RICCARDO CODECASA

EDUCATION

Università degli studi di Pisa

Dottorato di ricerca (PhD) in "Fisiopatologia e clinicadell'apparatocardiovascolare e respiratorio (pathophysiology and clinic of cardioascular and respiratory systems)" 2006

Argument of thesis: pathophysiology and treatment of chronic ischemic mitral regurgitation

Università degli studi di Pisa

Specialty in CardiacSurgery, summa cum laude **2002**

Argument of thesis: myocardial revascularization with stem cells

Università degli studi di Pisa

Degree in Medicine and Surgery, summa cum laude **1997**

Argument of thesis: myocardial revascularization with both the mammary arteries

AKNOWLEDGMENTS

Scholarship for "the first and the youngest graduate in medicine and surgery ac. Year 1991-97" **1997**

Scholarship for good performance during Master of Science **1992-1997**

JOB EXPERIENCES

Careggi University Hospital (Firenze, Italy)

Staff cardiac surgeon **2003 -**

Since january 2009 “consultant”

Cisanello University Hospital (Pisa, Italy)

Collaboration agreement for scientific research **2002**

Prospective evaluation of “stented” vs “stentless” aortic valve prostheses

SPECIFIC JOB EXPERIENCES (SEE OPERATIVE LOG)

Years spent in cardiac surgery	**25 (since 1995)**
Participation to interventions in cardiac surgery	more than **5000 pts**
First surgeon	about **2500 pts**

MAJOR PUBLICATIONS (SUBMITTED BUT NOT YET ACCEPTED ARE NOT SHOWN)

SuccessfulofECMO in a paediatric patient with cardiogenic shock.

Pazzalia A, Seracini D., Masi S., **Codecasa R**, Franzé V., Pennica M., Vatiero L., Chiappa E.

Resuscitation. 2012 Oct 15;Vol 83, Supplement 1, Page e73, DOI: http://dx.doi.org/10.1016/j.resuscitation.2012.08.187

Totally endoscopic subxiphoidpericardioscopy: early steps with a new surgical tool.

Manca G, **Codecasa R**, Valeri A, Braconi L, Giunti G, Tedone A, Perna AM, Stefàno P, Gensini G. SurgEndosc. 2009 Feb;23(2):444-6. doi: 10.1007/s00464-008-9877-0. Epub 2008 Apr 25. Review.

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Successful aortic valve repair for severe aortic insufficiency caused by radiofrequency ablation.

Melina G, **Codecasa R**, Capecchi I, Gianfaldoni ML, Bevilacqua S, Sorbara C, Stefàno PL.

J ThoracCardiovasc Surg. 2005 Aug;130(2):564-5.

Transpharyngeal ultrasonography for cannulation of the internal jugular vein.
Bevilacqua S, Romagnoli S, Ciappi F, Ridolfi N, **Codecasa R**, Rostagno C, Sorbara C.
Anesthesiology. 2005 Apr;102(4):873-4. No abstract available.

Aortic dissection: diagnosis, state-of-the-art of imaging and new management acquisitions.
Mariani MA, D'Alfonso A, Nardi C, **Codecasa R**, Cocchieri R, Grandjean JG.
Ital Heart J. 2004 Sep;5(9):648-55. Review.

Off-pump coronary surgery improves in-hospital and early outcomes in octogenarians.
D'Alfonso A, Mariani MA, Amerini A, **Codecasa R**, Bellieni L, Proietti A, Grandjean JG.
Ital Heart J. 2004 Mar;5(3):197-204.

Current indications for elective surgical treatment of dilated ascending aorta: a new formula.
Codecasa R, Mariani MA, D'Alfonso A, Nardi C, Grandjean JG.
J ThoracCardiovasc Surg. 2003 Jun;125(6):1528-30. No abstract available.

Robotic-assisted off-pump coronary surgery.
Mariani MA, D'Alfonso A, **Codecasa R**, Grandjean JG.
Ital Heart J. 2002 Jun;3 Suppl 4:29S-33S. No abstract available.

Improving hemostasis during replacement of the ascending aorta and aortic valve with a composite graft.
Pratali S, Milano A, **Codecasa R**, De Carlo M, Borzoni G, Bortolotti U.
Tex Heart Inst J. 2000;27(3):246-9.

Concomitant aortic valve replacement and surgical angioplasty of left main coronary ostium.
Codecasa R, Scioti G, Baglini R, Pratali S, Milano A, Bortolotti U.
ThoracCardiovasc Surg. 2000 Apr;48(2):105-7.

