CAN SIMULATION SUBSTITUTE FOR FEWER OPEN AORTIC CASES IN TRAINING?

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Disclosures
• None

Outline
• Shift in aortic surgery
• Fewer open cases
• More EVAR fEVAR
• What can be done?
• Do we need to change?

Sounding the alarm?

EDUCATION CORNER
From the Midwestern Vascular Surgical Society
Progressive shortfall in open aneurysm experience for vascular surgery trainees with the impact of fenestrated and branched endovascular technology
Amalda Guia, MD, MS, MBA, Steven Kaposvari, DDS, Gilbert Uchurch, MD, Cheng Dong, MB, and Steven J. Stout, MD, PhD, MS. Wisconsin Med College, Milwaukee, WI.

Increase in available cases

J Vasc Surg 2017; 65:257
Vascular Simulation

- Pontresina, CH
- Bootcamps
- Hands-on courses
- Designed for novices

LSU course

Vascular Training

- Residency/fellowship
- Bootcamps
- Courses
- Mentorship
- Experience

Simulation

- Box trainers
- Perfused models
- Animal models
- Cadavers

Proof of Concept

- Five studies
- PGY-1 to PGY-7
- Trainers
- OSATS
- Measure proficiency
Simulation studied

Simulation-based training to teach open abdominal aortic aneurysm repair to surgical residents requires dedicated faculty instruction.

- Gradual increase in skills
- Importance of faculty involvement
- More junior trainees had greatest benefit

AAA model

- Pilot training
- Safe environment to practice
- Simulate problems and difficult situations
- Help prepare trainee

Gaining Expertise

Simulation

Other models

Perfused Cadavers
Quality is scrutinized

Summary

- Open aortic cases are diminishing
- Can simulation help in training
- Is there a need for competent open aortic surgeons?
- Expertise in graft explantation
- Do we need “advanced aortic fellowships”?
- What does vascular certification really mean