



# ASVS2017

KUALA LUMPUR

18<sup>TH</sup> CONGRESS OF ASIAN SOCIETY FOR VASCULAR SURGERY  
AND THE 12<sup>TH</sup> ASIAN VENOUS FORUM  
IN CONJUNCTION WITH THE 4<sup>TH</sup> KUALA LUMPUR VASCULAR ACCESS CONFERENCE

*Mentoring the Modern Vascular Surgeon*

25<sup>th</sup> - 28<sup>th</sup> October 2017 | Shangri-La Hotel Kuala Lumpur

**New!** Stay Tuned  
to the Website!



Organized by:



Asian Society for  
Vascular Surgery



Vascular Society of Malaysia  
Persatuan Vaskular Malaysia



Malaysia  
Convention  
& Exhibition  
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Congress Secretariat

MCI Management Malaysia Sdn Bhd

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## WORKSHOPS 25<sup>th</sup> October 2017, Wednesday

• Aortic

• Peripheral Arterial

• Vascular Access

• Venous

• Wound Care

## PROPOSED SYMPOSIA 26<sup>th</sup> - 28<sup>th</sup> October 2017, Thursday - Saturday

### Acute Limb Ischaemia

- Catheter Directed Thrombolysis- Protocols
- Mechanochemical Thrombolysis in Acute Limb Ischaemia

### AORTA

#### Aorta 1 - Arch & Descending Aorta

- Dissection/Aneurysm
- Updates on Open Surgery
- Hybrid Procedures for Thoracic Aneurysm
- Recent Advances in Endografting for Thoracic Aneurysm I
- Recent Advances in Endografting for Thoracic Aneurysm II

#### Aorta 2 - Type B Aortic Dissection

- Medical Management of Acute Type B Dissection
- STABLE Trial
- Petticoat Technique
- Open Surgery
- Hybrid Procedures for Type Aortic Dissection

#### Aorta 3 - Thoraco-Abdominal Aneurysm (TAA)

- CVA/Paraplegia Post Repair of TAA
- Branch Grafts
- Chimney Repair
- Collagen Vascular Disorders in TAA
- Hybrid Procedure with Visceral Debranching

#### Aorta 4 - AAA

- Indication for Open in the Modern Era
- The Declining Incidence of AAA Worldwide
- Inflammatory AAA
- Hostile Neck – Standard vs Fevar/Chimney
- Small AAA

#### Aorta 5 - EVAR

- Detection of Endoleak
- Management of Type I Endoleak
- Systematic Review of Type II Endoleak
- Treating Failing Endografts
- Management of Aortic Stent Graft Infections

#### Aorta 6 - New Advances in EVAR

- The Role of EVAS in Treating AAA
- Endoanchoring for Short Necks and Type 1a Endoleaks
- EVAR in Ruptured AAA
- Custom Made Devices for EVAR

### Aorta 7 - Inflammatory Aortic Aneurysms

- EVARs in Mycotic Aneurysms
- Management of Aortoenteric Fistula
- Open Repair for Mycotic Aneurysm (Extra-Anatomical or In Situ bypass)
- Timing for Intervention

### Carotid

- CEA in Symptomatic Patients
- Epidemiology of Carotid Disease among Asians
- CEA vs CAS in the Management of Symptomatic disease
- Asymptomatic Carotid Artery Disease – Current Evidences
- Thrombolysis for Acute Stroke

### Connective Tissue Disease

- Takayasu's Arteritis
- Buerger's Disease
- Vasculitis

### Chronic Venous Disease

#### CVD1 - Venous Pathophysiology and Rationale in Therapy

- Understanding Symptoms from CVD
- Duplex Scan as the Gold Standard
- Platysmography- Is there a Role?
- Pathophysiology of Venous Ulcer
- Progress in Medical Therapy

#### CVD2 - Epidemiology/Miscellaneous

- Do Asians Present Differently
- Choosing Appropriate Therapy in Developing Countries in Asia
- Is International Guideline Appropriate Across Asia
- Varicose Vein Management- Outpatient Practice
- Varicose Veins in the UK- Has Endovenous Therapy Changed the Practice

#### CVD3 - Superficial Vein Reflux Management

- Endovenous Therapy
- Heat Induced Thrombosis- A Review
- Cyanoacrylate Glue Versus Thermal Ablation
- MOCA
- Foam Sclerotherapy

