WHY TRAUMA SURGEONS SHOULD BE TRAINED IN VASCULAR AND ENDOVASCULAR TECHNIQUES

Charles Fox, MD
University of Colorado
School of Medicine
Denver Health Medical Center

Disclosures
- Pryor Medical, consultant

WHY SHOULD VASCULAR SURGEONS BE TRAINED IN ENDOVASCULAR TECHNIQUES? CIRCA 1990’S

Success=Conditions Aligned
- Vascular Surgeons are Innovative Thinkers
- We Embraced Technologic Advancements
- We Managed High Risk Patients

Vasc Endovasc Surg
We needed better a outcome that required unconventional strategies and perseverance.

Trauma Surgery
- Mortality has not changed in 30 years
- Hemorrhage is still the leading cause of death

National Trauma Databank
- 1994-2003
- 12,732 arterial injuries
- 7286 open repairs
- 27 fold increase in the use of stents
- The use of endovascular therapy in the setting of acute trauma has increased in a dramatic fashion

Graduating Chief Residents

Endovascular Procedures

Impact

“the technology shift is having a significant impact on the education of GSRs in vascular surgery”.

“New educational paradigms may be necessary in which either vascular surgery as an essential component is abandoned or training in catheter-based interventions becomes required”.

Abandon or Cross the Rubicon?

WHY TRAUMA SURGEONS SHOULD BE TRAINED IN VASCULAR AND ENDOVASCULAR TECHNIQUES?

- ABS: Vascular surgery is an essential component of general surgery
- ABS: Broadly requires competency
- RRC: Adequate knowledge & experience
- 44 Defined Categories cases by graduation
How can one practice Trauma Surgery without learning valuable operative techniques?

- Exposure
- Proximal and distal control
- Suturing skills
- Working efficiently around major blood vessels.

**WHY TRAUMA SURGEONS SHOULD BE TRAINED IN VASCULAR AND ENDOVASCULAR TECHNIQUES?**

- We are not training them to practice vascular surgery.
- We cannot just teach open vascular surgery, when “the state of the art” is endovascular.
- Knowledge allows them to properly inform patients about what is right.

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**Vascular Evolution**

- Brachial Artery
- EVAR
- TEVAR
- rEVAR
- FEVAR
- US Guided Access
- Open Surgery

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**2014 AAST Revised Operative Curriculum**

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*The goal of the fellowship remains the development of a surgeon who has working technical and procedural knowledge and experience in many anatomic domains*
We actually do train trauma surgeons to do procedures for head trauma, So it makes perfect sense to train them to do vascular and endovascular procedures!