Cardiac surgeons are entering turbulent times. Until recently the specialty had enjoyed unparalleled expansion as the demand for effective cardiac revascularisation exploded. The randomised trials of the 1970s coupled with advances in myocardial protection fuelled our belief in the supremacy of surgery as a revascularisation strategy. We were unassailable. Then in the late 1970s the crazy concept of balloon angioplasty emerged from the mountains of Switzerland. Before long commercial interests took hold, new technology emerged and evidence accrued that percutaneous transluminal coronary angioplasty worked well in selected cases. Surgeons observed from the sidelines as a series of strategies were explored to tackle the problem of restenosis, safe in the knowledge that no percutaneous technique could challenge the documented benefits of the internal mammary artery as a routine graft. But four issues have conspired to erode the growth of coronary surgery. Firstly, patients do not want operations if here is another alternative; secondly, over-the-wire and stent technology has dramatically improved the safety and efficacy of percutaneous coronary interventions; and thirdly, the cardiologists, who themselves offer an alternative treatment are the gatekeepers of surgical practice. Finally, improved pharmacological treatment in the form of statins and better antiplatelet therapy has resulted in more effective plaque stabilisation and reduced progression of disease before patients are ever considered for surgery.

The end result has been a dramatic reduction in the demand for coronary surgery which shows no signs of abating. Given that until now coronary surgery has formed the basis of most cardiac surgeons’ practice and a substantial part of the practices of cardiothoracic and cardiovascular surgeons the Council of the European Association for Cardio-Thoracic Surgery felt that the specialty would need to develop a coherent strategy to cope with this change. This ‘Symposium for the Future of Cardiac Surgery’ was the first step towards understanding the issues which will enable us to develop such a strategy. The symposium aimed to recognize and understand trends which will impact on the evolution of cardiac surgery across the board and to take the first steps towards identifying and harnessing new areas of biology and technology which might have an impact on surgical practice.

The symposium was attended by about 50 surgeons from Europe and the United States who were addressed by scientists, industrialists, and surgeons with special or emerging interests which will affect the future. Most presentations have been condensed into the manuscripts in this supplement to the Journal; all discussion has been faithfully transcribed. Inevitably, such discussion may at various points seem defensive or even disjointed. This is inevitable for a meeting of this kind, but within the discussion the reader will find nuggets which I believe will form the basis for an effective strategy for the future, but this is just the first step. The future of the specialty will remain high on the EACTS agenda and the agenda of our partner organisations in North America.

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