

Application for Training Centre
British Society of Endovascular Therapy – Fellowships

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<i>Applicants:</i>	<i>Mr Simon Neequaye, Consultant Vascular Surgeon</i> <i>Dr Flavius Parvulescu, Consultant Interventional Radiologist</i>
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Statement of Collaboration.

The Regional Vascular Unit is staffed by 12 consultant vascular surgeons and 6 vascular interventional radiologists. There are close working relationships between the two groups who meet regularly to discuss the management of patients with peripheral arterial disease (general vascular MDT) and symptomatic carotid disease (Mersey Stroke Group). Assessment of suitability for and planning of endovascular intervention for aneurysmal disease is also undertaken jointly. In addition, there is close collaboration between surgeons and radiologists in both the operating theatre and the interventional radiology suite. The Unit has a strong record of involvement in both laboratory based and clinical research with links to the University of Liverpool through the Department of Clinical Engineering as well as research links with other Units both within the Mersey Region and Nationally (Joint Vascular Research Group). The Unit also has a strong track record of involvement in major HTA funded trials (EVAR 1, EVAR 2, ICSS etc. Current clinical research projects include assessment of percutaneous deep vein arterialisation as part of the LimFlow trial in addition to our traditional Aortic research portfolio which includes the UK-COMPASS trial. We have recently contributed to the CLEVAR registry and are currently contributing to the ARIA trial examining the role of Fusion imaging for endovascular procedures. We feel very strongly that the future management of vascular disease will be best provided by increasingly seamless working between the two specialties and are working to ensure that we are well placed to meet this challenge.

Record of Training In Endovascular Surgery.

The Unit in Liverpool has a high profile in the field of endovascular intervention. Our EVAR programme began in 1996 and has achieved national and international recognition, particularly with our fenestrated and complex branched stent graft programme which began in 2004 and now extends to more than 60 cases. The high throughput of EVAR work in particular has meant that all surgical trainees and interventional fellows have had the opportunity to be exposed to a large number of cases as part of their attachment. In common with many similar units in the UK we are keen to formalise our approach to training in endovascular surgery by offering specific fellowships. The BSET scheme is an excellent opportunity for a trainee to benefit from the wide range of experience we are now able to offer. Through our LCS collaboration we already support a specific Thoraco-abdominal fellowship encompassing open and endovascular surgery. The BSET fellowship would be complimentary, with the opportunity to master standard EVAR and gain confidence in Fenestrated EVAR for an appropriate candidate. Our complex lower limb endovascular program is led by our specialist vascular interventional radiology team who would be happy to offer training to appropriately experienced candidates, in addition to a large volume of infra-inguinal work carried out in our hybrid theatre environment. As of March/April 2022, our unit will be in a purpose built Theatre complex with two Hybrid theatres which will carry out all of our elective aortic work and the majority of our inpatient lower limb work. A Supernumary BSET fellow would be in an ideal position to maximise training in this environment. We currently support an advanced Thoraco-abdominal fellow. The BSET trainee would be complimentary and allow some cross cover with the Heart and Chest site where we are currently carrying out the majority of our thoraco-abdominal work and all of our Arch Endovascular work.

Index Endovascular Procedures.

The Unit offers the full range of both open surgical and endovascular interventions. We currently treat 150-200 aneurysms annually at the LUHFT and LHCH sites. The majority of these are now dealt with by endovascular means. Due to the tertiary referral practice locally, we do a similar number of fenestrated and complex branched grafts to conventional EVAR. We have close links with the Cardiothoracic Centre and support the increasing amount of endovascular work directed at the thoracic aorta both for aneurysms (5-10 pa) and dissection (10-15 pa). There is large peripheral vascular caseload amounting to 200+ cases annually of iliac/femoral/popliteal/Tibial angioplasty +/- stenting. We have a growing practice in deep vein arterialisation with the Limflow device. The Unit also provides a regional endovascular service for patients with GI haemorrhage (150 cases p.a.).

Endovascular Programme for BSET Fellow.

For this round of fellowships we are able to offer a focussed programme concentrating on the assessment and planning of standard and complex (fenestrated and branched) endovascular cases for an applicant who already has a good background in basic endovascular techniques and has acquired good catheter/guidewire skills. There will be an opportunity to participate in a significant number of EVAR cases, especially complex ones. There will also be opportunities to spend time in interventional radiology for appropriately senior trainees. This may be at a spoke site depending on the particular staffing of the unit.