



SCPS

51ST ANNUAL CONGRESS

07-09 NOVEMBER 2025

2025

ABSTRACTS



Nottingham



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Professor Fadi



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BIOGRAPHY

Professor Fadi Farhat is a distinguished thoracic and cardiovascular surgeon based at the Infirmerie Protestante in Lyon, France. With a career spanning over two decades, Professor Farhat leads the Department of Adult Cardiovascular Surgery and Heart Transplantation. In addition to his clinical expertise, he plays key administrative roles, including Regional Coordinator for the DESC specialty certificate in thoracic and cardiovascular and is a Professor of Thoracic and Cardiovascular Surgery at Claude Bernard Lyon-1 University, where he also holds a PhD and a University Certificate of Medical Teaching. He is accredited to supervise research and actively contributes to the advancement of his field.

ABSTRACT

Cell Salvage: Is Platelet Saving A New Game Changer? Same™ By I-SEP

Background: Patient Blood Management (PBM) promotes optimal patient outcomes by preserving autologous blood and minimizing allogeneic transfusions. SAME™ (i-SEP) is an innovative intraoperative cell salvage device using flow filtration to recover both red blood cells and functional platelets, unlike traditional centrifugal systems.

Methods: Clinical data were derived from the multicentric i-TRANSEP first-in-human study and the SEPIA registry, including patients undergoing high-hemorrhagic-risk cardiac surgery. A comparative analysis was conducted between flow filtration (SAME™) and centrifugation (Xtra™) regarding platelet preservation, transfusion requirements, and postoperative biological evolution. A monocentric observational cohort (CHU Nantes, 2021–2024, n = 293) evaluated perioperative platelet count variation as the primary endpoint, with secondary endpoints including transfusions and postoperative complications.

Results: Flow filtration demonstrated efficient recovery of viable, non-activated platelets, maintaining their activation capacity. In the SEPIA registry subset of high-risk cardiac surgeries, SAME™ significantly reduced allogeneic transfusions across blood components (–27% to –44%, $p < 0.05$). In the Nantes cohort, patients treated with filtration showed higher postoperative platelet counts and a trend toward reduced transfusion needs compared to centrifugation (RBC, plasma, platelets). No safety signal or increase in adverse events was observed.

Conclusions: Intraoperative cell salvage using flow filtration appears to better preserve platelet integrity and functionality compared with centrifugation, leading to decreased transfusion exposure and supporting PBM strategies in high-risk cardiac surgery. These findings encourage further prospective multicentric studies to confirm clinical benefits and cost-effectiveness.



Ashton Felton



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BIOGRAPHY

Ashley is the newly appointed Lead Perfusionist at Mid and South Essex Foundation Trust, where he has worked for the past ten years. He has an extensive career spanning multiple professions and continents. Ashley's primary focus as lead is to create a positive working environment and improve his teams wellbeing.

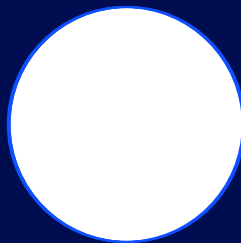
ABSTRACT

Percutaneous Aspiration Of An Infective Endocarditic Lesion Of The Tricuspid Valve Using The Extracorporeal AngioVac System. A Case Study And Introduction To The Technology From A Clinical Perfusionist's Perspective.

A 78-year-old lady was receiving chemotherapy treatment for breast cancer via a PICC line, when it became infected. This manifested into infective endocarditis of her tricuspid valve, with growth of a significant vegetative lesion that needed to be eradicated.

An 'AngioVac' as it's commonly referred to, is a minimally invasive procedure that negates the need for conventional open-heart surgery. An AngioVac system is a percutaneous aspiration device, which consists of a veno-veno circuit and filter, that can extract thrombus, emboli and vegetations. Using a suction catheter with self-expanding tip and a reinfusion cannula, a centrifugal pump action creates a negative pressure at the tip whilst continuing to circulate the blood. This enables the removal of infected vegetations and other similarly structured materials. The length of hospital stay and post operative recovery are significantly shortened with subsequent financial burden reduced.

More than one thousand cases are performed in the United States each year. However, this case study represents one of the first in the United Kingdom, which was performed at Mid and South Essex Foundation Trust.



Victoria Molyneux

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BIOGRAPHY

Victoria is a senior clinical perfusionist specialising in paediatrics, with over 20 years experience. She delivers lectures both in-house and to MSc students at UCL. Victoria is a faculty member of Euro ELSO. Victoria work at the Great Ormond Street Hospital for Children NHS Foundation Trust.

