Vascular Connections

The Official Newspaper of the Vascular Annual Meeting

FRIDAY EDITION

SOCIETY FOR VASCULAR SURGERY • VASCULAR AND ENDOVASCULAR SURGERY SOCIETY • JUNE 12-15, 2019 • GAYLORD NATIONAL RESORT & CONVENTION CENTER

CRAWFORD CRITICAL ISSUES FORUM

'Good Outcomes Not Good Enough'

A tradition at the Vascular Annual Meeting, the E. Stanley Crawford Critical Issues Forum is organized by the incoming SVS President and devotes itself to assessing and discussing particular challenges currently facing the society. This year's Forum focused on how vascular surgeons could use evidence-based medicine to develop tools to improve outcomes, reduce costs, and ensure appropriate utilization of resources.

Session moderator and organizer Kim J. Hodgson, MD, SVS president-elect and chair of the division of vascular surgery at Southern Illinois University School of Medicine, outlined the problem in his introductory presentation "Why Good Outcomes Are No Longer Good Enough."

He pointed out how there are several driving forces influencing the inappropriate use of medical procedures, resulting in diminished quality of outcomes and increased costs of health care: These comprise incorrect evaluation, incorrect treatment and planning, and improper motivation. The first two factors can be improved through education and development and promulgation of evidence-based medical practices, but the last is correctable only through enforced

Nationwide Photographers

Dr. Kim J. Hodgson

Crawford continued on page 2

Photo Courtesy Gaylord National Resort & Convention Center

The soaring 19-story glass atrium in the Gaylord National Resort & Convention Center offers stunning views of not only the activity inside — shops, entertainment and more — but also of the Potomac River and National Harbor activities outside.

From Our President

Society for Vascular Surgery President Michel S. Makaroun, MD, will reflect on his presidency during the 2019 Presidential Address, from 11:15 a.m. to 12:15 p.m. President-Elect Kim Hodgson, MD, will introduce Dr. Makaroun, beginning at 11 a.m.

Dr. Makaroun is professor of surgery and clinical translational science at the University of Pittsburgh. He is the chair of vascular surgery and codirector of the University of Pittsburgh Medical Center Heart and Vascular Institute.

His address, "I Am in Favor of Progress … It is Change I Do Not Like," will take place in Ballroom A/B. VC

Dr. Michel S. Makaroun

Today

11 a.m. – 12:15 p.m.
Presidential Address
Potomac A/B

FRIDAY

Spotlight

There's been a lot of activity these past two days. And we're not done yet! Here is information on just a few of the activities you'll want to attend Friday. Check the Online Planner (**vsweb.org/OnlinePlanner**) for more information.

Friday, June 14

6:30 to 8 a.m. Make education a part of your breakfast menu at one of Friday's three breakfast sessions, on issues for authors and reviewers, gender differences in leadership, and superficial femoral artery interventions.

TICKET REQUIRED

11 a.m. to 12:15 p.m. There's change, and there's progress. In his Presidential Address, SVS President Michel Makaroun, MD, says he's all about progress, it's change he doesn't like. President-Elect Kim S. Hodgson, MD, will introduce Dr. Makaroun from **11 to 12:15 a.m.** (Potomac A/B).

9:30 a.m., and **12:30, 1** and 3 **p.m.** Watch exhibitors present new ideas, showcase breakthrough technologies, and discuss the latest trends at the industry-sponsored "Vascular Live" presentations, (Exhibit Hall B).

SSpino/Getty Images

1:30 to 3 p.m. Success looks different to different people. Young vascular surgeons will receive "Top 10 Tips" in several arenas (academic or private practice, continuing independent research, even "Things I learned the hard way in my first years of practice" during C4: Practice Management Tips and Tricks for Young Vascular Surgeons (Maryland A).

3:30 to 5 p.m. View the research of more than 100 surgeons and surgeon-scientists during the always popular Poster Competition. Authors

Spotlight continued on page 2

Crawford

continued from page 1

regulation and peer-review. This has become increasingly more difficult as procedures move from the hospital to outpatient centers, where the profit motive for performing inappropriate procedures, and the means to satisfy it, are increasingly more tempting.

He emphasized how SVS has tools such as the Vascular Quality Initiative and its registries to provide evidence-based input on the appropriateness of procedures and whether an institution is matching up to its peers in providing appropriate patient care. The importance of the VQI was also stressed by the majority of the Crawford Forum speakers.

"Unfortunately, like it or not, the reality is that some degree of regulation is inevitable, and if we don't step up and regulate ourselves, there are plenty of other people willing to do it for us. I would say that we let the bureaucrats develop our EHRs, and you know how that worked out. So, I think it is incumbent upon us to be able to regulate ourselves."

