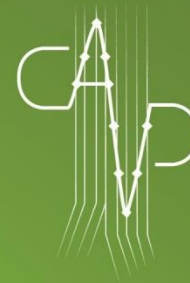




CONTROVERSES ET ACTUALITES EN CHIRURGIE VASCULAIRE

CONTROVERSIES & UPDATES IN VASCULAR SURGERY

JANUARY 23-25 2020



MARRIOTT RIVE GAUCHE & CONFERENCE CENTER | PARIS | FRANCE

Phlebology education in the United Kingdom: a complicated challenge (a survey of Rouleaux club members)

Mr Lewis Meecham

Vascular Surgery Trainee – West Midlands



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Disclosure

Speaker name:

Lewis Meecham

I have the following potential conflicts of interest to report:

I do not have any potential conflict of interest



Who?

- Trainee vascular surgeons only

How is training delivered?

- **Independent Vascular Surgery Curriculum**
 - Approved by General Medical Council (2013)
 - Delivered by the Intercollegiate Surgical Board (ISCP)
 - Overseen by a national surgical training committee (JCST)
 - Regional vascular training committee, composed of consultant trainers
- **Training delivered by approved vascular centers**

Assessment?

- **Workplace Based Assessment**
- **FRCS Vascular exit examination**



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What is a Vascular Training Center?

- A Hospital or Network of Hospitals providing **Emergency** and **Elective** vascular surgery
- Dedicated Vascular Ward
- 24/7 access to emergency vascular surgery and intervention radiology
- 24/7 access to ITU and HDU
- Recognition by the National Abdominal Aortic Aneurysm Screening Programme (NAAASP)
- Dedicated Vascular Anaesthetists
- Weekly MDT
- Hybrid Theatre
- Outcomes are recorded on the National Vascular Registry and in line with national standard
- Organized around the provision of **ARTERIAL** surgery



Background to phlebology training

- Trainee survey 2011 – Phlebology¹.
- **78%** No formal venous duplex training
- Open surgical experience improved with grade of training, **poor exposure to recurrent SVI surgery.**
- **39%** had no experience of endothermal laser, **67%** had no experience of endothermal RFA.
- **<40%** had experience with Foam Sclerotherapy.
- **76%** of trainees wanted a formal venous training course
- **Concluded - training not producing vascular surgeons competent in phlebological practice**



Current Curriculum (ISCP)

Knowledge	
Anatomy of the superficial venous system	4
Physiology of Venous Dynamics	4
Graduated Support	4
Pathology of superficial venous incompetence	4
Neovascularisation	4
Recanalisation	4
Pelvic Venous Reflux	4
Complications of Venous Hypertension	4
Oedema, Lipodermatosclerosis, ulceration, bleeding, recurrence	4

Technical Skills	
Apply Compression Bandage	4
Injection Sclerotherapy	4
Truncal Foam Sclerotherapy	4
Cannulate Long and Short Saphenous veins under US control	4
Endovenous thermal ablation(EVLT/VNUS)	4
Surgery (multiple phlebectomies, SFJ + SPJ ligation, LSV strip)	4
Recurrent Varicose Veins Surgery	4

Level 1	Has observed
Level 2	Can do with Assistance
Level 3	Can do whole but may need assistance
Level 4	Competent to do with assistance, including complications