ABSTRACT**The Journey Of A Berlin Heart Patient**

This presentation reflects on the clinical and emotional journey of managing an 11 year old boy who developed severe cardiac failure secondary to dilated cardiomyopathy. Initially admitted with respiratory distress and end-organ dysfunction, he required escalating inotropic support and was commenced on peripheral VA ECMO in Leeds. Following transfer to GOSH, his support was transitioned from ECMO to an LVAD and later to CPB for heart transplantation.

The session reviews key decision-making processes, inter-hospital co-ordination and the challenges associated with prolonged mechanical circulatory support in paediatric patients. It also reflects on the personal impact such cases have on healthcare professionals, emphasising teamwork, communication and emotional resilience. The presentation highlights both the technical complexities and the human aspects of providing high levels of ECLS care.



John O'Neill

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BIOGRAPHY

John O'Neill is the chief perfusionist at Barts Health. He trained at Harefield Hospital, where he developed a strong foundation in cardiopulmonary bypass and patient-focused care, before moving to Barts Heart Centre in 2009. John has wide ranging interests and a desire to optimise perfusion for patients and perfusionists. After joining the Perfusion College in 2018 he has used the experience to help promote safety culture with several presentations at the AGM as well the first N+1 staffing survey on behalf of the College.

ABSTRACT

The Journey Of A Berlin Heart Patient

Hark! Within the theatre of the heart, where surgeons wield both steel and purpose, there lies a most curious contraption – the cardiotomy sucker. What noble task it claims: to rescue blood lost to the field! Yet, beneath its virtuous guise, what mischief brews within its swirling depths? This discourse shall unveil the hidden torment of the crimson tide – where red cells are tossed and tumbled, where bubbles do conspire, and where science itself doth scratch its head in wonder. Are we saviours of the sanguine stream, or unwitting architects of its undoing? Gather ye, and we shall muse upon the mysteries of suction, the unseen dramas within the line, and the delicate art of keeping blood both living and loyal.



Mark Tarrant



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BIOGRAPHY

Mark is a member of the Hospital Liaison Committee for Jehovah's Witnesses. This global network of more than 2000 HLC's endeavours to create an environment of cooperation and understanding between hospitals and patients declining blood transfusion. It maintains a medical library of peer reviewed journals to support hospital services. And has a database of over 100,000 clinicians with experience in performing complex procedures without blood transfusion. Mark has made scores of presentations to clinical teams, has assisted with creating blood refusal policies and is available for consultation at any time. All HLC services are free of charge. In his spare time, he likes cycling and walking and has completed climbing the 214 fells in the Lake District and the national three peaks challenge.

ABSTRACT

Caring For A Patient Who Is A Jehovah's Witness – A Collaborative Approach

For various reasons Hospitals are finding a number of patients who request their treatment without blood transfusion. The majority of those who do so are members of the Jehovah's Witness faith. At times this can create a challenge for the clinical team and the patient. However, with a better understanding of the patients' wishes, a consent process which explores risks benefits and alternatives, even very complex surgeries are possible without transfusion.

The Hospital Liaison Committee has over 40 years of experience in providing support for patients who are Jehovah's Witnesses. Many are unaware that this support is for both patient and the clinical teams. The HLC have access to a medical library of peer reviewed journals on surgeries performed without transfusion as well as a database of over 100,000 surgeons with experience in providing treatment without transfusion. This support can be invaluable in planning surgery when a patient declines transfusion.



Becky Gendall

**BIOGRAPHY**

My name is Becky Gendall, I work at the Royal Brompton Hospital where I completed my two years of training. Prior to this I worked as a paediatric nurse for 5 years firstly on a cardiac ward at the Evelina and the CICU at Great Ormond Street. Outside of work I enjoy figure skating, I represented GB in an international competition earlier this year.

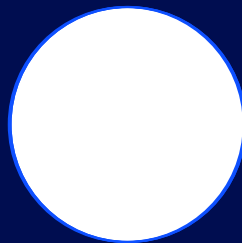
ABSTRACT**Asanguinous Priming In Patients Under 10kg: A Single Centre Retrospective Study**

Objective: Priming of the heart lung machine in cardiopulmonary bypass (CPB) consists of crystalloid and colloid fluids. Sometimes red blood cells (RBC) are added to avoid an unacceptable level of haemodilution. Increased morbidity and mortality is a known complication of RBC transfusion. Asanguinous priming is not common practice in paediatric patients under 10kg, however existing studies demonstrate that it can be done safely using a miniaturised circuit. This study aims to assess the safety and efficacy of asanguinous priming in patients 5-10kg, in a standard neonatal circuit.

