FLOW & RHYTHM · PORTOROŽ, SLOVENIA

CATHLAB OF THE FUTURE 2027

18–19 March 2027 · Grand Hotel Bernardin, Portorož

■ Flow ■ Rhythm · two days, two live rooms

FLOW

See It. Prep It. Treat It. Save It.

Day 01 · Thursday, March 18, 2027

Day 1 in Flow runs from precision PCI — where physiology and imaging disagree — through lesion preparation and what to leave behind, to the complications you have to handle when PCI goes wrong, around two live transmissions.

07:30–08:30	*Registration and welcome coffee*	
08:30–08:40	**Opening remarks** *Welcome, and the trials that actually changed what we do in the cath lab since the last meeting*	
08:40–09:30	**SESSION 1 — PRECISION PCI: WHERE PHYSIOLOGY & IMAGING DISAGREE**	
08:40–08:50	**Left Main PCI in 2027: Contemporary Strategy and Decision-Making**	
08:50–09:00	**Wire-Free Physiology: Angiography-Derived FFR in the Era of AI**	
09:00–09:10	**Post-PCI Physiology: Identifying—and Correcting—the Suboptimal Result**	
09:10–09:20	**OCT vs HD-IVUS: Choosing the Right Modality for the Right Lesion**	
09:20–09:30	**Discussion: When Imaging and Physiology Disagree—Which Should Guide PCI?**	
09:30–11:30	**LIVE SESSION 1** *NO PARALLEL TALKS · TRANSMISSION 09:30–11:15* Moderators: TBA · Operators: TBA	
09:30–11:15	**Live case 1 — Izola** **Live case 2 — International center**	Moderators: TBA · Operators: TBA
11:15–11:30	**Discussion — The images that changed the plan** *Operators and panel on the floor: what they saw, and what they would do differently*	
11:30–11:50	*Coffee break*	
11:50–12:50	**SESSION 2 — LESION PREPARATION: THE GAME CHANGER**	
11:50–12:00	**Preventing Stent Underexpansion: What Imaging Has Taught Us About Lesion Preparation**	
12:00–12:10	**Reading Coronary Calcium: From Morphology to Modification Strategy**	
12:10–12:20	**When Are Balloons Enough? NC, Scoring, Cutting, and Super-High-Pressure Strategies**	
12:20–12:30	**When Balloons Are Not Enough: Lithotripsy and Atherectomy in 2027**	
12:30–12:40	**Calcified Nodules: Why They Are Different—and How Should We Treat Them?**	
12:40–12:50	**Discussion: When Is Lesion Preparation Sufficient?** *Which imaging and procedural endpoints should be achieved before finishing the procedure?*	
12:50–13:50	*Lunch*	
13:50–15:50	**LIVE SESSION 2** *NO PARALLEL TALKS · TRANSMISSION 13:50–15:35* Moderators: TBA · Operators: TBA	

13:50–15:35	**Live case 3 — Izola: severely calcified coronary disease** **Live case 4 — International center: left main or true bifurcation PCI**	Moderators: TBA · Operators: TBA
15:35–15:50	**Discussion — The decisions we just watched** *Calcium strategy, one stent or two, and the moments the plan changed*	
15:50–16:10	*Coffee break*	
16:10–17:10	**SESSION 3 — WHAT YOU LEAVE BEHIND: FROM PERMANENT METAL TO NOTHING AT ALL**	
16:10–16:20	**Drug-Coated Balloons in 2027: When Should We Leave Nothing Behind?**	T. Riisanen
16:20–16:30	**Bifurcation PCI in the DCB Era: Where Does It Change the Strategy?**	
16:30–16:40	**Defining a Successful DCB Result: How Much Dissection and Recoil Can We Accept?**	
16:40–16:50	**Beyond Contemporary DES: Have Scaffolds and Bioadaptors Earned a Place?**	
16:50–17:10	**The Device Courtroom: What Should We Leave Behind?**	
17:10–18:10	**SESSION 4 (W/ CROCOMP) — WHEN PCI GOES WRONG**	
17:10–17:20	**Perforation: the first five minutes**	
17:20–17:30	**No-reflow, no panic**	
17:30–17:40	**Lost, stuck or deformed: getting your equipment back**	
17:40–17:50	**You closed the side branch. Now open it.**	
17:50–18:10	**Discussion — The complication I handled badly** *Open floor, and take-home messages from Day 1*	
18:10	*Close of Day 1*	

RHYTHM

Map It. Pulse It.

Day 01 · Thursday, March 18, 2027

EP Day 1 is mapping and catheter ablation — ICE in daily practice, pulsed-field ablation for AF, beyond-PVI strategies, VT and flutter — built around two 90-minute live transmissions from the Izola EP lab.

