

Advanced Heart Failure Symposium

時間：114 年 7 月 26 日(星期六) 13:45-17:00

地點：高雄漢來大飯店 15 樓會展廳 (高雄市前金區成功一路 266 號)

Time	Topics	Speaker	Chair
13:45-13:50 (5")	Welcome Introduction and Keynote	李貽恒	
13:50-14:10 (20")	Identifying the Patient with Advanced Heart Failure: When to Refer?	陳柏升	李貽恒
14:10-14:30 (20")	Strategies for Managing the Cardiogenic Shock Patients	吳韋璵	林宗憲
14:30-14:50 (20")	Temporary VAD for Cardiogenic Shock: What to do Now? What to do Next?	楊翔宇	
14:50-15:10 (20")	Patient Selection for LVAD	吳佳穎	蔡宜廷
15:10-15:30 (20")	Long Term Care for LVAD	譚大中	
15:30-15:50 (20")	Current Indication and Status for Heart Transplantation	劉國聖	許志新
15:50-16:10 (20")	Advances in Immunosuppression and Rejection Management	傅薰儀	
16:10-16:30 (20")	End-of-Life Care and Hospice in Advanced Heart Failure	王玟樺	謝宜璋
16:30-16:55 (25")	Panel Discussion	All	
16:55-17:00 (5")	Closing Remarks	謝宜璋	

Strategies for Managing the Cardiogenic Shock (CS) Patients

吳韋璵 醫師

摘要

Shock Team 啟動

組成多專科 Shock Team：重症、心臟科、心衰專科、介入心臟科、心臟外科等。使用標準化流程提升病人分流、治療與轉院效率。多中心資料顯示：Shock Team 能提升使用進階 hemodynamic 監測與 tMCS 的比率，降低 ICU 死亡率。

血流動力學監測

建議使用肺動脈導管（PAC）進行侵入性監測：

評估左/右/雙心室負荷型態與 cardiac index。

PAPi、CVP/PCWP 等指標協助風險分層與治療調整。

藥物治療策略

根據血壓與灌流狀態選擇最適合的 vasoactive agents：

目前沒有明確第一線用藥建議，但 Inopressors（如 norepinephrine）為首選。

避免高劑量或長期使用導致心肌耗損。

使用最低有效劑量並搭配 diuretics 解決鬱血型 CS。

tMCS（暫時性機械循環支持）

裝置選擇須依據血流動力學需求與併發症風險評估。

DanGer Shock trial 顯示 microaxial pump 可改善 STEMI-CS 預後。

強調慎選適應症，避免濫用。

結語

以個人化、動態調整與跨科團隊合作為管理核心，Recognize/Rescue → Optimize → Stabilize → De-Escalation/Exit」四階段照護模式。

Patient selection for LVAD

吳佳穎 醫師

This presentation will discuss patient selection for durable left ventricular assist device (LVAD) implantation in the management of advanced heart failure. With advancements in technology, LVADs have emerged as a life-saving therapy offering outcomes comparable to heart transplantation at five years post-implantation. However, optimal results depend heavily on appropriate patient selection. Key considerations include the INTERMACS classification as a standard guide for surgical indication, as well as the patient's socio-economic status and support system. Patients who are unable or unwilling to participate in their own care or lack adequate support may experience suboptimal outcomes.

Long term care for LVAD 左心室輔助器植入後的長期照護

譔大中
台北濟醫院心臟外科

隨著心衰竭治療的進步，左心室輔助器（LVAD）在末期心衰竭病人的角色日益重要，無論是作為橋接至移植（bridge to transplantation）或目的性治療（destination therapy），應用愈發普及。「心伴三號」（HeartMate 3）為目前使用最廣泛的連續流機型，其經臨床證實在血栓形成率與泵浦故障方面具明顯優勢。