Methods: 218 patients undergoing CPB for congenital heart surgery at a single centre between 2018-2023, who either received blood or asanguinous (clear) prime. Baseline characteristics were collected, and various outcomes were compared across prime groups.

Results: Predictors of being given a clear prime were weight (OR 1.87, 1.334,2.620), baseline haemoglobin (OR 1.077, 1.048-1.106) and CPB time (0.988, 0.976-0.999). Descriptive statistics demonstrated that AKI stage, peak lactate levels, length of hospital stay and 30-day mortality outcomes were similar across both prime groups. Using a multivariate linear regression clear prime was associated with a 14g/L decrease in post operative haemoglobin. A multivariate linear regression for transfusion intraoperatively (mls/kg) was significant at predicting 45% of variance. Higher quantities of intraoperative RBC transfusion occurred in females ($p=0.023$), longer CPB time ($p<0.001$), lower baseline haemoglobin ($p<0.001$) and being younger in age ($p<0.001$). Patients in the clear prime group received 11mls/kg less than those in blood prime intraoperatively. Prime group did not influence the volume of post operative transfusion and was only predicted by CPB and cross clamp time ($p<0.001$).

Conclusion : Outcomes of patients who received asanguinous prime were noninferior to those who had a blood prime. Patients who received asanguinous prime were heavier, older and had a higher baseline haemoglobin.



Kirsty Wilson



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BIOGRAPHY

Kirsty started her career as a paediatric intensive care nurse where she was exposed to ECMO and the perfusion department at Birmingham Children's Hospital. From there her interests grew, until she obtained her trainee position, now waiting to sit her final exam.

ABSTRACT

The Experiences Of Surgeons And Perfusionists Using Del Nido Cardioplegia In Children's Cardiac Surgery: A Qualitative Sub-Study Of The DESTINY Trial

Background: In the US, del Nido cardioplegia, developed for the immature myocardium, is widely used in paediatric cardiac surgery. Del Nido has not been commercially available in the UK and St Thomas' blood cardioplegia, developed for the adult myocardium, remains standard. The DESTINY trial, a multicentre randomised controlled trial, compared del Nido and St Thomas' to determine whether one solution is associated with less myocardial injury. The setup, dose and composition of del Nido is different to St Thomas' and the experiences of Surgeons and Perfusionists within DESTINY were explored in this qualitative sub-study, as many participants were using del Nido for the first time.

Aim: To explore the experiences of surgeons and perfusionists using del Nido during the DESTINY trial, to support its potential UK implementation and identify practical or safety concerns.

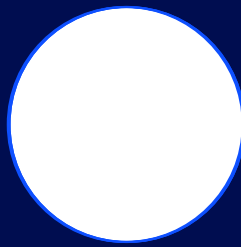
Hypothesis: Del Nido offers practical benefits compared to St Thomas', as perceived by both surgeons and perfusionists in paediatric cardiac surgery.

Design: A qualitative study using semi-structured interviews with surgeons and perfusionists who had completed 3 or more del Nido cases within the DESTINY trial centres. Interviews were conducted, digitally recorded, transcribed and thematically analysed.

Results: Twelve participants were interviewed- six surgeons and six perfusionists from four trial centres: Birmingham Children's Hospital; Bristol Royal Infirmary Children's Hospital; Great Ormond Street Hospital for Children and Leeds Children's Hospital. Four key themes emerged from interviews:

- 1 Practical aspects of delivering del Nido
- 2 Blood conservation
- 3 Attitudes towards del Nido
- 4 Del Nido beyond the trial

Conclusions: Both surgeons and perfusionists find that del Nido has practical benefits over St Thomas', but further research on the optimal cooling temperature, blood to crystalloid ratio and dosing for paediatric use are required to support the development of a best practice guideline and guide protocol alteration.



Dr Sean Bennett



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BIOGRAPHY

Coming Soon

ABSTRACT

The Use of NIRS and pEEG during Cardiopulmonary Bypass

Background: In the US, del Nido cardioplegia, developed for the immature myocardium, is widely used in paediatric cardiac surgery. Del Nido has not been commercially available in the UK and St Thomas' blood cardioplegia, developed for the adult myocardium, remains standard. The DESTINY trial, a multicentre randomised controlled trial, compared del Nido and St Thomas' to determine whether one solution is associated with less myocardial injury. The setup, dose and composition of del Nido is different to St Thomas' and the experiences of Surgeons and Perfusionists within DESTINY were explored in this qualitative sub-study, as many participants were using del Nido for the first time.

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