



Taiwan Society of Cardiovascular Interventions

臺灣介入性 心臟血管醫學會

91期 會訊

2023年2月



2023年1月7日 TTT 2023理事長晚宴

臺灣介入性心臟血管醫學會 (TSCI)

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臺灣介入性心臟血管醫學會會訊 (第九十一期, February, 2023)

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各位臺灣心臟血管介入醫學會的會員們，大家好！隨著時序接近五月，我們又將迎來國內外各項相關學術會議的旺季，在疫情漸趨尾聲、國際交通逐步開放的當下，大家一定正積極地開始規劃，打算重拾三年前的步調，透過緊湊的行程，深入且即時地與國內外同好交流切磋、吸收相關最新知識及概念，提升自我的專業能力以便更好的服務病患。



介入學會在文領理事長的領導之下，會務的進展是有目共睹的，尤其是各項實體或線上的會議交流，在內容選擇以及節目安排上都越來越精緻完整。承蒙理事長厚愛，我在這會期內擔任兩岸暨國際交流委員會主委，負責與國際相關的友好會議溝通交流，在各位委員大力相助下，在2022年規劃並完成了TSCI@ENCORE Seoul、TTT@CCT、Taiwan CTO Club@CCT等共同節目，就複雜冠脈介入之腔內影像學指導、左主幹及分支病變介入、慢性冠脈全閉塞合併遠端瀰漫病變、冠脈繞道術後全閉塞之介入等尖端議題，與國際專家學者進行了深入的意見交換，同時透過國內講者精彩的經驗分享，呈現了台灣在複雜冠脈介入的成就及深厚功底。

在即將到臨的2023年5月，韓國的TCTAP也將盛大舉行實體會議，我們安排了TTT@TCTAP 2023，節目主題是“不尋常的TAVR病例”，將邀請國內的專家報告精彩的病例，與國際專家一同推敲探索，以求全方位性的提升TAVR治療水準。此外，EuroPCR及JET也將在五月舉行實體會議，之後更依序有TOPIC、CVIT、ENCORE Seoul、CCT、TCT、QICCP等歷來有良好合作關係的大型國際會議舉行，學會若獲邀請，兩岸暨國際交流委員會將一本初衷，努力安排精彩的節目。

當然，廣邀來自全球及兩岸知名的介入專家參與本會年會，促進並配合學會參與國際大型的會議，協助爭取合作，提升學會及國內醫師的國際曝光，加強與國際與兩岸介入專家或機構的學術交流及研究合作，都是兩岸暨國際交流委員會責無旁貸的任務。希望各位會員能繼續支持並督促本委員會的工作，並隨時提供建議及指教，相信在文領理事長帶領下，大家群策群力，臺灣心臟血管介入醫學會一定能在世界心血管介入的舞台上繼續發光發熱！

兩岸暨國際交流委員會主委

A stylized handwritten signature in black ink, consisting of several fluid, connected characters.

臺灣介入性心臟血管醫學會 入會申請表

填表日期： 年 月 日

姓名		性別	<input type="checkbox"/> 男 <input type="checkbox"/> 女	貼相片處 (實貼一張)
英文姓名		身分證 號碼		
出生日期	年 月 日	出生地	省(市) 縣(市)	
最高學歷	學校			科系(所)
現任醫院	單位/職務		/	
戶籍地址				電
通訊地址	<input type="checkbox"/> 同戶籍地址 <input type="checkbox"/> 通訊地址 _____			話(必填)
E-mail(必填)	@			O: H: M:1. 2. Fax:
最近一年介入性 工作經歷	(1) 醫院：_____ 期間：__年__月至__年__月 醫師主管姓名：_____ 列印後主管簽名：_____			
	(2) 醫院：_____ 期間：__年__月至__年__月 醫師主管姓名：_____ 列印後主管簽名：_____			
	(3) 醫院：_____ 期間：__年__月至__年__月 醫師主管姓名：_____ 列印後主管簽名：_____			
推薦會員 (1)	姓名：_____		推薦會員 (2)	姓名：_____
	列印後簽名：_____			列印後簽名：_____