### CVD4 - Deep Vein Reflux/Post Thrombotic Limb

- Deep Vein Incompetence- Relook at Valvular Reconstruction
- Management of Post-Thrombotic Limb Syndrome
- New Venous Valve- Where are We?
- How to Choose Compressive Stocking
- Updates on Klippel-Trenaunay Syndrome

### CVD5 -Management of Venous Ulcer

- Is Surgery Indicated?
- Role of Compression as The Primary Therapy
- Role of Perforators
- Management of May-Thurner's Syndrome
- Managing Recalcitrant Ulcers

### CVD6 - Lymphatic Obstruction

- Primary Lymphoedema
- Managing Post Mastectomy Lymphedema
- Update on Lymphovenous Reconstruction
- Compression Garment for Lymphatic Obstruction
- Innovations in Lymphoedema Management

### Deep Vein Thrombosis 1 - Asian Perspective

- Risk Assessment Model in Asia
- Efficacy of Intermittent Pneumatic Compression"
- Is NOAC Efficient in Managing DVT
- Bleeding Risk of Anticoagulants among Asians
- Catheter Thrombolysis and Thrombectomy in Iliofemoral DVT

### Education 1

- Cadaveric/ Animal Lab
- Utilization of Simulators in Training
- Accreditation and Credentialing

### Education 2

- Vascular Training in Asia: Are we Uniformed?
- Training Vascular Surgeons from Bench to Operating Theatre
- The Frontiers of Vascular Research
- Modernizing Vascular Services to the Region

### Imaging

- Aorta Imaging: Basics of Aorta Imaging, Post Imaging and Surveillance
- Carotid Disease: Diagnostic Assessment of Carotid Disease (US vs CT)
- Peripheral Imaging: Value of Perfusion Imaging after Revascularization
- AVM Imaging: Low Flow vs High Flow AVM
- Advances in Ultrasound: The role of Contrast Enhanced Ultrasound (CEUS) in Vascular Imaging

### Innovations

- The Role of IVUS in Venous Stenting
- Computational Fluid Dynamics in Complex Aortic Surgery: Applications, Prospects and Challenges
- Evolving Grafts Technology
- Stem Cell Therapy
- Angiogenesis and Ischemia

### PAD

#### PAD 1 - Aorto-iliac Occlusive Disease

- Open Surgery in Modern Vascular Era
- Option of Endovascular Repair
- Covered Endovascular Reconstruction of Aortic Bifurcation (CERAB)- Long Term Outcome
- Strategy, preparation and follow up after EVT
- Open vs EVT

#### PAD 2 - SFA 1

- TASC Classification- Does it still Matter
- POBA vs DEB in SFA Disease
- Role of Stents in SFA Diseases
- Rotational Atherectomy vs Directional Atherectomy
- Bioabsorbable Scaffold in Femoro-Popliteal Disease

#### PAD 3 - SFA 2

- Managing In-stent Restenosis
- DES vs BMS Nitalol for SFA
- New Generation DES for SFA Disease
- Supera Stent in SFA Disease
- Bypass First or Endovascular First in Long SFA Occlusion?

#### PAD 4 - SFA / Popliteal

- Remote Atherectomy in SFA Disease
- Role of DEB in Femoropopliteal Diseases
- Stent or Not to Stent in Popliteal Occlusion
- Popliteal Aneurysm: Open or Endo?
- Managing Acute Thrombosis of Popliteal Aneurysm

### PAD 5 - BTK

- Distal Bypass or Intervention in BTK Disease
- Retrograde Access – Indication and Tips for Success
- BTK: POBA or DEB
- Role of Atherectomy in BTK Disease
- BTK: Use of Stent / Bioabsorbable Scaffold

### PAD 6 - BTK/Foot

- Foot Recanalization, is it Important in all CLI?
- Distal Bypass, Current Trend and Overall Outcome (or Current Training)
- Tips & Tricks for Foot Angioplasty
- Surgical Deep Vein Arterialization, Technique and Outcome
- Percutaneous Deep Vein Arterialization, Technique and Early Outcome

### Radiation Safety

- Incorporating Radiation Safety in Training
- Reducing Radiation Exposure during Procedures
- Radiation in Mobile C-arm vs Fixed Angio Machines

### Trauma 1

- Thoracic Aortic Trauma Repaired with TEVAR
- Ischemic Upper Limb with Concomitant Severe Brachial Plexus Injury to do or do not?
- Femoral Pseudoaneurysm at or Near the Bifurcation of Common Femoral Artery Tips and Tricks
- Repair of Blunt Popliteal Artery Injury for Bypass or Endovascular Approach?
- Iatrogenic IVC Injury

