



SCHWEIZERISCHE GESELLSCHAFT FÜR HERZ- UND THORAKALE GEFÄSSCHIRURGIE
SOCIÉTÉ SUISSE DE CHIRURGIE CARDIAQUE ET VASCULAIRE THORACIQUE
SOCIETA SVIZZERA DI CHIRURGIA DEL CUORE E DEI VASI TORACICI

Zurich, 4 June 2025

SGHC: Presidential Address at the 2025 General Assembly

Dear Colleagues,

This is the annual welcoming speech of the President of our Society and I would like to summarize some important points that have characterized the activity of the Board of Directors of our Society during the last year. But I would also like to analyze with you some broader concepts that are an integral part of cardiac surgery in general but also of each of us, both as cardiac surgeons and as human beings. It will not be a long and tedious speech, as we have many points to discuss together, but rather a dissertation on some words, key words, that I think are important and that can hopefully inspire some reflections in all of us.



I would therefore like to start by telling you that over the last year, the board of directors of our Society has had the opportunity to meet several times in person, and during these meetings we discussed in a timely and professional manner some important points that are of interest to our entire community.

In particular, we have discussed and approved the activities related to the development of the Swiss Cardiac Surgery Registry and I can tell you that the inclusion of patients in our database continues to increase every year. To date, we have approximately 3000 anonymized patients correctly entered into the registry, especially thanks to some more “virtuous” cardiac surgery centers that enter the data more continuously.

Like all complex things that involve many centers and many people, our registry is not perfect, there is still room for improvement and our colleagues in charge of it, Lars Englberger and Oliver Reuthebuch, together with the technicians, are actively working to ensure its proper functioning, also including a random control system to verify the correct data entry.

Another important point that we discussed during urgent and ad-hoc Zoom meetings is the correct management of centers that are planning to start new TAVI programs in Switzerland. Together with the colleagues from the Swiss Society of Cardiology, we strongly reiterated, also in a written document, that, nowadays, centers performing TAVI interventions must, and I repeat must, have a 24-hour cardiac surgery service on-site, with an elective surgical program and a team of specialists who can cover on-call duties and emergencies. The two societies have also prepared a document, currently under evaluation by the Federal Office of Health (BAG), which determines the criteria that a cardiology service must have in order

to be able to perform TAVI and percutaneous structural interventions, such as a Heart-Team. Therefore, all existing TAVI centers, as well as those intending to start a new TAVI program, will have to obtain this certification. Here, too, further details will be given to you over the next few months.



I would now like to focus on the training aspect of our society. As you know, in the past years we activated a “hands-on” training program for young surgeons based on humanoid mannequins. Unfortunately, this project, despite the interest of many, failed to take-off as hoped and we decided to suspend it. However, we understand the importance of training in our specialty and this is why we have taken actions to fill this gap. First of all, a few months ago we activated the eAcademy, a web portal in which quality videos are evaluated and analyzed by an Editorial Board before uploading them online. For this, I would like to thank Christoph Huber who has worked very hard to activate this portal and obtain the necessary funds from our partner medical companies. Later, during this meeting, there will also be a detailed report on the activity of the eAcademy.

Secondly, I would like to announce that I have personally started negotiations with the European Society of Cardiac Surgery, the EACTS, to obtain “packages” of three or four courses of the EACTS Academy that are regularly held in the EACTS house in Windsor, which will be more economically advantageous for the Swiss young surgeons. Our young colleagues will be able to choose which courses to take part in over a period of two years and with more affordable costs.

To continue our activities, in April we attended the usual two-day meeting in Lucerne, the so called Retraite, where many items on the agenda of today's meeting were discussed in a professional and in-depth manner. On that occasion, we also organized a joint meeting with the board of the Swiss Society of Cardiology where the topic of both Swiss and European specialty registries was widely discussed.

I would also like to highlight the work of the scientific committee of our society, chaired by myself, which created the surgical scientific sessions for the annual congress that opens today. This year, we focused on atrioventricular valve disease and combined aortic valve and coronary surgery interventions. The committee identified the key topics to be presented and discussed during the two surgical sessions, and entrusted expert surgeons and skilled speakers with the burden of presenting them to our audience. I would therefore like to take this opportunity to thank the scientific team for the outstanding work done in preparing these beautiful sessions.