審查結果 (此欄由審 查人員填 寫)	<input type="checkbox"/> 同意入會 <input type="checkbox"/> 不同意入會 審查人員：	會 員 類 別	<input type="checkbox"/> 普通會員 <input type="checkbox"/> 準會員 <input type="checkbox"/> 名譽會員 <input type="checkbox"/> 贊助會員	會員證 號碼	
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本人茲遵照 貴會章程之規定，申請加入 貴會為會員，遵守 貴會一切章程、簡則、決議等，謹此檢具各項證件，敬希 鑒核准予入會。

此致 臺灣介入性心臟血管醫學會

申請人： (簽章)

中華民國 年 月 日

繳驗資料：

- 1. 入會申請表一份 (共兩面)
- 2. 本人二吋照片共三張
- 3. 身分證正反面影本一份
- 4. 最高學歷畢業證書影本一份
- 5. 醫師會員 -- 心臟專科醫師證書影本一份 (若無，請附醫師證書影本一份)
醫事會員 -- 師級醫事人員資格證書 (護理師或放射師或醫檢師) 影本一份
- 6. 服務 (在職) 證明正本一份

注意事項

一、準會員申覆為普通會員：

1. 請在入會申請表左上角自行加註「準會員申覆普通會員」字樣。
2. 證明從事介入性心臟血管醫學實務工作满一年，須由現職主管簽章。

二、列印入會申請表格，填寫完整後，將紙本資料備齊全，郵寄至學會進行審查。

三、介入性工作經歷

1. 醫師準會員指真正從事介入性工作日起算，醫師普通會員指取得心臟專科證書起算。
2. 醫事人員指真正從事介入相關工作日起算。

四、醫師申請入會之兩位推薦會員，必須為本會之普通會員。

五、介入性工作經歷須由現職之醫師主管在「最近一年介入性工作經歷」欄位親自簽名。

臺灣介入性心臟血管醫學會 秘書處

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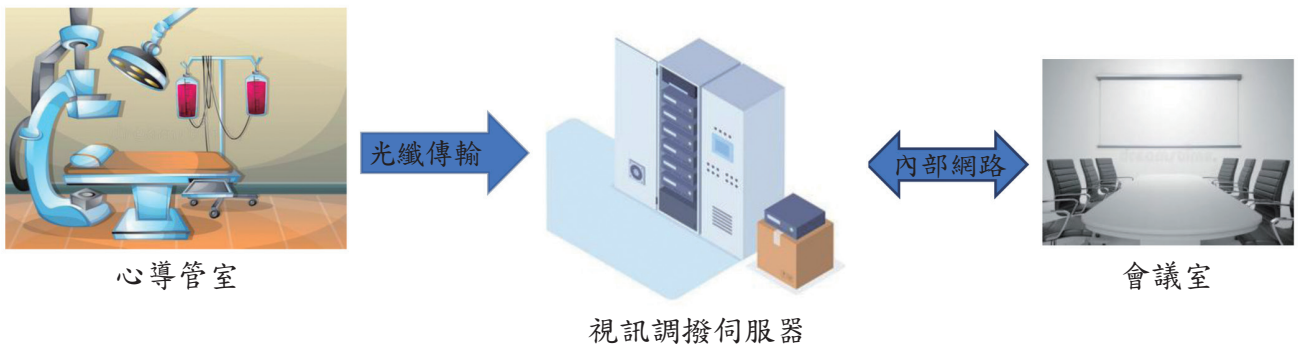
E-mail：tsci.med@msa.hinet.net