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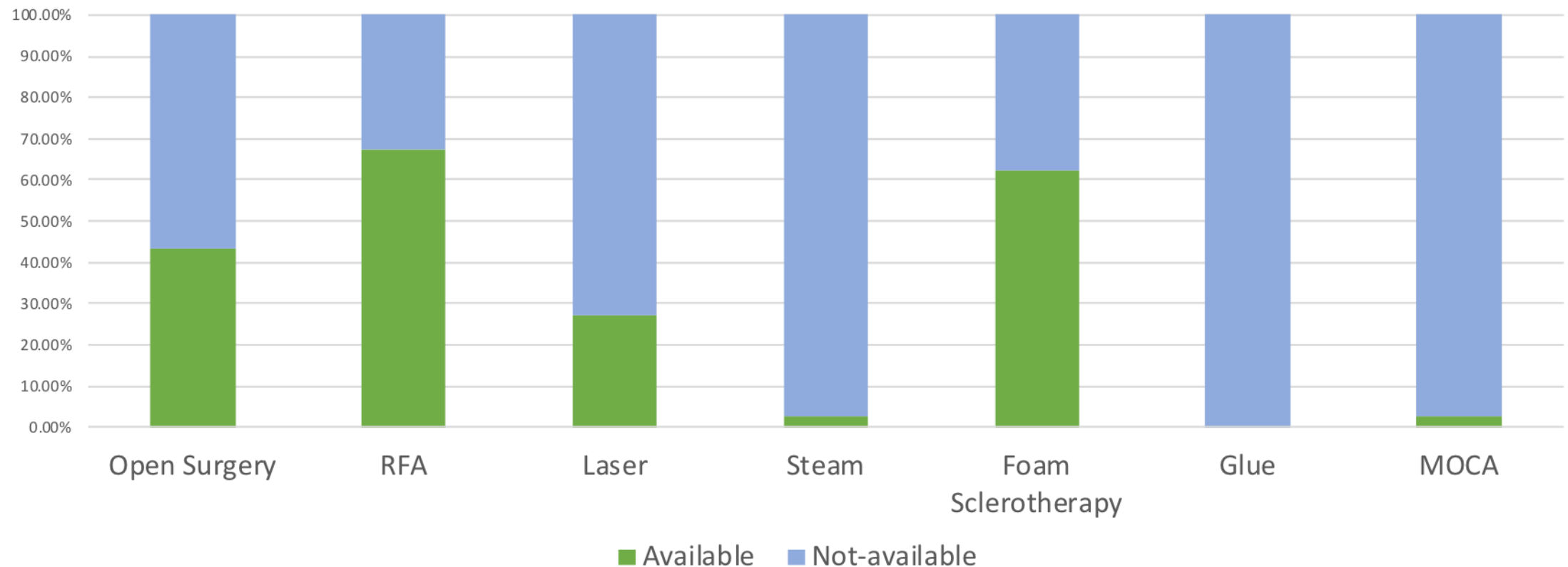
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Opportunity

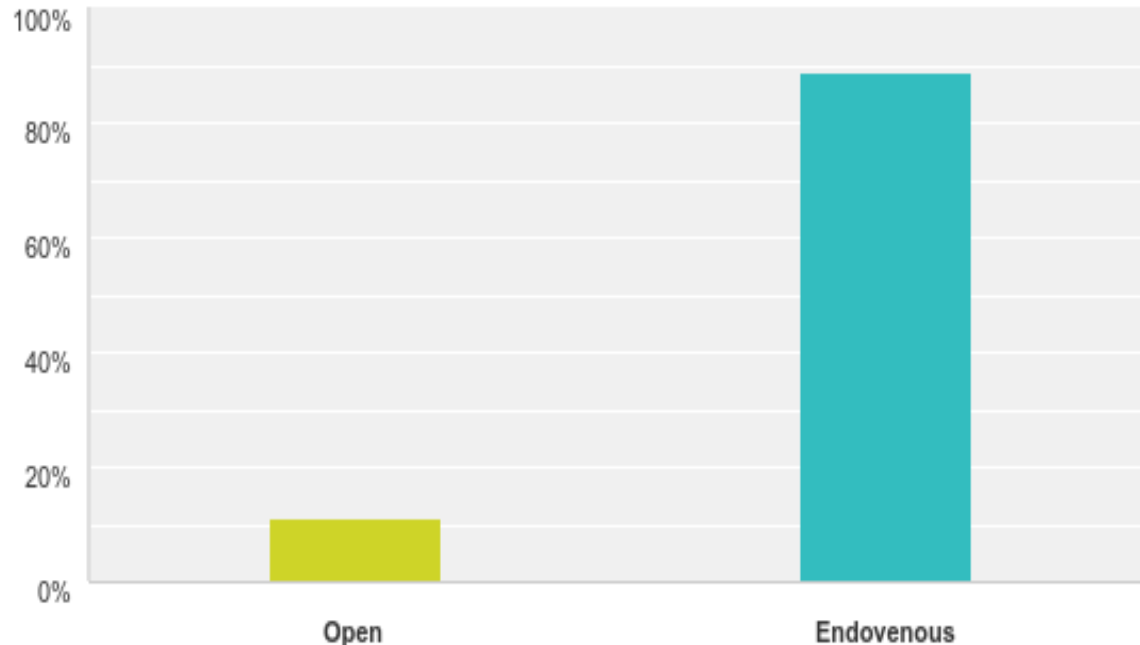
Availability of Different SVI Interventions for Training