Finally, I would like to mention the initiative we have implemented and which is aimed at opening the doors of our society to our non-medical colleagues, namely nurses, scrub nurses and perfusionists, with the possibility for them to be part of our society, by registering and paying an annual fee lower than the medical fees. As I always say, our work is a joint effort and therefore I find it normal that even non-medical professional figures can officially become part of our community.

And now I would like to move on to the second part of my talk where I will discuss broader but very important topics for our community. And I will do so by starting with some simple words.

INNOVATION and EVOLUTION

Modern cardiac surgery is the result of sixty years of innovation and continuous evolution. Let's not forget that cardiac surgeons are those who not only have allowed with great resourcefulness and willpower the development of great surgical techniques that are still unsurpassed today in terms of efficacy, quality and results, but have also developed and implanted the first pacemakers, new valves, ventricular assist devices, endoprostheses and of course the first transcatheter valves that were only and exclusively transapical in the beginning. This is to tell you that we must always seize opportunities even in times of great changes such as those that cardiac surgery is experiencing today. We can easily learn how to manage guidewires and catheters with the awareness of a better capacity for three-dimensional spatial analysis dictated by our better knowledge of the anatomical structures. Let's therefore create multidisciplinary Heart-teams where we can break down walls and roles in favor of skills and abilities. We must see in cardiologists and inter

ventional radiologists allies in treating complex vascular and valvular pathologies in complex and high-risk patients without forgetting our surgical heritage that remains the core business of our work. Evolution is a sign of great capacity for change and resilience, qualities very strong in the souls of cardiac surgeons.

QUALITY and RESULTS

We need to be able to analyze and measure our results. We need to be able to calculate and measure the quality of our work. Today, the media, the hospital management, and the national health services are increasingly demanding the ability to obtain data on the quality of the work that is carried out every day by each of us in our hospitals. And this is why, here as well, the adaptability of the individual and institutions is just around the corner. Therefore, tools such as the Swiss national registry that we are strongly promoting, as well as the international registers from STS and EACTS, or the databases of each individual hospital are becoming increasingly indispensable in order to be able, one day, to answer the questions of a national health institute or a journalist looking for a scoop. If we want to further improve our professionalism, our credibility and the perception that others have of us, we must maintain the quality of the work we do every single day with resilience and discipline, but we also have to have the tools for measuring and quantify our results.

BEHAVIOUR and TEAM WORK

Recently, some news that also involved the cardiac surgery community made me reflect on the very important topic of behavior in the workplace. Being a cardiac surgeon has always been considered synonymous of great technical skills but also of leadership, professionalism and discipline. But this is not enough. Being a leader of a team also means being a role model for the entire team and in particular for younger colleagues in training. We do not only represent a technical role within the working team, but in some ways we also represent a model to follow. I would therefore like to stress that we have to constantly work on our moral compass, on inclusiveness and in general on the behavior to be maintained in the workplace towards colleagues and collaborators, in order to allow everyone to work in a healthy and collaborative environment.

And here ends my annual speech. I hope I have not bored you too much and I hope I have stimulated in all of you, in all of us, some reflections on cardiac surgery in general but also on the role that a cardiac surgeon has within the team.

Before I say goodbye, I would like to thank all the members of the board of directors of our society and our secretariat that today is more essential than ever for the good work and good organization of SGHC. We look for professionalism.

I remind you to actively participate, during the meeting, in the scientific sessions dedicated to cardiac surgery and, please, at the end of the General Assembly come in large numbers to the 2025 Senning Lecture where Professor Michele Genoni will deliver a speech on quality, innovation and politics.



And finally, this evening, starting from 7pm, you are all invited to the aperitif and the gala dinner of our society that will be held at the restaurant Sonnenberg in Zurich.

I am proud to be your president.

Thank you and enjoy the rest of the congress.

A handwritten signature in black ink, appearing to read 'Ferrari', with a stylized flourish at the end.

Enrico Ferrari
President SGHC