醫事人員分享交流園地- 心導管影像視訊調撥系統及多元應用

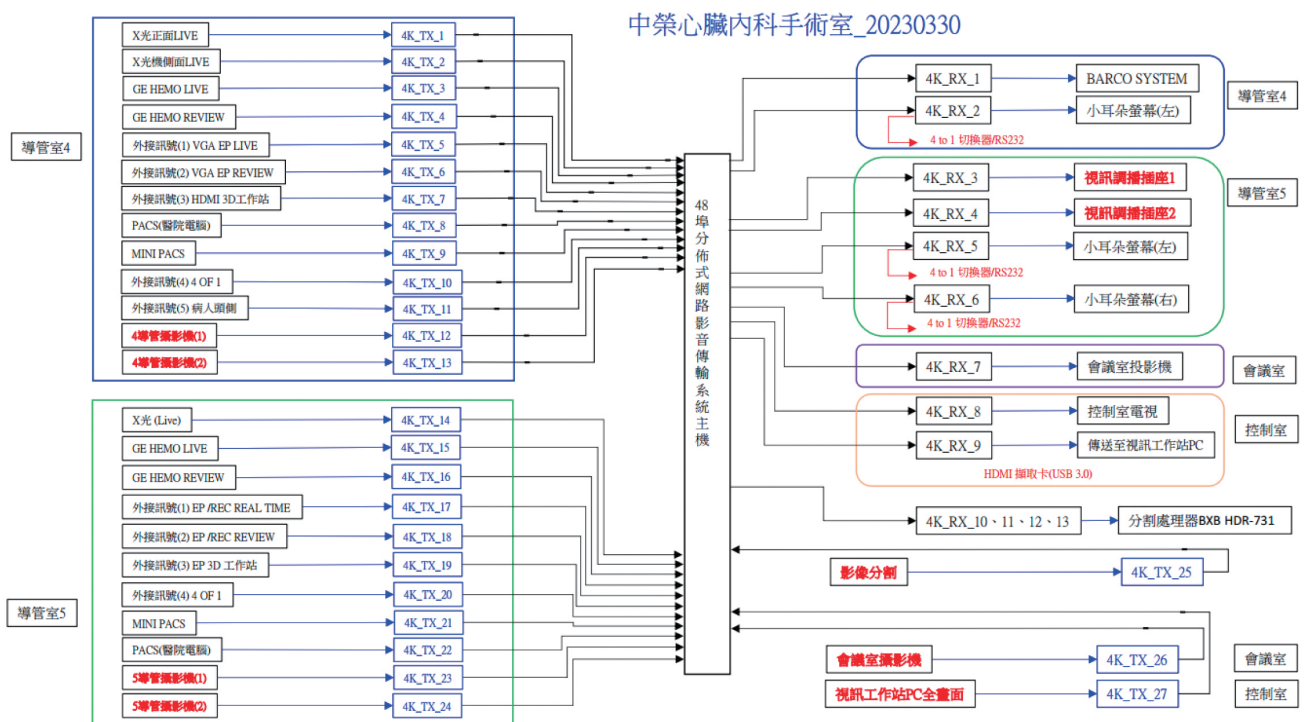
心導管影像視訊調撥系統及多元應用

臺中榮民總醫院 心導管室 技術組長陳良維 放射師

臺中榮民總醫院心導管室近期導入「影像整合視訊調撥系統」，在不改變原先設備線路的情況下，整合所有影像，可自行編輯顯示模式及快速切換影像，並搭配高畫質視訊鏡頭及聲音傳輸裝置，讓心導管手術與外界溝通更優化。導管室手術醫師可透過影音裝置，即時與會議室或行動裝置進行示範教學及討論。