Dr. Hodgson turned over the discussion to Arlene Seid, MD, MPH, medical director of the quality assurance office within the Pennsylvania Department of Health. Her presentation, "The Government's Perspective on When & Where Endovascular Interventions Should Be Performed," detailed how her department recently became concerned about an increase in the volume of endovascular procedures, and complications thereof, mainly in outpatient settings. The department also raised questions about the procedures and discussed whether reimbursement via programs such as Medicaid should be ceased.

She pointed out how federal regulations from the Centers for Medicare & Medicaid Services (CMS) only regulate through payments and their choice of procedures to be reimbursed, the vast majority of other regulations are established at the state level and vary widely from state to state. And at the state level, such as hers, there was great difficulty finding trustworthy expert opinion, and she added how organizations like the SVS could be of tremendous use in providing guidance in developing regulations.

As an example she used Ambulatory Surgical Centers, which are defined differently from state to state and vary widely in their requirements for licensing. The state's job is made much simpler, and more effective, when expert organizations like the SVS can provide certification programs as a firm foundation for basing such licensing efforts.

She also suggested that if individuals have problems with or disagree with state regulations, they must become knowledgeable as to what level of state organization is involved, and ideally enlist the help of groups such as SVS to provide the expert justification for change.

Anton Sidawy, MD, MPH, FACS, professor and chair of the Department of Surgery at the George Washington University Medical Center, discussed how SVS is working with the American College of Surgeons to develop certification for vascular surgery centers. He addressed the need for organizations such as SVS to take the initiative in defining quality and value for the field, in no small part because payment models are shifting from the rewarding of volume to the rewarding of value.

Defining value may come from many sources: government, private insurers, and the public. Unless SVS has a strong voice in defining value, it may find itself not pleased with the results, according to Dr. Sidawy.

Then Fred A. Weaver, MD, chair of the SVS Patient Safety Organization and professor of surgery and chief of the vascular surgery division at Keck School of Medicine of University of Southern California, described the current state of the Vascular Quality Initiative. This is an SVS database whose 12 registries have gathered demographic, clinical, procedural and outcomes data from more than 500,000 vascular procedures performed in North America in 18 regional quality groups.

Currently, the VQI is comprised of 571 centers in the United States and Canada, with one in Singapore. Of particular importance, the makeup of the practitioners involved in the VQI is very diverse in specialty training, with only 41% of the membership being vascular surgeons.

In the near future, three more VQI registries are coming, according to Dr. Weaver: An ultrasound registry (in concert with the Society of Vascular Ultrasound); Venous Stenting; and Vascular Medicine (in concert with the American Heart Association).

Dr. Weaver emphasized how tracking outcomes is crucial for both vascular surgeons and certified vascular surgery centers to assess and improve their performance and how the VQI is critical to these endeavors.

Finally, Larry Kraiss, MD, chair of the SVS Quality Council and professor and chief of the vascular surgery division at the University of Utah, presented the goals of the new SVS council and described how the council is expanding the quality mission to include appropriate use criteria in addition to the long-standing clinical practice guidelines the SVS produces.

Dr. Kraiss elaborated how Appropriate Use Criteria (AUC) perform a substantially different role than that of Clinical Practice Guidelines (CPG).

Since 2006, SVS has developed 13 active guidelines, with more on the way. Guidelines provide positive yes/no statements with regard to treatment decision-making. However, many patients fall outside the guidelines, often due to comorbidities or other confounding factors, and appropriate use criteria are vital in these cases to evaluate where on a spectrum the patient fits for making a decision with regard to performing an operation or the use of a device.

Appropriate use criteria can be developed through the use of risk assessment to determine where on the spectrum of safety and effectiveness a particular patient falls with regard to a particular procedure or device. A major role of the new SVS Quality Council is to develop appropriate use criteria using outcome tools such as VQI and to provide recommendations as to how individuals and institutions could improve their performance by taking into account risk factors and assess infrastructural needs.

"The SVS board has authorized development of AUC in particular areas," said Dr. Kraiss. "This process with be closely tied with updating the CPG. The first commissioned AUC will be to address intermittent claudication. But I invite the membership to participate in this process, especially on the panels, which can have up to 17 members, and we envision AUC coming out in carotid intervention, AAA management, and venous disease," he added. VC

Nationwide Photographers

Dr. Kim Hodgson (podium) kicks off the E. Stanley Crawford Critical Issues Forum Thursday at VAM. Also participating, from left, are Drs. Fred Weaver, Anton Sidawy, Arlene Seid and Larry Kraiss.