### VASCULAR ACCESS

#### Vascular Access 1 - Epidemiology and Pre-Dialysis

- Can Renal Failure be Reduced or Delayed
- Asian Perspective on KDOQI Guideline
- Are Small Vessels a Hindrance to Successful Access Construction?
- PD better than HD in Asia
- Should Vascular Access be a New Sub-Specialty

### Vascular Access 2 - Native Fistula

- Techniques in Construction- Achieving 90% 6 months Patency
- Multiple Flow Techniques
- Reversed Flow Technique Re-Explored
- Femoral Vein Transposition, an Update
- Secondary Native Fistula Techniques- Should 1 or 2 Stage BBT be Preferred

### Vascular Access 3 - Grafts

- Role in Modern Day Access Repertoire
- Early Cannulation Grafts
- Performances of New Graft Innovations?
- Open Techniques in Graft Salvage
- Endovascular Techniques in Graft Salvage

### Vascular Access 4 - Managing Complications

- When should Thrombosed Fistula be Salvaged
- Open Bypass Surgery in Resistant Central Vein Occlusion
- HERO Graft
- Steal Syndrome
- How V-Wing can Overcome Difficult Access Cannulation

### Vascular Access 5 - Surveillance/Innovations

- Nursing Aspects- Early Signs of Failing Fistulas
- Optimal Surveillance Program
- Has Routine US Surveillance Improved Patency
- US Guided Balloon Angioplasty
- Has Cannulation Techniques Improved Patency

### Wound Care

- Special Dressing of Ischemic Ulcer after Revascularization
- Negative Pressure Dressing
- Topical Hyperbaric Oxygen Therapy
- Venous Ulcer Dressing
- Artificial Skin

### Late Breaking Trials and Many more Symposia

**IMPORTANT NOTES :**

- All abstracts must be submitted online via the Congress Website ([www.asvs2017.com](http://www.asvs2017.com)). Please read the instructions carefully, as abstracts submitted not according to these instructions will not be accepted.
- Abstracts sent by post, fax or email will not be accepted.
- Abstracts must be submitted not later than **31<sup>st</sup> May 2017**.
- Accepted abstracts will be presented in either thematic Poster Sessions or Oral Abstract Sessions presented on **25<sup>th</sup> - 28<sup>th</sup> October 2017**.
- Authors of abstracts accepted for presentation **MUST** be registered delegates and be responsible for all expenses incurred in the production of their presentations, travel and accommodation during the Congress.
- Abstracts will be rejected if they contain no data or if the English is unacceptable. All Presenting Authors will receive detailed presentation guidelines when their abstract has been accepted and closer to the Congress date.
- Acknowledgement of the receipt of abstract submission will be sent to the Presenting Author's email address immediately upon submission. Abstract accepted/rejection letter will be sent to you latest by June 2017 once the decision is made. The Presenting Author will receive all correspondence regarding the abstract status, presentation type, date and time, via the email that is provided in the abstract submission.

**ABSTRACT GUIDELINE :**

- The abstract must not exceed 350 words.
- Text should be Times New Roman with font size 10 and single-spaced.
- Do not include figures or graphs with the abstract. Any figures or graphs format will not be published.

**STRUCTURE OF ABSTRACT**

In order to make the abstract as informative as possible, please provide:

- a brief statement of the purpose of the study
- the method used
- the result observed
- the conclusions based upon the results

It is inadequate to state "The results will be discussed" or "The data will be presented".

We kindly ask you to subtitle the paragraphs in bold format in the following order: Background, Method, Results, and Conclusions.

**EXAMPLE**

**Background:** A statement of purpose of the study (preferably one sentence).

**Methods:** A brief statement of the methods used. For abstracts reporting clinical research, a sentence or phrase presenting the most important selection criteria for subjects should be included.

**Results:** A summary of the results presented in sufficient detail with statistical analysis to support the conclusions.

**Conclusions:** A statement of the conclusions reached. It is not satisfactory to state, "the results will be discussed," or "other data will be presented," etc.

