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Nothing to report.

Making Choices In Vascular Surgery

Clinical expertise
Evidence
Treatment choice
Patients’ values and preferences


Shared Decision-Making (SDM)

Two-way information exchange:
• Caregivers provide information geared toward the patient about disease, treatment options and their benefits, risks and scientific uncertainties
• Patients share their values and preferences about the treatment options and about how they weigh the pros and cons of the treatment options
• “No decision about me… without me”
  • Doctor's and patient's preferences do not always match!

Why SDM?

• SDM improves quality of care:
  • Reduction of overtreatment and unwarranted variation in care
  • Patients will be more satisfied with the consultation process
  • Patients will have a better knowledge about their disease
  • Patients will be more therapy-compliant

Ubbink DT et al., Eur J Vasc Endovasc Surg. 2018

SDM in Vascular Surgery

• Still poorly implemented among (vascular) surgeons
  • Santema TB et al., Eur J Vasc Endovasc Surg. 2016
  • Ubbink DT et al., Eur J Vasc Endovasc Surg. 2018
  • SDM acknowledged by Dutch Vascular Surgery and Patient Advocacy Societies

• Tools available to promote SDM:
  • Decision aids
  • Option grids
  • Decision cards
  • Practical trainings
SDM in Vascular Surgery

- OVIDIUS trial:
  - Operative Vascular Intervention Decision-making Improvement Using SDM-tools
  - Implementing tools to promote SDM in vascular surgery for:
    - AAA: Asymptomatic, diameter >5 cm (women) or >5.5 cm (men)
    - Carotid Artery Stenosis: >70% (diagnosed within 6 mo after onset symptoms) OR: >50% in men (diagnosed within 12 wks after onset symptoms)
    - Intermittent Claudication: insufficiently responding to supervised exercise training
    - Varicosis

OVIDIUS Study Design

- Stepped-wedge cluster randomized trial
- 500 Patients to be included
- 15 Vascular surgical centers in the Netherlands
- 5 Clusters with 3 centers each:

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OVIDIUS Outcomes

- Primary:
  - Level of patient involvement (OPTION-scale)
- Secondary:
  - Perceived level of SDM (CPS-score)
  - Disease–related knowledge
  - Decisional conflict score (DCS-16)
  - Quality of life (SF-12)
  - Usage of SDM-tools

Summary

- SDM Essential In Vascular Surgery To Improve Quality Of Care
  - For most disorders multiple treatment options can and should be offered
  - Patient preferences count, and should be involved in decision-making
  - OVIDIUS-trial to promote implementation of SDM. So far: n=175

- Results: Veith 2019!