπεί τουλάχιστον 24 ώρες πριν την εκτέλεση της διαδικασίας. Το innohep® δεν θα πρέπει να επαναχορηγηθεί νωρίτερα από τουλάχιστον 4-6 ώρες μετά τη χρήση της νωτιαίας αναισθησίας ή μετά την αφαίρεση του καθετήρα. Οι ασθενείς θα πρέπει να παρακολουθούνται στενά για σημεία ή συμπτώματα νευρολογικής βλάβης. **4.4. Ειδικές προειδοποιήσεις και προφυλάξεις κατά τη χρήση:** Νευροεγκενολική αναισθησία [για τις προφλακτικές ενδείξεις μόνο]. Συνιστάται προσοχή όταν πραγματοποιείται νευραζονική αναισθησία ή σφαιρική παρακέντηση σε ασθενείς που λαμβάνουν προφλακτικές δόσεις innohep®, λόγω του κινδύνου νωτιαίου αιματώματος το οποίο μπορεί να προκαλέσει παρατεταμένη ή και μόνιμη παράλυση. Θα πρέπει να μετριοπαθεί ελάχιστη καθυστέρηση 12 ωρών μεταξύ της χορήγησης της τελευταίας προφλακτικής δόσης και της τοποθέτησης βελόνας ή καθετήρα. Για συνεχείς τεχνικές, ανάλογη καθυστέρηση θα πρέπει να εφαρμόζεται και πριν την αφαίρεση του καθετήρα. Επιπλέον, η επαναχορήγηση του innohep® δεν θα πρέπει να αρχίζει νωρίτερα από τουλάχιστον 4-6 ώρες μετά τη χρήση της νωτιαίας αναισθησίας ή μετά την αφαίρεση του καθετήρα. Οι ασθενείς θα πρέπει να παρακολουθούνται στενά για σημεία ή συμπτώματα νευρολογικής βλάβης. **Αιμορραγία:** Συνιστάται προσοχή όταν το innohep® χορηγείται σε ασθενείς με κίνδυνο αιμορραγίας. Για ασθενείς που διατρέχουν κίνδυνο μείζονος αιμορραγίας βλέπε παράγραφο 4.3. Ο συνδυασμός με φαρμακευτικά προϊόντα που επηρεάζουν τη λειτουργία των αιμοπεταλίων ή του συστήματος πήξης θα πρέπει να αποφεύγεται ή να παρακολουθείται προσεκτικά (βλέπε παράγραφο 4.5). **Ενδομυϊκές ενέσεις:** Το innohep® δεν πρέπει να χορηγείται με ενδομυϊκή ένεση εξ' αιτίας του κινδύνου δημιουργίας αιματώματος. Εξ' αιτίας του κινδύνου δημιουργίας αιματώματος, η ταυτόχρονη χρήση ενδομυϊκών ενέσεων θα πρέπει να αποφεύγεται. **Θρομβοκυτοπενία επαγόμενη από ηπαρίνη:** Εξ' αιτίας του κινδύνου εμφάνισης ανοσολογικής θρομβοκυτοπενίας επαγόμενης από ηπαρίνη (τύπου II), θα πρέπει να μετράται ο αριθμός των αιμοπεταλίων πριν την έναρξη της θεραπείας και περιοδικά στη συνέχεια. Το innohep® πρέπει να διακόπτεται σε ασθενείς που αναπτύσσουν ανοσολογική θρομβοκυτοπενία επαγόμενη από ηπαρίνη (τύπου II) (βλέπε παράγραφο 4.3 και 4.8). Ο αριθμός των αιμοπεταλίων συνήθως θα ομαλοποιείται εντός 2 έως 4 εβδομάδων μετά τη διακοπή. **Υπερκαλιαιμία:** Τα προϊόντα ηπαρίνης μπορεί να καταστείλουν την επινεφριδιακή έκκριση αλδοστερόνης που οδηγεί σε υπερκαλιαιμία. Στους παράγοντες