07:30–08:30	*Registration and welcome coffee*
08:30–08:40	**Opening remarks** *Welcome, and five things we now do differently in the EP lab — from pacing to PFA, AI and low-fluoroscopy workflows*
08:40–09:40	**SESSION 1 — INTRACARDIAC ECHOCARDIOGRAPHY IN DAILY PRACTICE** *A PRACTICAL MODULE FOR OPERATORS WHO WANT TO USE ICE ROUTINELY RATHER THAN OCCASIONALLY*
08:40–08:50	**Getting a reliable image: probe handling, standard views and a reproducible sweep**
08:50–09:00	**ICE-guided transseptal puncture, including the difficult septum — aneurysmal, thickened, previously punctured or patched**
09:00–09:10	**Replacing transesophageal echo: left atrial appendage thrombus exclusion and anatomical assessment before ablation**
09:10–09:20	**ICE during ablation: catheter position, tissue contact and monitoring the lesion set**
09:20–09:30	**Recognizing complications early: pericardial effusion, tamponade and what to do in the next five minutes**
09:30–09:40	**ICE beyond AF: papillary muscle and LV summit VT, transseptal LV access**
09:40–10:20	**SESSION 2 — ATRIAL FIBRILLATION: PULSED FIELD ABLATION**
09:40–09:50	**Why electroporation spares tissue that thermal energy does not**
09:50–10:00	**PFA is faster — but is it better? What the evidence shows**
10:00–10:10	**Catheter concepts and PFA platforms: what the differences mean in practice**
10:10–10:20	**Complications specific to PFA: coronary spasm, hemolysis, phrenic involvement**
10:20–11:50	**LIVE CASE 1 — PULSED FIELD ABLATION FOR ATRIAL FIBRILLATION** *90 MINUTES · TRANSMITTED FROM THE IZOLA EP LAB · NO PARALLEL TALKS* Moderators: TBA · Operators: TBA
11:50–12:20	*Coffee break*
12:20–13:20	**SESSION 3 — BEYOND PULMONARY VEIN ISOLATION**
12:20–12:30	**Persistent AF: is PVI alone still enough?**
12:30–12:40	**Recurrence despite durable isolation: how to approach the redo**
12:40–12:50	**Posterior wall isolation: target or innocent bystander?**
12:50–13:00	**AF and heart failure: the case for ablating earlier**
13:00–13:10	**First diagnosed AF: how early is too early?**
13:10–13:20	**Discussion**
13:20–14:20	*Lunch*
14:20–15:10	**SESSION 4 — VENTRICULAR TACHYCARDIA**
14:20–14:30	**Substrate-based ablation: mapping the scar**
14:30–14:40	**Imaging before mapping: CT and MRI integration**
14:40–14:50	**VT storm at two in the morning: what actually works**

14:50–15:00	**Hemodynamic support during VT ablation: useful bridge or false reassurance?**
15:00–15:10	**When the endocardial approach fails: going epicardial**
15:10–16:40	**LIVE CASE 2 — SUBSTRATE-BASED VT ABLATION** *90 MINUTES · TRANSMITTED FROM THE IZOLA EP LAB · NO PARALLEL TALKS* Moderators: TBA · Operators: TBA
16:40–17:10	*Coffee break*
17:10–18:00	**SESSION 5 — FLUTTER, ATRIAL TACHYCARDIA AND SUPRAVENTRICULAR ARRHYTHMIAS**
17:10–17:20	**Cavotricuspid isthmus flutter: still a twenty-minute ablation?**
17:20–17:30	**Atypical left atrial flutter after ablation: finding the circuit**
17:30–17:40	**High-density mapping and automated annotation: how far do we trust the algorithm?**
17:40–17:50	**Zero-fluoroscopy ablation: routine or exception?**
17:50–18:00	**Discussion and close of Day 1**
18:00	*Close of Day 1*
20:00	*Faculty and participants' dinner*

FLOW

Cross It. Re-enter It. Finish It.

Day 02 · Friday, March 19, 2027

Day 2 is chronic total occlusions and high-risk PCI: two CTO masterclass blocks around four live cases, protected PCI and the retrograde route, closing on cardiogenic shock after DanGer-Shock.