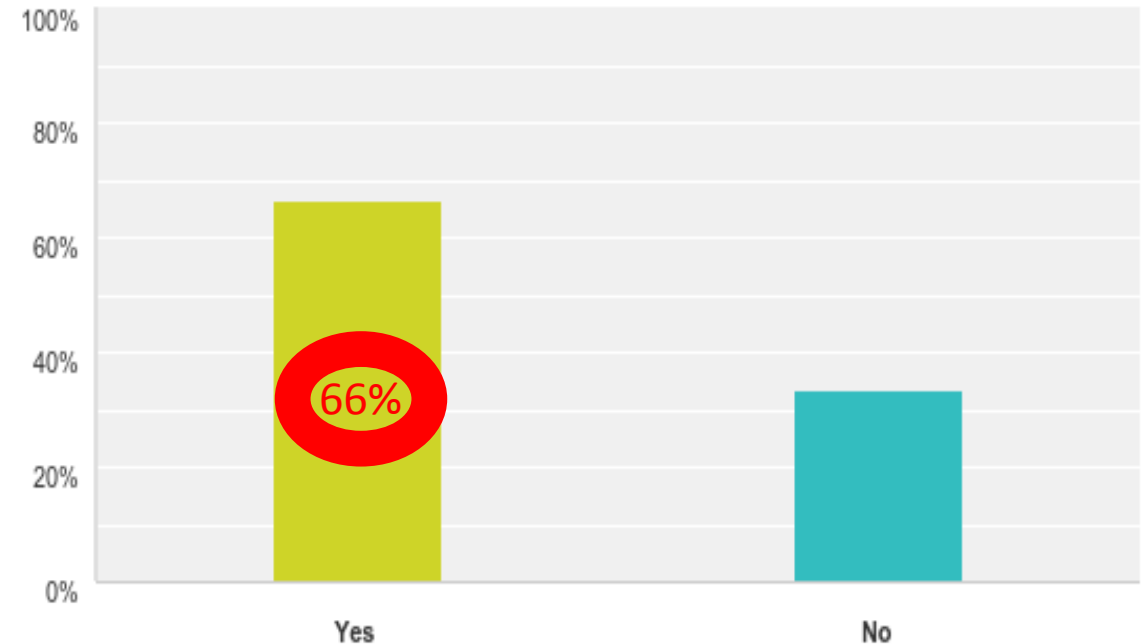


Opportunity

Is the main treatment modality for
primary varicose veins:



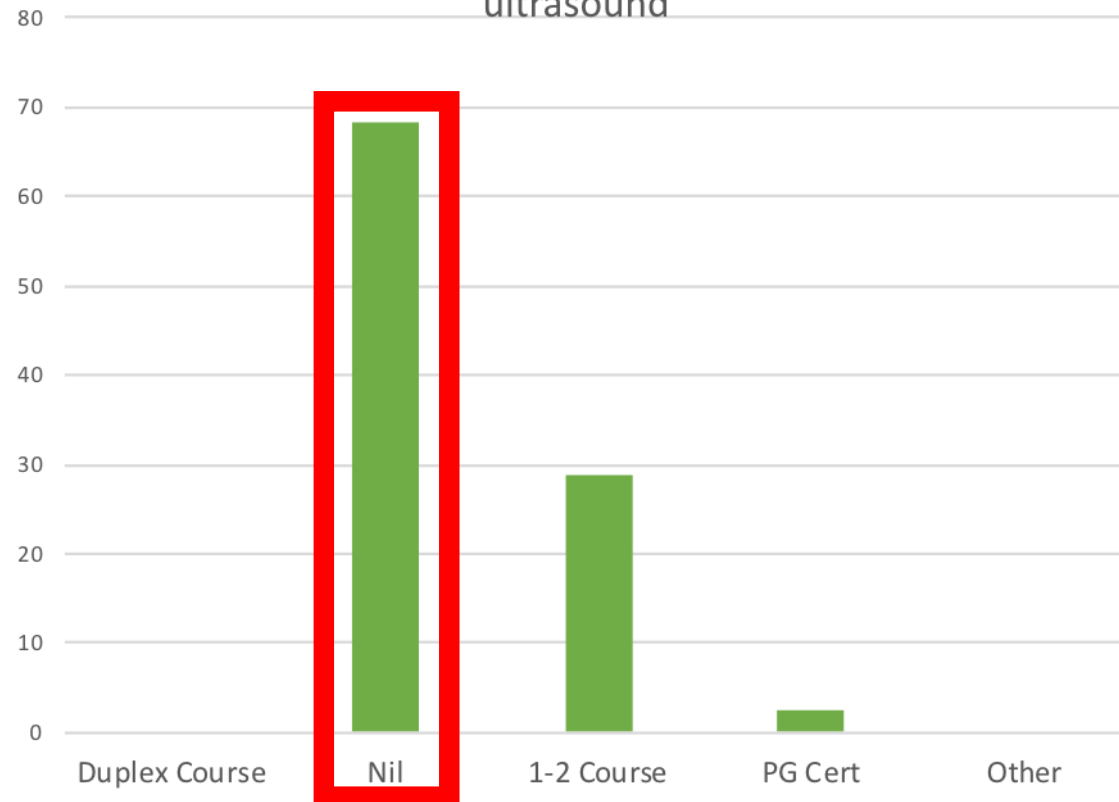
Are you timetabled to lists that include
superficial venous interventions?