κινδύνου περιλαμβάνονται ασθενείς με σακαρώδη διαβήτη, χρόνια νεφρική ανεπάρκεια, προϋπάρχουσα μεταβολική οξέωση, αυξημένο κάλιο του ορού πριν την έναρξη της θεραπείας, ταυτόχρονη θεραπεία με φάρμακα τα οποία μπορεί να αυξήσουν το επίπεδο καλίου στο πλάσμα, και μακροχρόνια χρήση του innohep®. Σε ασθενείς που διατρέχουν κίνδυνο, θα πρέπει να μετρούνται το επίπεδο του καλίου πριν την έναρξη του innohep® καθώς και να παρακολουθούνται τακτικά επί συνένδεξης. Η υπερκαλιαιμία που σχετίζεται με την ηπαρίνη είναι συνήθως αναστρέψιμη μετά τη διακοπή της θεραπείας, ωστόσο μπορεί να χρειαστεί να εξεταστεί η εφαρμογή άλλων μεθόδων εάν η θεραπεία με innohep® θεωρείται ζωτικής σημασίας (π.χ. μείωση της πρόσληψης καλίου, διακοπή άλλων φαρμάκων που μπορεί να επηρεάζουν την ισορροπία του καλίου). **Προεπιβεβλημένες καρδιακές βαλβίδες:** Δεν υπάρχουν επαρκείς μελέτες για να αξιολογηθούν την ασφαλή και αποτελεσματική χρήση του innohep® στην πρόληψη θρόμβωσης της βαλβίδας σε ασθενείς με προεπιβεβλημένες καρδιακές βαλβίδες. Η χρήση του innohep® δεν μπορεί να συνιστάται για το σκοπό αυτό. **Νεφρική βλάβη:** Τα διαθέσιμα στοιχεία δεν καταδεικνύουν συσσώρευση σε ασθενείς με επίπεδα κθάρασης της κρεατινίνης έως 20 mL/minute. Παρόλο που η παρακολούθηση των anti-Xa είναι η πιο κατάλληλη μέτρηση των φαρμακοδυναμικών επιδράσεων του innohep®, παραμένει ένας αδύνατος δείκτης πρόβλεψης του κινδύνου αιμορραγίας, παρ' όλα αυτά οι παρακολούθησις της δραστηριότητας του παράγοντος anti-Xa μπορεί να αξιολογηθεί σε ασθενείς με σοβαρή νεφρική βλάβη (κθάραση κρεατινίνης <30 mL/minute). Συνιστάται προσοχή κατά την θεραπεία ασθενών με σοβαρή νεφρική βλάβη (κθάραση κρεατινίνης <30 mL/minute). Υπάρχουν περιορισμένα διαθέσιμα δεδομένα σε ασθενείς με εκπιμμένο επίπεδο κθάρασης της κρεατινίνης κάτω των 20 mL/minute. **Ηλικιωμένοι:** Οι ηλικιωμένοι είναι περισσότερο πιθανό να έχουν μειωμένη νεφρική λειτουργία. (βλέπε παράγραφο 4.4: Νεφρική βλάβη), συνεπώς θα πρέπει να δίνεται προσοχή όταν συνταγογραφείται το innohep® στους ηλικιωμένους. **Προειδοποιήσεις για τα έκδοχα:** Αυτό το φαρμακευτικό προϊόν περιέχει λιγότερο από 1 mmol νάτριο (23 mg) ανά δόση, όλη. Ουσιαστικά είναι «ελεύθερο νατρίου». Από τη μορφή του innohep® περιέχει μεταδιθειώδες νάτριο (sodium metabisulphite). Το μεταδιθειώδες νάτριο μπορεί πάντα να προκαλέσει σοβαρές αντιδράσεις υπερευαισθησίας και βρογχόσπασμο. Οι μορφές innohep® που περιέχουν μεταδιθειώδες νάτριο πρέπει να χρησιμοποιούνται