Mitral valve annuloplasty for degenerative disease: assessment of four different techniques.

Milano A, **Codecasa R**, De Carlo M, Nardi C, Tartarini G, Verunelli F, Bortolotti U.
J Heart Valve Dis. 2000 May;9(3):321-6.

Performance of 21-mm size perimount aortic bioprosthesis in the elderly.

Bortolotti U, Scioti G, Milano A, De Carlo M, **Codecasa R**, Nardi C, Tartarini G.
Ann Thorac Surg. 2000 Jan;69(1):47-50.

Prospective evaluation of frequency and nature of transcranial high-intensity Doppler signals in prosthetic valve recipients.

Milano A, D'Alfonso A, **Codecasa R**, De Carlo M, Nardi C, Orlandi G, Landucci L, Bortolotti U.
J Heart Valve Dis. 1999 Sep;8(5):488-94.

[High-intensity transcranial Doppler signals in patients wearing heart valve prostheses: a prospective study].

D'Alfonso A, Milano AD, **Codecasa R**, De Carlo M, Nardi C, Orlandi G, Paoli C, Murri L, Bortolotti U.
G Ital Cardiol. 1999 Apr;29(4):401-10. Italian.

[Myocardial revascularization with arterial conduits: comparison of bilateral internal mammary artery and single internal mammary artery].

Codecasa R, Milano A, De Carlo M, Levantino M, Tartarini G, Nardi C, Magagnini E, Bortolotti U.
Cardiologia. 1999 Feb;44(2):169-75. Italian.

[Myocardial revascularization with both internal mammary arteries].

Codecasa R, Milano AD, De Carlo M, Levantino M, Magagnini E, Andreini D, Balbarini A, Bortolotti U.
G Ital Cardiol. 1998 May;28(5):544-53. Italian.

LANGUAGES

Italian: native

English: good writing and speaking, sufficient listening

ASSOCIATIONS

SICCH (società italiana di cardiochirurgia)

IRC (Italian Resuscitation Council)

Since the very beginning, DrCodecasa has been strongly self-oriented to develop a personal project oriented towards the “most minimal invasive cardiac surgery” comprising: mini-sternotomy, mini-thoracotomy, endoscopic vessel harvesting, robot-enhanced (daVinci) cardiac surgery, low-temperature mammary harvesting (harmonic scalpel, more than 650), ultrasound-enhanced chest re-entry, treatment of atrial fibrillation, minimally invasive treatment of pericardial (primitive and post-op) diseases (very important issue in minimally invasive surgery). He completed the training for surgical robot Davinci (Intuitive surgical) and practiced some robot-enhanced interventions, both during his residency and as a staff surgeon. As a resident he developed and published a new mathematical formula to calculate risk and indication to treatment for aneurysm of the ascending aorta based upon aortic diameter, age, body surface and co-morbidity. Later he pioneered the replacement of the ascending aorta through mini-sternotomy, both elective and urgently.

While practicing himself minimally invasive heart operation he spent much time teaching to his colleagues (both junior and senior) the basis and the advanced aspects of the minimally invasive approach thus favouring the spreading of it throughout the unit. As a result nowadays most part of the interventions are approached minimally invasively, representing a great result he is proud of.

At present he is a proctor for some minimally invasive procedures/devices.

The need for peripheral cannulation in minimally invasive operations made him particularly expert about and a collateral benefit of it was the relatively ease in positioning of ECMO also in very emergent situations (see major publications). When the ECMO-Unit was instituted at Careggi University Hospital he was designed to be the reference for cardiac surgery. As a consequence he held a series of lessons about the critical aspects of ECLS/ECMO.

The interest in mechanical circulatory support (MCS) progressively grow in him although the center was not a transplant or an MCS center, and he personally completed the Impella 5.0 & Impella LD ® Patient Management Online Training Program and the Impella RP ® Heart Pump Physician Training Program.

Not only clinical practicing but also soft skills were progressively stimulated to grow and he was involved as a reference for the cardiac surgery unit and for the department in: Clinical Risk Management, comunicazione difficile, “qualità & sicurezza”, “Reti cliniche regionali delle emergenze cardiologiche”, etc. Unfortunately this very proficient and intense activity made it

not possible for him to continue his scientific production, but he is struggling to contrast this negative effect with ongoing personal research and asks for publications.

Based upon the above (and more) motivations, the present professional vision of Dr. Codecasa is to coordinate in FIrenze the implementation of the Fully Implantable Ventricular Assist Device (FI-VAD) through a minimally invasive approach, a giant leap for the treatment of such very ill patients.