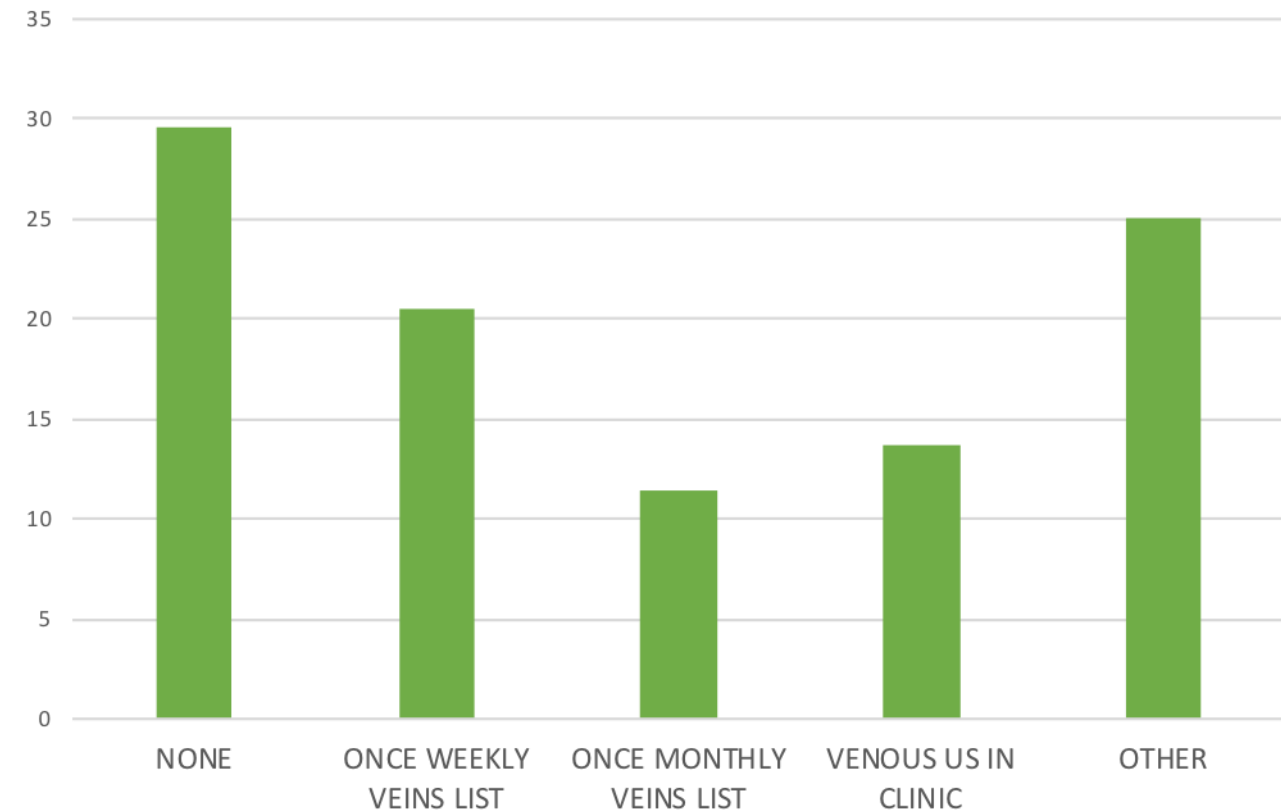


Training with ultrasound

Percentage of trainees having formal training with ultrasound



Training opportunities in ultrasound

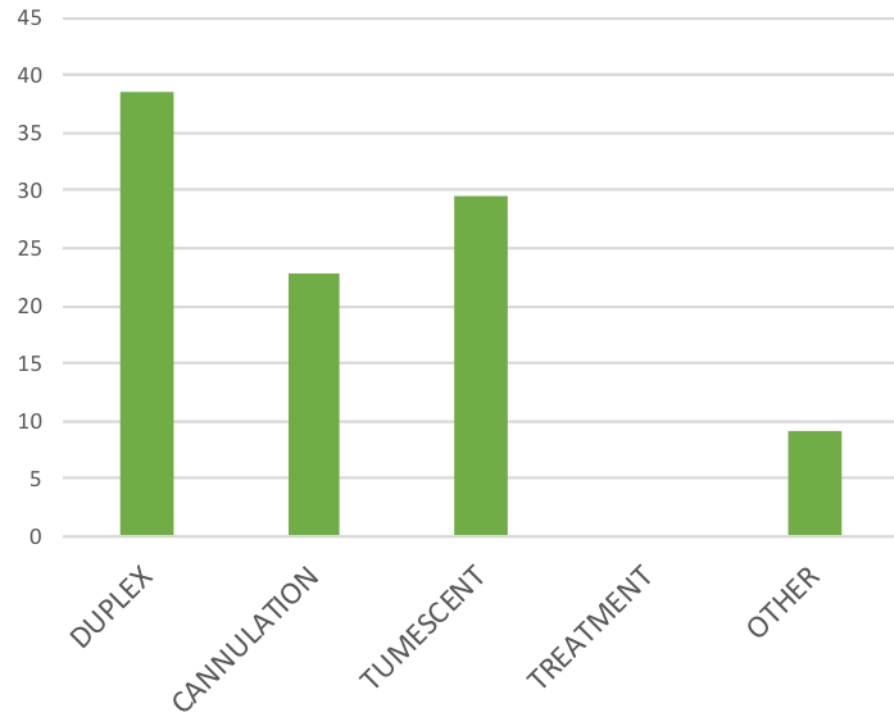


***ISCP requires Level 4 competence in DUS for venous and arterial pathology**

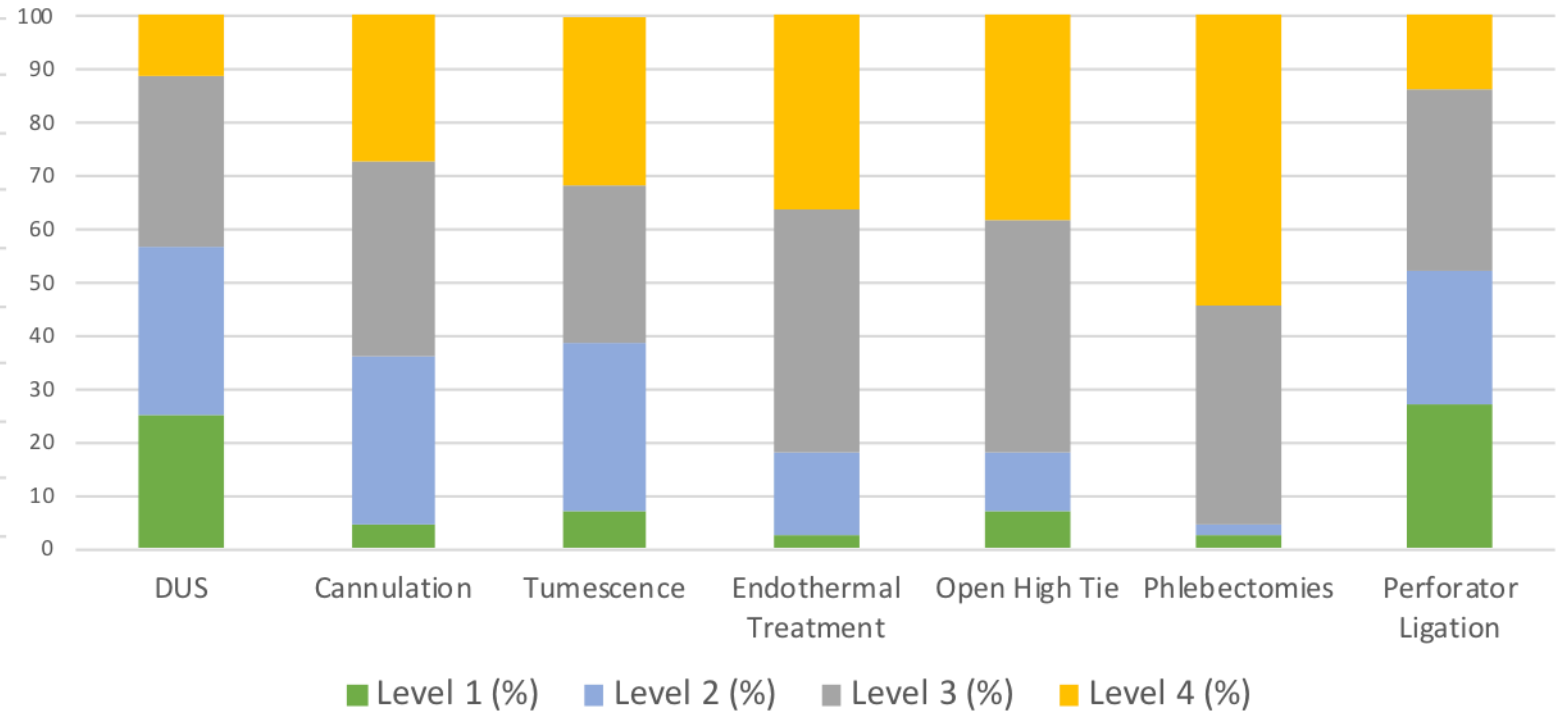