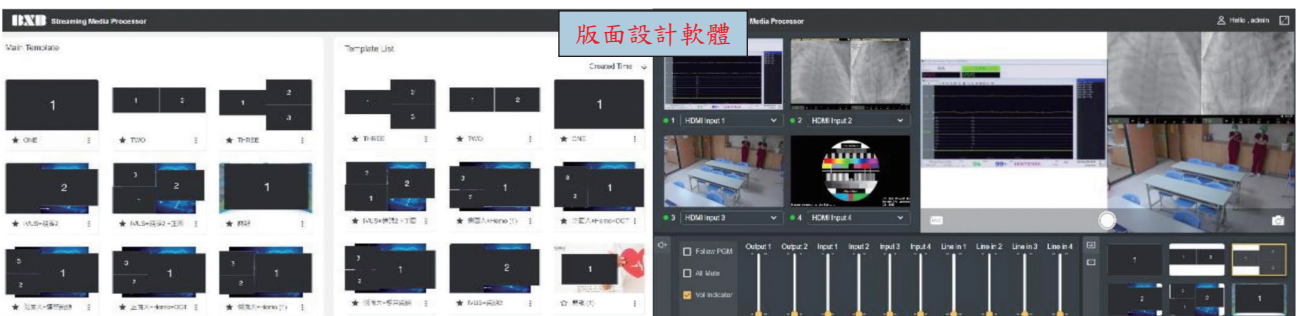


● 系統建置架構



醫事人員分享交流園地- 心導管影像視訊調撥系統及多元應用

● 影像整合視訊調撥系統示意圖



醫事人員分享交流園地- 心導管影像視訊調撥系統及多元應用

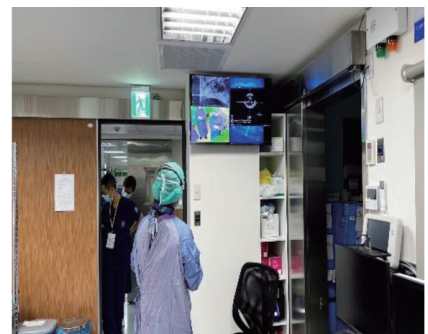
- (1) 影像輸入孔：IVUS.OCT. 超音波等移動裝置，可經由導管室壁上影像輸入孔同時分享影像至導管手術內大螢幕及視訊調撥伺服器。
- (2) 高畫質視訊鏡頭：手術室(2組)會議室(1組)視訊鏡頭，可同時提供術者鏡頭畫面及手部操作畫面，達到優質教學品質。
- (3) 視訊調撥伺服器：所有影像皆整合於伺服器，可透過軟體設計畫面排版及監看及時畫面。
- (4) 無線語音裝置：術者與會議室可透過無線語音裝置雙向對談，並可選擇欲對談導管室頻道，不互相干擾。
- (5) 影像控制平板：可透過平板電腦經由無線方式選擇場景、切換影像輸出及控制視訊鏡頭方向遠近。
- (6) 影像訊號分享匯排：另整合一套所有影像訊號分享匯流排，可以方便提供視訊轉播公司影像訊號，減少導管室內設備影像訊號分接造成錯綜複雜的線路，也不需因佈線作業而中止導管運作。

●經驗分享 (Taiwan-ASEAN ROVUS Training Course)

2023.03.05 運用新建影像視訊調撥系統舉辦 Taiwan-ASEAN ROVUS Training Course LIVE DEMO

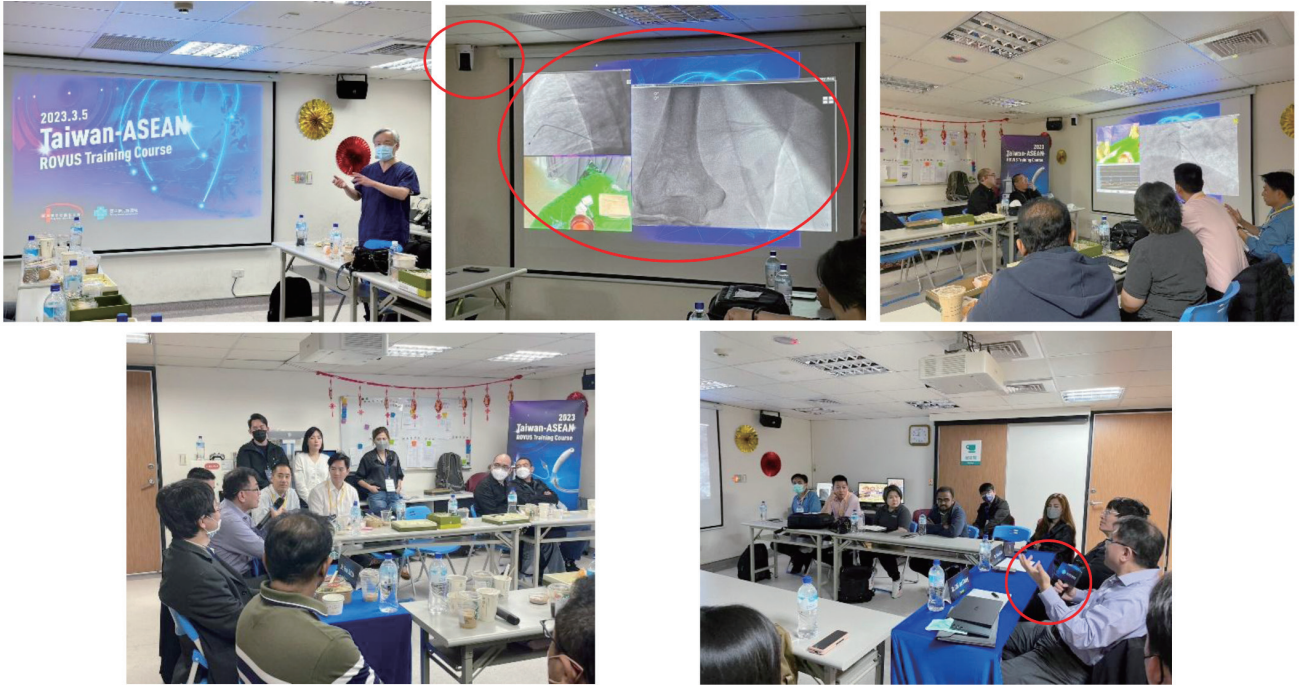
當收到李文領主任今年 ROVUS Training Course LIVE DEMO 要用本科新建置系統自行轉播的任務指示，當下覺得這是一個嶄新的挑戰，隨然任務看似艱難，但卻是可以從中學到不少有趣的東西；首先必須去了解 Training Course 的內容，一一列出會使用到的儀器 (IVUS、OCT、Rotablator) 及需呈現出來的影像 (Angiography、Hemodynamic 及視訊鏡頭影像)，接著導入特製背景圖案為使畫面美化不單調。重頭戲就是版面的設計及排版了，與主任討論出預計呈現的幾個方案後，進而編排出數個場景模式及畫面分格配置 (1、2、3、4 分格、Frontal Image 大、Lateral Image 小…等等組合)，進行影像調整及測試；會議除了影像外，聲音是另一溝通的要素，先是找了一位小幫手，進行會議室及導管室間聲音頻率確認及音量調整，在測試過程中發現耳機的選擇是很重要的，一切就緒後，接下來就是真正上場開演了。