To Register: Please register online at Congress Website: [www.asvs2017.com](http://www.asvs2017.com)

**EARLY REGISTRATION DEADLINE: 30<sup>th</sup> June 2017**

# CALL FOR REGISTRATION

REGISTRATION FEES			
	Early Bird Registration On or before 30 <sup>th</sup> Jun 2017	Normal Registration 1 <sup>st</sup> July 2017 – 24 <sup>th</sup> Oct 2017	Onsite Registration After 24 <sup>th</sup> Oct 2017 and Onsite
Physicians and Healthcare Professionals	MYR 2,120.00 <i>Approximately USD 530</i>	MYR 2,320.00 <i>Approximately USD 580</i>	MYR 2,560.00 <i>Approximately USD 640</i>
Trainees / Nurses / Allied Healthcare Professionals	MYR 1,280.00 <i>Approximately USD 320</i>	MYR 1,480.00 <i>Approximately USD 370</i>	MYR 1,720.00 <i>Approximately USD 430</i>
Gala Dinner		MYR 200.00 <i>Approximately USD 50</i>	

- The congress registration fees include admission to all sessions and the cost of all congress coffee breaks and lunches but not the congress workshop, optional tours, airport transfer and accommodation. Congress Dinner ticket can be purchased at MYR 200 / USD 50.
- All of the fees mentioned above are inclusive of the 6% Goods and Services Tax.
- For all categories of registration, the secretariat will charge the appropriate full rate if the delegate fails to provide the necessary information or proof. Registration will only be confirmed electronically by e-mail upon receipt of FULL PAYMENT.
- Acceptance of registration is at the sole discretion of the Organising Committee. Confirmation of registration will be sent in writing upon receipt of full payment.

**TERMS AND CONDITIONS :**

- Payment for Malaysian will be in MYR and in USD for everyone else. International delegates can make payments by Credit Cards, or Telegraphic Transfers. Malaysians can make payments by Local Cheques, Local Orders, Credit Cards or Telegraphic Transfers.
- Please note that all related bank charges, financial charges or credit card administrative fees of 5% (subject to GST) are to be borne by the delegates and are not to be deducted from the net fees payable to the congress.
- Official invoice and receipt will be provided only upon request.
- Company Cheques (for Malaysians Only), Local Orders (for Malaysians Only), and Telegraphic Transfers are to be made to the Congress bank account.

- For payments made by Local Orders (LO), please mail the original LO (Local Order) to the Secretariat for verification before **30<sup>th</sup> Jun 2017**. To enjoy Early Bird rate, please send the original LO on or before **30<sup>th</sup> Jun 2017**. **After 30<sup>th</sup> Jun 2017, the full rate will be applied.**

**CANCELLATION**

- Cancellation of registration must be made in writing to the Congress Secretariat. Refunds will only be made after the congress.
- Any cancellations received on or before **30<sup>th</sup> Jun 2017** will be charged a handling fee of MYR 106 / USD 30. The balance of the registration fees will be refunded after deducting other related fees and charges incurred in connection with such refunds, including costs of foreign exchange conversion, Credit Card cancellation and/or banking transaction. Any cancellations after **30<sup>th</sup> Jun 2017** will not be refunded.
- Paid registration fee is not refundable after the stipulated date for whatever reason, including failure to obtain a visa.

**CONFIRMATION**

- Registration will only be confirmed upon receipt of FULL PAYMENT.
- An e-mail confirming the registration will be sent upon receipt of full payment.
- Please bring along that e-mail confirmation and present it at the registration counter when collecting your delegate badge on the congress day (actual time and date will be informed in due course by e-mail).



# CONGRESS INFORMATION

**CONGRESS VENUE**

**Shangri-La Hotel, Kuala Lumpur**

The Shangri-La Hotel, Kuala Lumpur, the most elegant hotel in the city, is an oasis of sophisticated luxury and discreet service. Superbly located in the heart of the city and nestling amidst lush tropical gardens, this award winning Hotel is just 45 minutes from the international airport.

Elegance, meticulous attention to detail and the ultimate in comfort and convenience are the hallmarks of the Shangri-La's 662 custom-appointed guestrooms, including 101 suites with classy interiors and upscale ambience. The Shangri-La also offers an impressive choice of cosmopolitan cuisines from its 5 premier and trendy restaurants.

Our Grand Ballroom is famous for hosting memorable receptions, seminars and conventions, and caters up to 1,800 people. For more intimate gatherings, there are 14 other smaller function rooms. In addition, the hotel's Business Centre has 2 conference rooms, 3 executive meeting rooms, 4 Internet booths and 2 workstations.