左心室輔助器植入後病人的長期照護重點，涵蓋以下幾大核心面向：

- 左心室輔助器植入後病人的心衰用藥調整策略
- 抗凝治療的優化與調整策略
- 感染預防與傷口管理（特別是導線出口處）
- 裝置功能監測與遠端追蹤應用
- 合併症管理：胃腸道出血、右心衰竭、泵內血栓等
- 心理社會支持與病患依從性促進
- 跨團隊整合照護的角色：內科、外科、感染科、復健及護理

同時也將簡要分享實際個案，討論心臟內外科醫師在門診與住院照護中應注意的細節。

關鍵詞：左心室輔助器、心伴三號、長期照護、抗凝治療、裝置感染、心衰竭

Current Indication and Status for Heart Transplantation

劉國聖 醫師

Abstract

Heart transplant is still the gold standard treatment for end-stage heart failure, despite of the advancement of mechanical circulatory support. In this presentation, I will give an updated review on the current indications, results, and gaps in heart transplantation.

Advances in Immunosuppression and Rejection Management

傅薰儀醫師

Heart transplantation is a critical treatment for end-stage heart disease, but it carries the inherent risk of organ rejection, necessitating a delicate balance between preventing rejection and minimizing immunosuppression-related complications. The latest ISHLT Guidelines published in 2023 provides updated recommendations on immunosuppressive strategies, rejection surveillance, and the management of acute and chronic rejection in adult heart transplant recipients.

Recent innovations in immunosuppressant strategies and rejection management in heart transplantation have significantly advanced the field, offering improved outcomes for patients undergoing this complex procedure. The evolution of these strategies has been driven by a better understanding of the mechanisms behind both acute and chronic rejection, leading to more tailored and less invasive management protocols that aim to balance efficacy with minimal side effects.

Notable advancements include the introduction of personalized medicine approaches that leverage genetic and biomarker data to inform immunosuppressive regimens tailored to individual patient profiles. Innovative diagnostic techniques, such as cell-free DNA analysis and advanced imaging methods, have emerged to facilitate non-invasive monitoring of graft status, allowing for timely interventions that can significantly enhance patient outcomes.

Additionally, the integration of new classes of immunosuppressive agents, such as proliferation signal inhibitors, reflects an ongoing shift towards more sophisticated treatment modalities that address the specific needs of heart transplant recipients.

However, the field faces several challenges, including patient adherence to complex medication regimens, the risk of infections associated with immunosuppression, and cardiovascular toxicities that can arise from long-term treatment. These factors complicate the management of immunosuppressive therapies, highlighting the need for continued research to develop safer and more effective strategies that minimize risks while maximizing graft survival.

As the landscape of heart transplantation continues to evolve, the focuses on personalized immunosuppression, improved diagnostic tools for rejection surveillance, and careful management of immunosuppression-related complications remain paramount to improving the overall quality of life for transplant recipients.

陳柏升醫師

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專科執照與學會

中華民國 內科專科醫師暨 內科專科指導醫師
中華民國 心臟內科專科醫師暨 心臟內科專科指導醫師
中華民國心臟學會 心臟血管介入專科醫師
臺灣介入性心臟血管醫學會 會員
中華民國心臟學會冠狀動脈旋磨術認證課程訓練證書
中華民國心臟學會心臟衰竭急性後期整合照顧認證課程
高雄市糖尿病共同照護網認證
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CERTIFICATION and TRAINING

Internship

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Residency and Fellowship

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台灣外科醫學會專科醫師

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PROFESSIONAL EXPERIENCE

Observer, exchange student

Pediatric surgery, Vienna General Hospital

2013 summer, 1 month

Allgemeines Krankenhaus der Stadt Wien (AKH), Vienna, Austria

Observer

Surgical oncology department, MD Anderson Cancer Center

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- 1988-09~1995-06 國立台灣大學醫學系(MD)
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- 2007-07~2009-07 佛教慈濟醫療財團法人台北慈濟醫院外科加護病房主任
- 2010-08~2024-12 佛教慈濟醫療財團法人台北慈濟醫院開刀房主任

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