Trainee Competence

Aspects of endovenous SVI that trainees find most difficult (%)



Self reported competence of different skills required for SVI interventions



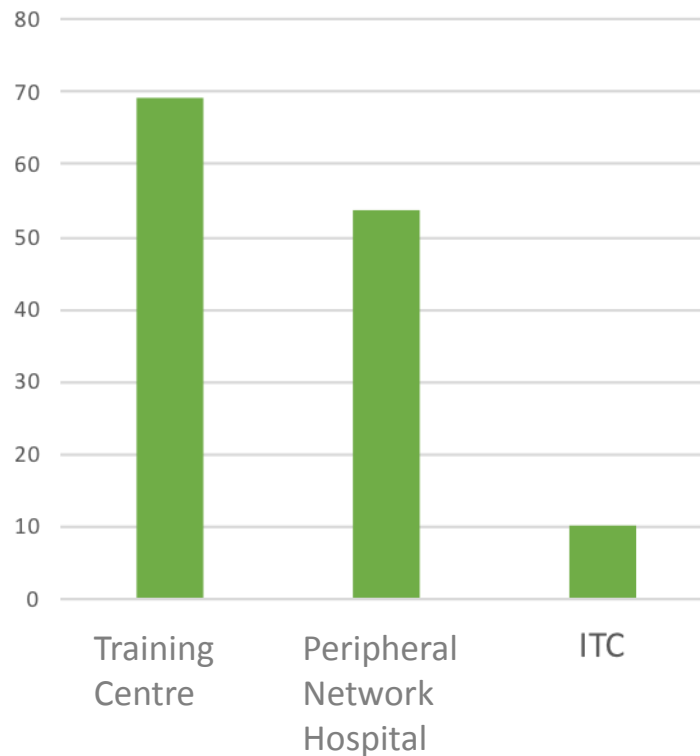
* Increasing training grade did not correlate with increased number of procedures performed

