

Application for Training Centre

British Society of Endovascular Therapy – Fellowships

Institution: Royal Liverpool University Hospital

Correspondence: Regional Vascular Unit
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Applicants: Mr John Brennan, Clinical Director of Vascular Surgery
Dr Richard McWilliams, Interventional Radiologist

Co-applicants:

Statement of Collaboration.

The Regional Vascular Unit is staffed by 5 consultant vascular surgeons and 3 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). 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 recently with the advent of 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. Our 2 most recent appointments at Consultant Vascular Surgeon level have been surgical trainees from the region both of whose practice now involves a significant amount of endovascular work delivered primarily by them with appropriate support from interventional radiology and senior surgical colleagues.

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.

Index Endovascular Procedures.

The Unit offers the full range of both open surgical and endovascular interventions. We currently treat 150 aneurysms annually. The majority of these are now dealt with by endovascular means, mostly by conventional EVAR with smaller numbers of fenestrated and complex branched grafts. 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 angioplasty +/- stenting, including subintimal angioplasty. In addition we perform increasing numbers of carotid stenting for patients with symptomatic occlusive disease of the extracranial carotid arteries. 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 but regular timetabled training slots are due to be filled by other trainees in vascular surgery (RCS post-CCT Fellowship) and interventional radiology, such that attendance in the department will be on an opportunistic basis only.