με προσοχή σε ασθενείς με άσθμα. Επειδή οι παθίτες χαμηλού μοριακού βάρους εμφανίζουν μεταξύ τους διαφορές ως προς τον τρόπο παρασκευής τους, το μοριακό βάρος και την έκφραση της δραστηριότητάς τους, ενισχύονται ό,τι για αποφυγή λαθών κατά τη διάρκεια της θεραπευτικής αγωγής δεν θα πρέπει να γίνεται αλλαγή από ιδιοσκευάσμα της μιας εταιρείας σε ιδιοσκευάσμα της άλλης. **4.8. Ανεπιθύμητες ενέργειες:** Οι συχνότερα αναφερόμενες ανεπιθύμητες ενέργειες, είναι τα αιμορραγικά επεισόδια, δευτερογενής ανομία λόγω αιμορραγίας και αντιδράσεις στο σημείο της ένεσης. Αιμορραγία μπορεί να παρουσιαστεί σε οποιοδήποτε όργανο και να έχει διαφορετικούς βαθμούς βαρύτητας. Επιπλοκές μπορεί να παρουσιαστούν, ιδίως όταν χορηγούνται μεγάλες δόσεις. Παρόλο που οι μείζονες αιμορραγίες είναι ασυνήθεις, έχει αναφερθεί θάνατος ή μόνιμη ανικανότητα σε ορισμένες περιπτώσεις. Η ανοσολογική θρομβοκυτοπενία επαγόμενη από ηπαρίνη (τύπου II) εκδηλώνεται σε μεγάλο βαθμό μέσα σε 5 με 14 μέρες από τη λήψη της πρώτης δόσης. Επιπλέον, έχει περιγραφεί μία μορφή ταχείας εκδήλωσης σε ασθενείς οι οποίοι έχουν εκτεθεί κατά το παρελθόν στην ηπαρίνη. Η ανοσολογική θρομβοκυτοπενία επαγόμενη από ηπαρίνη (τύπου II) μπορεί να σχετίζεται με αρθρική και φλεβική θρόμβωση. Το innohep® πρέπει να διακόπτεται σε όλες τις περιπτώσεις ανοσολογικής θρομβοκυτοπενίας επαγόμενης από ηπαρίνη (βλέπε παράγραφο 4.4). Σε σπάνιες περιπτώσεις, το innohep® μπορεί να προκαλέσει υπερκαλιαιμία λόγω υποαλδοστερονισμού. Στους ασθενείς σε κίνδυνο περιλαμβάνονται αυτοί με σακαρώδη διαβήτη ή νεφρική βλάβη (βλέπε παράγραφο 4.4). Σοβαρές αλλεργικές αντιδράσεις μπορεί να παρουσιαστούν σε ορισμένες περιπτώσεις. Αυτές περιλαμβάνουν σπάνιες περιπτώσεις νέκρωσης του δέρματος, τοξικό δερματικό εξάνθημα (π.χ. Stevens-Johnson syndrome), αγγειοοίδημα και αναφυλαξία. Η θεραπεία θα πρέπει να διακόπτεται άμεσα στην παραμικρή υποψία εμφάνισης τέτοιων σοβαρών αντιδράσεων. Ο υπολογισμός της συχνότητας των ανεπιθύμητων ενεργειών βασίζεται σε ανάλυση συγκεντρωμένων δεδομένων από κλινικές μελέτες και από αυθόρμητους αναφορές. Οι ανεπιθύμητες ενέργειες κατατάσσονται κατά MedDRA Κατηγορία Οργανικό Σύστημα (SOC) και οι μεμονωμένες ανεπιθύμητες ενέργειες ταξινομούνται ξεκινώντας με τις πιο συχνά αναφερόμενες. Εντός κάθε κατηγορίας συκλίνονται εμφάνισης, οι ανεπιθύμητες αντιδράσεις αναφέρονται κατά θήνησαν σεβάρα σοβαρότητας. Πολύ συχνές: ≥ 1/10. Συχνές: ≥ 1/100 και < 1/10. Όχι συχνές: ≥ 1/1.000 και < 1/100. Σπάνιες: ≥ 1/10.000 και < 1/1.000. Πολύ σπάνιες: < 1/10.000. **Διαταραχές του ανοσοποιητικού και του λεμφικού συστήματος:** Συχνές ≥ 1/100, και < 1/10: Αναμία (συμπεριλαμβανομένης μείωσης της αιμοσφαιρίνης). Όχι συχνές ≥ 1/1.000 και < 1/100: Θρομβοκυτοπενία (τύπου II), (συμπεριλαμβανομένης μείωσης αριθμού αιμοπεταλίων). Σπάνιες ≥ 1/10.000 και < 1/1.000: Επαγόμενη από ηπαρίνη θρομβοκυτοπενία (τύπου II), θρομβοκυττώματα. **Διαταραχές του ανοσοποιητικού συστήματος:** Όχι συχνές ≥ 1/1.000 και < 1/100: Υπερευαισθησία. Σπάνιες ≥ 1/10.000 και < 1/1.000: Αναφυλακτική αντίδραση. **Διαταραχές του μεταβολισμού και της θρέψης:** Σπάνιες ≥ 1/10.000 και < 1/1.000: Υπερκαλιαιμία. **Αγγειακές διαταραχές:** Συχνές ≥ 1/100 και < 1/10: Αιμορραγία, Αιμάτωμα. Όχι συχνές ≥ 1/1.000 και < 1/100: Μυϊολιπόμιο, εκχύλιση και πορφύρα. **Διαταραχές του ήπατος και των χοληφόρων:** Όχι συχνές ≥ 1/1.000 και < 1/100: Αυξημένο ηπατικό ένζυμο (συμπεριλαμβανομένων αυξημένων τρανσαμινασών, ALT, AST και GGT). **Διαταραχές του δέρματος και του υποδόριου ιστού:** Όχι συχνές ≥ 1/1.000 και < 1/100: Δερματίτις (συμπεριλαμβανομένων αλλεργικής δερματίτιδας και πομφολυγώδους δερματίτιδας), Εξάνθημα, Κνίσημο. Σπάνιες ≥ 1/10.000 και < 1/1.000: Τοξικό δερματικό εξάνθημα (συμπεριλαμβανομένου Stevens-Johnson syndrome), Νέκρωση του δέρματος, Αγγειοοίδημα, Κνίσημο. **Διαταραχές του μυοσκελετικού συστήματος και του συνδετικού ιστού:** Σπάνιες ≥ 1/10.000 και < 1/1.000: Οστεοπόρωση (σε συνδυασμό με μακροχρόνια θεραπεία). **Διαταραχές του αναπαραγωγικού συστήματος και του μαστού:** Σπάνιες ≥ 1/10.000 και < 1/1.000: Πριασμός. **Γενικές διαταραχές και καταστάσεις της οδού χορήγησης:** Συχνές ≥ 1/100 και < 1/10: Αντίδρασης στο σημείο της ένεσης (συμπεριλαμβανομένων αιματώματος στο σημείο της ένεσης, αιμορραγίας, πόνου, κνησμού, οξέδιου, ερυθρότητας και εξαγγείωσης). Ασυνήθως πιθανολογούμενες ανεπιθύμητες ενέργειες: Η αναφορά πιθανολογούμενων ανεπιθύμητων ενεργειών μετά από τη χορήγηση άδειας κυκλοφορίας του φαρμακευτικού προϊόντος είναι σημαντική. Επιπρέπει να συνεχίσει παρακολούθηση της σχέσης σφελύσσου κινδύνου του φαρμακευτικού προϊόντος. Ζητείται από τους επαγγελματίες του τομέα της υγιονομικής περίθαλψης να αναφέρουν οποιαδήποτε πιθανολογούμενες ανεπιθύμητες ενέργειες μέσω του εθνικού συστήματος αναφοράς που αναγράφεται στο Παράρτημα V. **7. ΚΑΤΟΧΟΣ ΤΗΣ ΑΔΕΙΑΣ ΚΥΚΛΟΦΟΡΙΑΣ:** LEO Pharmaceutical Hellas S.A., Α. Κύμης & Ξενίας 10 - 145 64 Κηφισιά, ΤΗΛ. 2106834322.