(1) 心導管室端 (轉播畫面可以設定於導管室任一螢幕觀看)



醫事人員分享交流園地- 心導管影像視訊調撥系統及多元應用

(2) 會議室端 (透過影像調撥、視訊鏡頭及雙向即時語音系統與導管室端即時互動對談交流)



(3) 導播控制端 (使用 iPad 控制直播視訊訊號切換及即時監看畫面)



醫事人員分享交流園地- 心導管影像視訊調撥系統及多元應用

●多元應用

(1) 連結 WEBEX、GOOGLE MET 等視訊會議平台

影像調撥畫面可連結視訊會議平台，LIVE DEMO 學術交流而不再是侷限在院內或國內。



(2) 連結 5G 醫療專網平台

影像調撥畫面可連結 5G 醫療專網平台，醫師可透過行動裝置（手機、平板等）提供術者即時協助，把握病患治療的黃金時間。



活動集錦 - 2023 年 1 月 7-8 日 TTT 2023



活動集錦 - 2023 年 1 月 7-8 日 TTT 2023





INFORMATION FOR AUTHORS

Scope

Journal of Taiwan Society of Cardiovascular Interventions (J Taiwan Soc Cardiovasc Intervent) is an official Journal of Taiwan Society of Cardiovascular Interventions. It is a peer reviewed journal and aims to publish highest quality material, both clinical and scientific, on all aspects of Cardiovascular Interventions. It is published on a basis of 6 months.

Article Categories

Reviews, Original Articles, Brief articles including images, Case Reports, Letters to the Editor, Editorial Comments. Please look into each category for specific requirements and manuscript preparation.

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Manuscripts should conform to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (*N Engl J Med* 1997;336:309-15). Text should be double-spaced throughout. The Title page, Abstract, Body Text, Acknowledgments, References, Legends, Tables and Figures should appear in that order on separate sheets of paper. Define all abbreviations at first appearance, and avoid their use in the title and abstract. Use generic names of drugs.

Covering Letter

The main author should write a covering letter requesting the publication of the manuscript and assuring that the other authors have read the manuscript and agree to its submission. The editorial board reserves the right to confirm this in case it needs to.

Title Page

The title page should include a Title, full names and affiliations of all authors, and an address, telephone number, facsimile number and E-mail address for correspondence. Acknowledgment of grant support should be cited. A short Running Title (40 characters or less) should be provided.

Abstract

A concise description (not more than 250 words) of the Purpose, Methods, Results, and Conclusions is required. Give 3-6 key words for indexing.

Body Text

The text of Original Articles should be divided into Introduction, Materials and Methods, Results and Discussion sections. Other article types may use other formats as described in specific guidelines against each category of manuscript below. Acknowledgments are typed at the end of the text before references.

