

# **THE VASCULAR BOARD: SYSTEMATIC COLLEGIAL DEPARTMENTAL MEETING AS A TOOL FOR DIAGNOSTIC-THERAPEUTIC INSIGHTS, TRAINING AND LEGAL PROTECTION**

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## **Objective:**

The number of complex cases in vascular surgery is growing, and a multidisciplinary discussion is crucial to managing and planning those. Moreover, in recent years, the development of shared protocols has increased for a correct diagnostic-therapeutic pathway, allowing optimization of resources and a higher level of medical-legal protection. Indeed, multidisciplinary discussions also have an educational role for residents and students. Our paper aims to present our experience of interdisciplinary meetings within our institution among the specialists involved in caring for vascular patients.

## **Methods:**

Meetings are held once a week, convened by email invitation with CME accreditation. Complex cases are discussed from both clinical and surgical points of view, achieving a shared conclusion that is then communicated to the patient. The second part provides training on topics for both medical and nursing staff for greater collaboration between professional figures. The results of the discussions are collected in a shared but key-protected database to maintain privacy and medical-legal protection.

## **Results:**

In 40 months we discussed 283 cases: 153 cases of aorto-iliac disease, 66 of peripheral arterial disease, 56 of supra-aortic trunk pathology, 6 of visceral vessel pathology and 2 cases of venous pathology. In aorto-iliac disease, we changed indication in 28 patients: in 2 cases the approach changed from endovascular to open, in 23 cases from endovascular to conservative, in 2 cases from open to conservative approach, and in 1 case we changed the intervention technique maintaining the type of approach. In carotid surgery we changed indication in 11 patients: in 4 cases we changed the indication from endoarterectomy to stenting, in 6 from endoarterectomy to conservative and in 1 case from stenting to conservative approach. In peripheral arterial disease we changed the approach in 10 patients: in 4 cases we changed the indication from surgical to conservative, in 2 from surgical to conservative, in 1 from surgical to hybrid and in 3 cases from surgical to endovascular. We are also experimenting with an online platform for general practitioners who can attend meetings to be promptly informed about their patients.

**Conclusion:**

The Vascular Board is a tool for multidisciplinary discussion, diagnostic-therapeutic insight, helpful training to improve vascular surgeons' approach to patients, and excellent medical-legal protection.