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Friday, May 22nd 2015
PASIPHAE HALL

12:05-13:05 SATELLITE SESSION
**Management of clinical cases
with Rivaroxaban**

Chairman: **A. Giannoukas**

Introduction

A. Giannoukas

Treating VTE with rivaroxaban; Presentation of clinical cases

M. Matsagkas

Perioperative management of rivaroxaban; Presentation of clinical cases

E. Arnaoutoglou

Discussion: **A. Giannoukas, M. Matsagkas,
E. Arnaoutoglou**



Friday, May 22nd 2015
PASIPHAE HALL

14:15-15:15 SATELLITE LUNCH SESSION

Chairman: **I. Tsolakis**

Overcoming Challenging Aortic Anatomy:
from Hostile Necks to Tortuous Iliac arteries

C. Maltezos

TEVAR in Acute Type B dissection

D. Dougenis

GORE® PROPATEN® Vascular Graft - 10 years data
and own experience

A. Giannoukas





Friday, May 22nd 2015
PASIPHAE HALL

15:30-16:00 SATELLITE SESSION

E-treatment "The usage of specific tools for the efficient management of aortic aneurysms"

Chairman: **I. Kakisis**

E-tegra: Just another AAA endograft?

D. Apostolou

E-liac: Experience from a branched graft for treating Aorto-iliac as well as isolated iliac Aneurysmal Disease

D. Apostolou

E-xtra Design: The importance of having a customized branched graft in your armamentarium

L. Lovato



Saturday, May 23rd 2015
PASIPHAE HALL

12:05-12:50 SATELLITE SESSION

Expanding EVAR safely

Chairman: **A. Giannoukas**

Protect the Neck - a proven sealing technology preserving the neck anatomy

A. Tassiopoulos

The value of PEVAR and the Ovation experience at Heraklion University Hospital

C. Ioannou

Selecting a workhorse system and the Ovation experience at Sismanoglio Hospital

N. Zannes



14:20-15:05 SATELLITE LUNCH SESSION
EVAS: New era in abdominal aneurysm
treatment

Chairmen: **M. Matsagkas, C. Klonaris**

The Nellix concept: From design to clinical
practice

M. Cosimetti

Evidence from the EVAS Global registry

D. Krievens

Case presentation

C. Klonaris

Questions & Answers



17:30-18:00 SATELLITE LECTURE

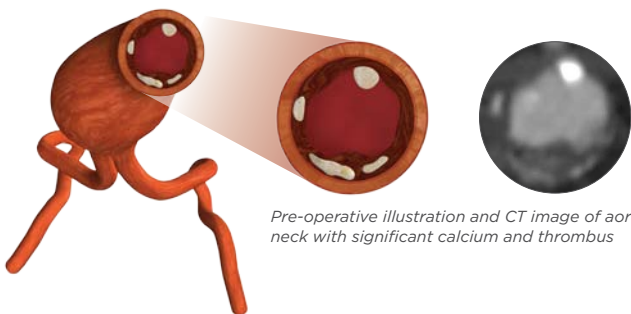
Chairmen: **I. Tsolakis, K. Katsenis**

Is Tinzaparin an effective treatment for
Superficial Venous Thrombosis?

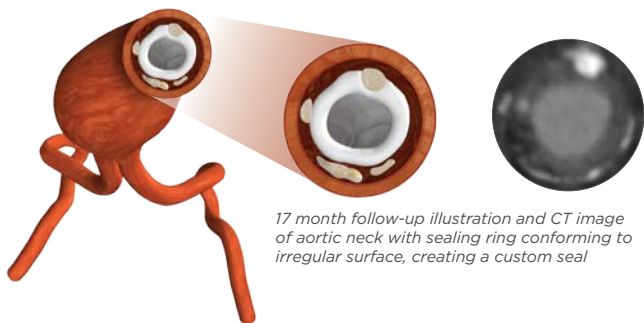
A. Giannoukas

Customized Seal for Each Patient

With the Ovation Prime system, physicians create a customized seal by filling the graft's conformable O-rings with CustomSeal polymer.



Pre-operative illustration and CT image of aortic neck with significant calcium and thrombus



17 month follow-up illustration and CT image of aortic neck with sealing ring conforming to irregular surface, creating a custom seal

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Notes

A series of horizontal dotted lines for taking notes.



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FREEFLO TAPERS

A detailed view of the Valiant Captivia stent graft delivery system. It consists of a blue and white catheter handle with a textured grip, connected to a long, thin catheter shaft. The shaft is shown in a curved position, with a white, zig-zag patterned stent graft partially deployed from its tip. The background is a bright yellow with abstract geometric shapes.

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- Proximal FreeFlo Tapers help you treat more anatomies with confidence
- Over 2500 possible combinations*: Options to help you address a wide patient population†

* Data on file at Medtronic, Inc.

† VIRTUE, VALORE, and Cascard et al. studied the Valiant Stent Graft System.

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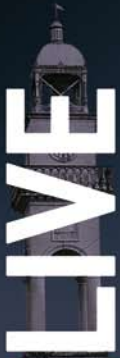
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