

Session outline			
Title	TJLB		
Date & Time (Indonesia time)	16:00-17:30, January 21 (Tue), 2014		
Topic	Transjugular Liver Biopsy		
Style	Live		
System	Vidyo		
Organaizer	Dr S K Sarin		
main	Name	Institution	Country
Chair	S K Sarin	Institute of Liver and Biliary Sciences	India
Chief Engineer*	Antoku, Hu	Kyushu Univ.	JP
Participating institution	Moderator's name	Country	Engineer's name
<p>Abstract: Transjugular liver biopsy is done in patients with significant liver parenchymal disease which precludes a percutaneous liver biopsy. The most common reasons for doing this procedure includes presence of ascites or deranged bleeding parameters or coagulopathy (i.e.prolonged PT or PTT or a low platelet count) to the extent percutaneous liver biopsy is contraindicated. Other indications being shrunken liver or extreme obesity. This procedure involves negotiation of the wire along the superior vena cava and right atrium through the inferior vena cava into the right hepatic vein under fluoroscopy guidance . Subsequently a hepatic venogram is performed by injecting 5 - 10 ml of contrast and the catheter is exchanged for a TJLB stiffening cannula. Biopsy is then performed using a 7F sheath assembly and the Tru-Cut (Quick-Core) biopsy needle. Post-procedure the patient is kept in the semi-recumbent position for the first 6 hours with close monitoring of vital parameters i.e. pulse and BP as well as abdominal girth.The average fluoroscopy time is 4 min and the mean duration of the procedure is 40 min. A technical success rate of 96.8% has been reported in a recent meta-analysis that included more than 7500 cases.The complications are related to access site or are cardiac or hepatic complications . The reported total complication rate is 7.1%. Mortality rates of 0.09% is reported in adults and 0.1% in children. Mortality is due to hemorrhage from the liver or ventricular arrhythmia. Other complications included neck pain, hematoma in the neck, carotid artery puncture, pneumothorax, etc.</p> <p>In summary, TJLB is becoming more relevant in the management of diffuse liver parenchymal diseases as it provides a safe technique for liver biopsy in patients in whom percutaneous liver biopsy is not feasible. The quality of the specimen obtained which was deemed to be suboptimal earlier mostly secondary to use of the aspiration biopsy needles is no longer seen with the advent of 18G Quick-Core biopsy needles.</p>			
1. Bandung, Indonesia	Dr Shuji Shimizu	ID	Antoku, Hu
2. Institute of Liver and Biliary Sciences	Dr S K Sarin	IN	Dinesh, Manish
3. University of Indonesia	Dr L Lesmana / C. Rinaldi	ID	Agus Eko Priyanto
4. Bangabandhu Sheikh Mujib Medical University, Dhaka, Bangladesh	Dr Salimur Rahman	BD	Md Samsul Kabir
5. Tongji Hospital, Huazhong University of Science and Technology, China	Dr Qin Ning	CN	Yuanyuan Zhang
6. Hebrew University-Hadassah Medical Center, Jerusalem Israel	Dr Ilan Yaron	IL	Yuval
7. The Aga Khan University & Hospital, Karachi, Pakistan	Dr. Saeed S. Hamid	PK	Abdul Khaliq
8. Egyptian Liver Hospital, Al-Dakahila Egypt	Dr. Gamal Shiha	EG	Mazen Ghazal

*Chief engineer is in charge of testing and controlling the system.

** *Italic* is to be confirmed.

Program (Indonesia Time)		IN	ID	CN	EG/IL	PK	BD
16:00 - 16:05	Opening remarks and greetings by Dr Shuzi Shimizu	14:30-14:35	12:00-12:05	17:00 - 17:05	11:00-11:05	14:00 - 14:05	15:00-15:05
16:05-16:10	Introduction from each center Moderated by Dr Sarin	14:35-14:40	12:05-12:10	17:05-17:10	11:05-11:10	14:05-14:10	15:05-15:10
16:10-16:15	Brief about Relevance of TJLB and ILBS Data by Dr Sarin	14:40-14:45	12:10-12:15	17:10-17:15	11:10-11:15	14:10-14:15	15:10-15:15
16:15-16:20	Brief about Technique: Checklist Before TJLB Procedure by Dr Rakhi	14:45-14:50	12:15-12:20	17:15-17:20	11:15-11:20	14:15-14:20	15:15-15:20
16:20-16:25	Introduction of the Team for Live Procedure by Dr Manoj	14:50-14:55	12:20-12:25	17:20-17:25	11:20-11:25	14:20-14:25	15:20-15:25
16:25-16:55	Live TJLB Procedure by Dr Sarin	14:55-15:25	12:25-12:55	17:25-17:55	11:25-11:55	14:25-14:55	15:25-15:55
16:55 - 17:00	Report Generation and Interpretation by Dr Rakhi	15:25-15:30	12:55-13:00	17:55-18:00	11:55-12:00	14:55-15:00	15:55-16:00
17:00-17:05	Possible difficulties and complications by Dr Rakhi	15:30-15:35	13:00-13:05	18:00-18:05	12:00-12:05	15:00-15:05	16:00-16:05
15:05 - 15:25	Q & A Session moderated by Sarin	15:35-15:55	13:05-13:10	18:05-18:25	12:05-12:25	15:05-15:25	16:05-16:25
15:25-15:30	Closing remarks by Dr Shuzi Shimizu	15:55-16:00	13:10-13:25	18:25-18:30	12:25-12:30	15:25-15:30	16:25-16:30

Preparations:

- We use Vidyo system, including Vidyo Room, PC, tablet. The bandwidth is about 2-4Mbps.
- Each site need to setup two PCs for teleconference system. The one is only receive live demonstration, and the other is for communication.
- Headset(in case of only 1 participant) or on-off speaker phone(in case of more than two participant) is necessary to avoid echo.
- Prepare two flat monitors at each station for better quality if available.