References

References are cited numerically in the text and in superscript. They should be numbered consecutively in the order in which they appear. References should quote the last name followed by the initials of the author(s). For less than four authors provide all names; for more than four, list the first three authors' names followed by "et al.". List specific page numbers for all book references. Refer to Index Medicus for journal titles and abbreviations. Examples are provided below. Authors are responsible for the accuracy of the citation information that they submit.

Journals

1. Xu J, Cui G, Esmailian F, et al. Atrial extracellular matrix remodeling and the maintenance of atrial fibrillation. *Circulation* 2004;109:363-8.
2. Boos CJ, Lip GY. Targeting the renin-angiotensin-aldosterone system in atrial fibrillation: from pathophysiology to clinical trials. *J Hum Hypertens* 2005;19:855-9.

Books

1. Gotto AJ, Farmer JA. Risk factors for coronary artery disease. In: Braunwald E, Ed. *Heart Disease: A Textbook of Cardiovascular Medicine*. 3rd ed. Philadelphia: Saunders, 1988:1153-90.
2. Levinsky NG. Fluid and electrolytes. In: Thorn GW, Adams RD, Braunwald E, et al, Eds. *Harrison's Principles of Internal Medicine*. 8th ed. New York: McGraw-Hill, 1977:364-75.

Tables

All tables should be cited, by number, in the text. It should be typed double spaced, give a title to each table and describe all abbreviations or any added relevant information as a footnote. Type each table on a separate page.

Figures & Illustrations

Number figures in the order in which they appear in the text. Figure legends should correspond to figure/illustration numbers and appear on a separate sheet of paper. Prepare your figures according to your mode of submission:

e-mail Submission: Figures should be submitted in high-resolution TIF format, or alternatively in GIF, JPEG/JPG, or EPS format. The figures should be placed in separate files, named only with the figure numbers (e.g. "Figure1.tif".)

Regular Mail: Photographs and drawings should be unmounted, glossy prints, 5"×7" in size. Three sets of each illustration must be submitted in a separate envelope. Label the back of each figure with the title of the article and an arrow indicating the top of the figure.

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Review Articles. These are scholarly, comprehensive reviews whose aims are to summarize and critically evaluate research in the field and to identify future implications. Unsolicited reviews may be submitted to the editor-in-chief and will be subject to approval by the editorial board. Instructions for Title page, Abstract, References, Tables and Illustrations/figures remains the same. The text can follow independent pattern as per the authors desire, subject to approval of the editorial board.

Original Articles. Clinical human studies and experimental studies will appear in this category. It should not exceed 6,000 words including references and figure legends. It should conform the general pattern of submission i.e., Title page, Abstract, Body Text, References, Tables and Illustrations/figures.

Brief Articles including images. These will present brief clinical, technical, or preliminary experimental results or cardiovascular intervention related images and should not exceed 3,000 words. It should conform the general pattern of submission i.e., Title page, Abstract (< 200 words), Body Text, References, Tables and Illustrations/figures.

Case Reports. Case reports should not exceed 2,000 words in total with not more than 6 authors. Abstract should be less than 150 words. In the body text, the Materials and Methods and Results sections should be replaced with a Case Report(s) section which should describe the patient's history, diagnosis, treatment, outcome, and any other pertinent information. All other sections should follow the general format. Only two figures/illustrations are permitted. The number of references should not exceed 15.

Letters to the Editor. The editors welcome all opinions and suggestions regarding the journal or articles appearing in the journals. A title for the letter should be provided at the top of the page. The writer's full name should be provided. The Letter should be no more than 250 words long and may include one table or figure and up to four references. The editorial board reserves the right to edit any letter received. Author should provide a covering letter, on his/her own letterhead, to the Editor-in-Chief stating why the Letter should be published. If it is concerning a particular article in *Journal of Taiwan Society of Cardiovascular Intervention* it should be within 6 months of that article's publication.

Editorial Comments. These will include invited articles or brief editorial comments representing opinions of local and foreign experts in cardiovascular medicine and research. They should be 1000-1500 words in length and not more than 20 references should be cited.

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e-mail submission to tsci.med@msa.hinet.net

Please prepare text file or Microsoft Word file for your manuscript. Figures should be submitted in high-resolution TIF format, or alternatively in GIF, JPEG/JPG, or EPS format. The figures should be placed in separate files, named only with the figure numbers (e.g. "Figure1.tif".)

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Time Line

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