*Self reported competence correlated with increased number of procedures logged on eLogbook

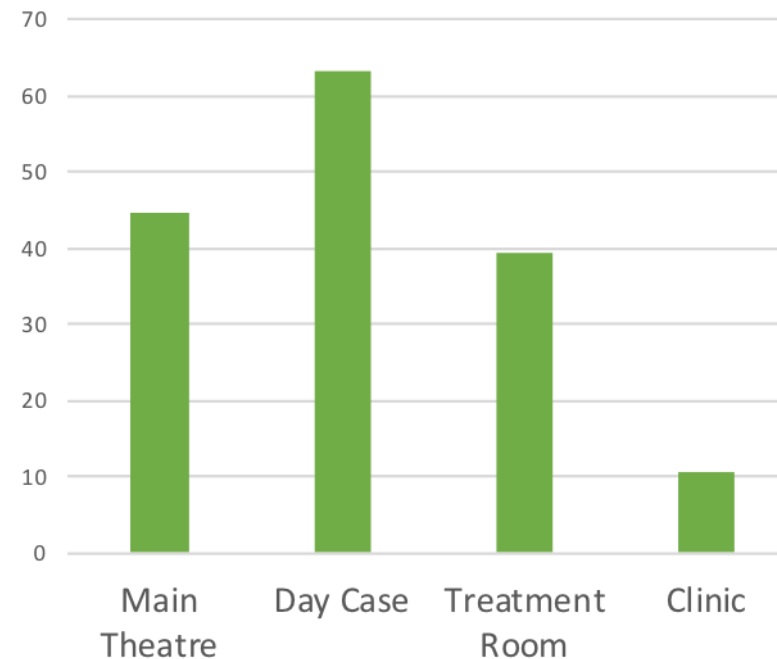


Barriers to phlebology training – Institutional

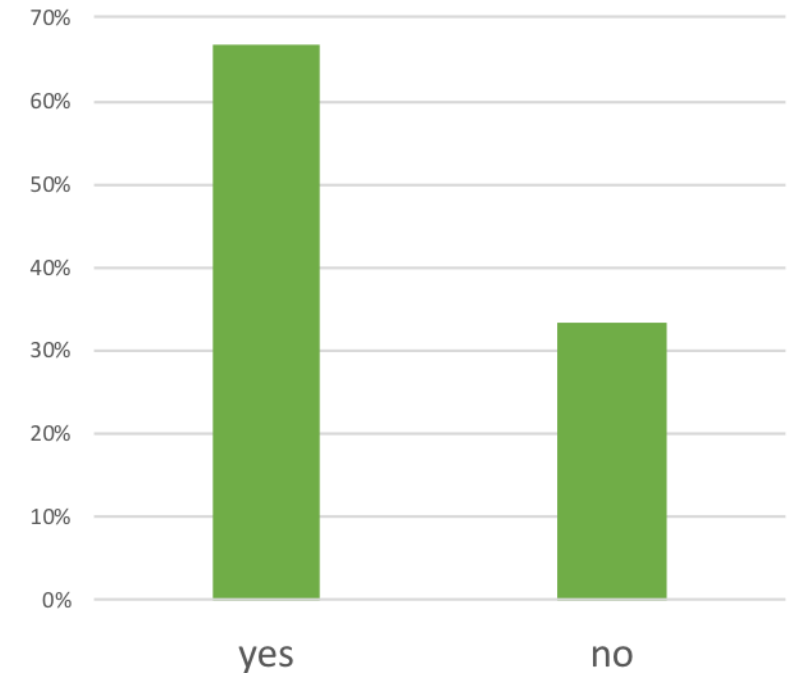
Where are SVI Interventions
Performed (%)



Where are SVI interventions
performed in vascular units (%)



