Application for Training Centre British Society of Endovascular Therapy (BSET) Fellowships

Institution:

Cambridge Vascular Unit

Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust

Correspondence:

Mr J R Boyle

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Applicants:

Mr J R Boyle, Mr PA Coughlin, Mr MS Gohel, Mr SM Kreckler, Mr SM Harrison, Mr CH Wijewardena, Miss DR Hildebrand, Mr TRA Lane, Mr N Mughal, Dr A Winterbottom.

Co-applicants:

Dr J Perry, Peterborough City Hospital; Dr A Helmy, West Suffolk Hospital.

Statement of Collaboration.

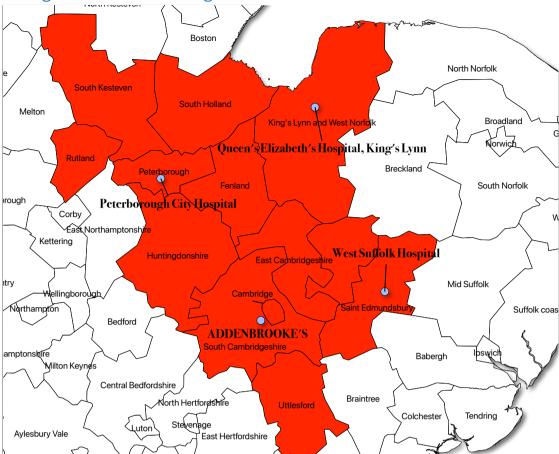
The Cambridge Vascular Unit is one of the busiest Vascular Surgery Units in the United Kingdom, and is based at Addenbrooke's Hospital, just south of Cambridge. The unit comprises of 10 Vascular Surgeons and 7 Interventional Radiologists with extremely close collaboration.

All vascular surgery consultants have responsibility in the Spoke Hospitals, with regular attendance at Peterborough City Hospital, Queen Elizabeth's Hospital Kings Lynn and West Suffolk Hospital. These well-established links with our Spoke Hospitals allows dedicated interventional training without any competition from other trainees.

All EVARs are performed in our dedicated Hybrid Theatre and are trainee led.

Addenbrooke's is co-located with the Royal Papworth Hospital, leading to extensive collaboration on complex aortic pathology. Addenbrooke's is the only multi-visceral transplant centre in the country, leading to extensive teamwork with the Intestinal Failure Unit.

Background of Cambridge Vascular Unit



Cambridge Vascular Unit is the primary vascular network serving a 1.8 million population and the tertiary referral centre serving a population of 5.5 million people in East Anglia.

It is one of the busiest vascular units in the United Kingdom, with over 100 index procedures per year in each index National Vascular Registry category.

The unit has 24/7 access to a dedicated hybrid suite with fusion imaging capability and two further interventional suites. There is a dedicated TeraRecon image reconstruction workstation in the Hybrid suite. We have 5 triple session operating lists in the hybrid suite per week, with an additional triple session open operating list per week. There is also easy access to the emergency list. Day case and inpatient stay interventional radiology lists occur daily.

The Diabetic Foot unit is exemplary with diligent interworking between Diabetes, Orthopaedics, Vascular Surgery, Podiatry and Interventional Radiology. Weekly diabetic foot rounds take place for inpatients, and the outpatients are served by daily podiatry and diabetic clinics, and monthly MDT clinics.

We have close links with the Royal Papworth Hospital, allowing the full range of complex open and endovascular procedures to be offered for aortic repair. There is a

weekly complex aortic MDT in Addenbrooke's, as well as a monthly joint clinic with the cardiothoracic team in the Royal Papworth Hospital.

We have also have a busy venous unit, with a range of thermal and non-thermal endovenous modalities (including cyanoacrylate glue closure and perforator ablation procedures) performed under local anaesthetic in an office setting. Tertiary referral complex deep venous reconstruction with both open and endovascular approaches are performed with intravascular ultrasound support.

We have a dedicated and excellent vascular studies unit with 8 full-time vascular scientists. In addition we have a team of 6 dedicated vascular nurse specialists.

Cambridge University Hospitals NHS Foundation Trust is a digital exemplar trust and is fully paperless. This allows extensive audit and research work with easy access to data.

We have previously hosted a RCS Post CCT Fellow in Vascular Surgery and multiple previous BSET Fellows. We currently host two international Post CCT Fellows.

Index Endovascular Procedures Performed:

- Infrarenal endovascular aortic aneurysm repair
 - o Percutaneous and Open Cutdown
- Fenestrated endovascular aortic aneurysm repair
 - o Percutaneous and Open cutdown
- Thoracic aortic aneurysm and aortic dissection endovascular repair
 - o Percutaneous and Open cutdown
 - o Aortic arch debranching
 - o Frozen elephant trunk performed at Royal Papworth Hospital
- Carotid artery stenting
 - o Percutaneous and retrograde
- Peripheral arterial endovascular treatment
 - o Iliac angioplasty and stenting
 - o SFA angioplasty and stenting
 - o Tibial angioplasty and stenting
 - o Intraarterial Thrombolysis including mechanical adjuncts
- Deep venous endovascular reconstruction
 - Iliocaval stenting
 - o Femoral venoplasty

- O Superior vena cava treatment for vascular access
- o Venous thrombolysis including mechanical adjuncts
- Superficial venous endovascular ablation
 - o Radiofrequency ablation
 - o Foam sclerotherapy
 - o Cyanoacrylate glue closure
 - Perforator ablation

Training Opportunities.

- 1. 6 triple session vascular operating lists per week. (open and endovascular procedures)
- 2. Interventional training lists WSH and PCH, 7 per week. No other trainees.
- 3. MRA & interventional list West Suffolk, 2 sessions, approved by WSH radiology for this post.
- 4. Vascular Laboratory (8 full time sonographers, >2000 scans per year plus physiology)
- 5. Vascular Out-patient clinics (10 per week)
- 6. Combined Diabetic foot, leg ulcer and TIA clinics (multidisciplinary)
- 7. MDT radiology meetings (General, Carotid, Complex Aortic, Complex Venous)
- 8. Endovenous Ablation Lists 4 per week (plus lists at spoke hospitals)
- 9. Daily Consultant ward round with dedicated Consultant of the Week
- 10. Weekly research / journal club meetings.
- 11. Active clinical research programme.

On Call Vascular Middle Grade Rota

There are important training opportunities to gain from emergency vascular cases. The BSET fellow may choose to contribute to the on-call rota from home on a 1 in 7 basis to cover vascular and endovascular emergencies (AAA, TAA stenting, thrombolysis, angiography). The Trust has approved funding for this element of the post.

Job Description

This BSET fellowship offers training opportunities in radiological intervention and imaging for vascular disease. This will add to the operative, ward and clinic competencies already acquired during surgical training. In addition to clinical training the post holder will be expected to initiate a new clinical research project and contribute to existing research programmes. Currently there is research in every field of vascular surgery from genetic assessment of aortic aneurysm patients to clinical outcomes from venous disease.

Training will be supervised by Mr J R Boyle and Mr M S Gohel, Consultant Vascular Surgeons. The trainee will be exposed to cross sectional imaging with CT and MRI, duplex ultrasound,

hybrid theatre and angiography suite catheter and wire skills training. Three monthly appraisals will assess progress against the desired competencies identified within a learning agreement and tailored to the specific trainee's needs.