08:30	*Registration desk open — the day opens live, punctually at 09:00*	
09:00–11:00	**LIVE SESSION 3** *NO PARALLEL TALKS · TRANSMISSION 09:00–10:45* Moderators: TBA · Operators: TBA	
09:00–10:45	**Live case 5 — Izola: CTO with antegrade wiring strategy** **Live case 6 — International CTO center: complex CTO, operator's choice of approach**	Moderators: TBA · Operators: TBA
10:45–11:00	**Discussion — When to persist and when to change** *Operators and panel on the floor: the decision points, and what they nearly did instead*	
11:00–11:20	*Coffee break*	
11:20–12:20	**SESSION 5 — CTO MASTERCLASS, PART ONE: PLANNING, THE CAP AND ANTEGRADE CROSSING**	
11:20–11:30	**Cardiac CT for CTO Planning: When the Scan Sends You Retrograde Before You Start**	
11:30–11:40	**Resistance-Based Wiring: What Is the Lesion Telling You?**	Elliot Smith
11:40–11:50	**Guide Extensions in CTO PCI: Support, Delivery and Beyond**	
11:50–12:00	**IVUS-Guided Proximal Cap Puncture and Re-Entry: Are We Still Searching for the Ideal Device?**	
12:00–12:10	**Beyond HDR: Can Proximal Cap Modification Solve the Crossing Problem?**	
12:10–12:20	**Discussion: When Should We Not Open a CTO?**	
12:20–13:20	*Lunch and industry symposia*	
13:20–15:20	**LIVE SESSION 4 — PROTECTED PCI AND THE RETROGRADE ROUTE** *NO PARALLEL TALKS · TRANSMISSION 13:20–15:05* Moderators: TBA · Operators: TBA	
13:20–15:05	**Live case 7 — Izola: high-risk protected PCI with mechanical support** **Live case 8 — International CTO center: retrograde CTO**	Moderators: TBA · Operators: TBA
15:05–15:20	**Discussion — Support, access and the limits of what we should attempt** *Operators and panel on the floor*	
15:20–16:10	**SESSION 6 — CTO MASTERCLASS, PART TWO: THE SUBINTIMAL SPACE**	
15:20–15:30	**Next-Generation ADR: Devices and Beyond — A Primary Strategy, Not a Bailout**	
15:30–15:40	**RETRO: Septal or Epicardial? Choose the Route, Accept the Risk**	
15:40–15:50	**Connect-IT: Reverse CART, Tip-In and Deep-Dive Rendezvous**	
15:50–16:00	**STAR 2.0 and Beyond: Subintimal Plaque Modification, Investment Procedures and the Staged Re-Look**	
16:00–16:10	**Discussion: You Crossed It. Now Don't Ruin It.** *Preparing and optimizing the reconstructed vessel: long stents, imaging the result, and knowing when to stop*	
16:10–16:40	**SESSION 7 — HIGH-RISK PCI AND CARDIOGENIC SHOCK**	
16:10–16:20	**Protected PCI: who really benefits from mechanical support?**	
16:20–16:30	**Shock Is More Than Blood Pressure: Phenotyping in the Cath Lab**	
16:30–16:40	**After DanGer-Shock: which pump, which patient, how early?**	

16:40–17:00	**Discussion**

RHYTHM

Pace It. Lead It.

Day 02 · Friday, March 19, 2027

EP Day 2 is pacing, resynchronization and device management — physiological pacing with a live LBBAP case, CRT, leadless pacing, lead extraction and remote monitoring.

08:30	*Registration desk open — program starts punctually at 09:00*
09:00–09:40	**SESSION 6 — PHYSIOLOGICAL PACING**
09:00–09:10	**Is LBBAP now the default? Who still receives a conventional RV lead**
09:10–09:20	**Proving conduction system capture on the ECG**
09:20–09:30	**Septal anatomy, lead depth and perforation: troubleshooting during LBBAP**
09:30–09:40	**Can conduction system pacing replace conventional CRT?**
09:40–11:10	**LIVE CASE 3 — LEFT BUNDLE BRANCH AREA PACING** *90 MINUTES · TRANSMITTED FROM THE IZOLA EP LAB · NO PARALLEL TALKS* Moderators: TBA · Operators: TBA
11:10–11:30	*Coffee break*
11:30–12:40	**SESSION 7 — CARDIAC RESYNCHRONIZATION THERAPY**
11:30–11:40	**Who still needs a coronary sinus lead?**
11:40–11:50	**Conduction system pacing versus biventricular CRT: evidence, anatomy and patient selection**
11:50–12:00	**The non-responder: what to investigate before declaring failure**
12:00–12:10	**Pacing-induced cardiomyopathy: upgrade or leave it alone?**
12:10–12:20	**CRT in atrial fibrillation: when 95% pacing is not enough**
12:20–12:40	**Case debate — one patient, two strategies** *One operator argues for biventricular CRT, one for LBBAP. Audience votes before and after.*
12:40–13:40	*Lunch*
13:40–14:20	**SESSION 8 — LEADLESS PACING**
13:40–13:50	**Leadless pacing today: indications and AV synchrony without an atrial lead**
13:50–14:00	**Dual-chamber leadless systems: where do they fit?**
14:00–14:10	**End of battery life: retrieval, abandonment and the twenty-year patient**
14:10–14:20	**Leadless pacemaker with extravascular ICD: a fully non-transvenous system?**
14:20–14:40	*Coffee break*
14:40–15:20	**SESSION 9 — LEAD MANAGEMENT AND EXTRACTION**
14:40–14:50	**Lead extraction: who, where and with what backup**
14:50–15:00	**The twenty-year-old lead: extract, abandon or add another**
15:00–15:10	**Device infection: why partial removal is not an option**
15:10–15:20	**The occluded vein and the patient who needs a new lead**
15:20–15:50	**SESSION 10 — REMOTE MONITORING**
15:20–15:30	**Building a follow-up clinic that works: who reads the alerts, and when?**
15:30–15:40	**Alert fatigue: which notifications actually change management**
15:40–15:50	**Device-detected atrial fibrillation: anticoagulate or observe?**
15:50–16:00	**Closing remarks**
16:00	*Close of the meeting*