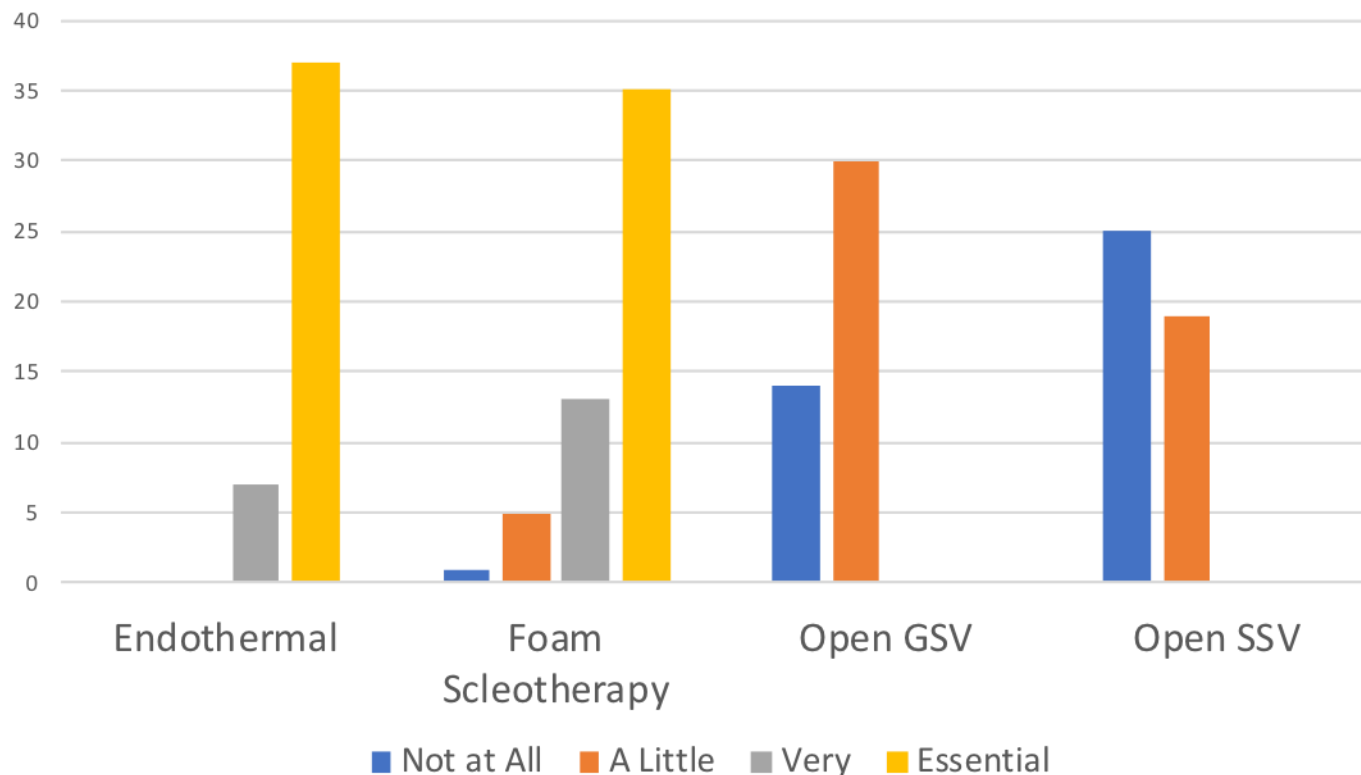
Are you timetabled to lists that include
superficial venous intervention





Barriers – Trainee Engagement

Trainee view on importance of training



- Prioritizing open arterial surgery
- Prioritizing endovascular arterial intervention
- Uncomfortable performing procedures under local anaesthetic (**Awake** patients)
- Seen as something that can be learnt easily post training
- Not recognizing the cross over of skills between endovenous and endovascular arterial interventions
- Not as **FASHIONABLE** as arterial intervention



Conclusion

- No improvement in formal training with ultrasound since the introduction of the vascular curriculum
- Improved exposure in endovenous treatments (Laser, RFA and Foam Sclerotherapy) however open surgery now lacking
- Institutional barriers to providing adequate phlebology training persist
- Trainee Attitude/Focus is positive for endovenous interventions – maybe a significant disparity between attitude toward Venous and Arterial intervention
- Currently the curriculum does not produce clinicians who have a competent phlebology practice
- **Expertise in phlebological practice is gained post training and is self driven.**



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