'Unfortunately, like it or not, the reality is that some degree of regulation is inevitable, and if we don't step up and regulate ourselves, there are plenty of other people willing to do it for us.'

Spotlight continued from page 1

of the Top 10 posters go on to the championship round Saturday afternoon (Exhibit Hall B).

12:30 to 1 p.m. R. Clement Darling III, MD, will present "OBL Tips and Tools" (the Office Vascular Care Pavilion in Exhibit Hall B).

4:30 to 5:30 p.m. It's your last chance to visit with exhibitors, talk to your friends, and enjoy food and beverages, before the Exhibit Hall closes, at the Closing Reception (Exhibit Hall B).

TICKET REQUIRED

5 to 6:30 p.m. Learn all about vascular surgery training programs at the Residency Fair (Exhibit Hall D).

6:30 p.m. Let the fun begin! After months of preparation, it's time to get out the dancing duds and head to the (sold-out) "Vascular Spectacular Gala," at the Gaylord National's Riverview Ballroom. Just remember, even those who aren't in Maryland can participate in the Silent Auction (see story on page 10). VC

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Important Safety Information page 4.

INDICATIONS: The Perclose ProGlide™ SMC System is indicated for the percutaneous delivery of suture for closing the common femoral artery and vein access site of patients who have undergone diagnostic or interventional catheterization procedures.

The Perclose ProGlide™ SMC System is used without or, if required, with adjunctive manual compression. For access sites in the common femoral artery using 5F to 21F sheaths. For access sites in the common femoral vein using 5F to 24F sheaths.

For arterial and venous sheath sizes greater than 8F, at least two devices and the pre-close technique are required.

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National Survey Examines the Extent, Effects of Pain in Vascular Surgeons

Work-related pain and disability have been reported in the literature among various surgical specialties and can influence surgeon productivity and burnout. In Friday's Scientific Session 4, Max Wohlauer, MD, of the University of Colorado, Denver, will report on a study that he and his colleagues performed to identify the prevalence and severity of pain symptoms in vascular surgeons.

DR. WOHLAUER

Dr. Wohlauer will report on their survey, which was emailed to 2,910 members of the Society for Vascular Surgery. Pain was reported using the 0–10 Borg's CR-10 scale, with 0 = no pain, 3 = moderate, 4 = somewhat strong, 5 = strong, and 10 = maximum pain.

Dr. Wohlauer and his colleagues received responses from 775 (26.6%) of the vascular surgeons; with retirees excluded from the study. Among those actively working, the mean age was 51.4 years, and the surgeons had a mean of 17.2 years in practice; 83.6% of the respondents were men.

According to the survey, after a full day of open surgery, the majority of vascular surgeons reported being in a somewhat strong amount of pain (mean score 4.4), while after a full day of endovascular procedures, most vascular surgeons reported being in a moderate amount of pain (mean score 3.9).

Pain following a day of open surgery was highest in the neck (45%) and lower back (39%); after endovascular procedures, respondents reported pain to be most severe in the lower back (44%) and neck (24%). Surgeons performing endovenous procedures report the lowest pain scores (mean 2.0).

In terms of treatment, 242 (36.9%) vascular surgeons reported having sought medical care for work-related issues, with 61 (8.3%) taking time away from the operating room. A total of 72 surgeons (10%) reported requiring surgery and other procedures (including traction), and 22 (3%) had been placed on short- or long-term disability.

In total, 193 (26.2%) of surgeons report pain severe enough that it interfered with sleep, with 9 (1.2%) leaving their career because of disability from work-related pain, and high work-related physical discomfort was significantly associated with Maslach Burnout Inventory single-item measure of burnout for open surgery, endovascular, and endovenous procedures, according to Dr. Wohlauer.

Altogether, 334 (50.6%) of the vascular surgeons surveyed reported that physical discomfort will affect the longevity of their career. This is borne out by the fact that, of the 39 respondents no longer practicing surgery, 26% (10) retired because of disability from work-related pain.

"Our study shows that the majority of practicing vascular surgeons are in pain after a day of operating. Work-related disability is significantly diminishing the workforce. Addressing work-related pain serves to improve the lives and careers of vascular surgeons, while enhancing surgical longevity would help address the current national workforce shortage," Dr. Wohlauer concluded. VC

"After a full day of open surgery, the majority of vascular surgeons reported being in a somewhat strong amount of pain."

Friday
8-9:30 a.m.
Gaylord National, Potomac A/B
S4: Scientific Session 4: SS12

IMPORTANT SAFETY INFORMATION

℞ ONLY Perclose ProGlide™ Suture-Mediated Closure (SMC) System

INDICATIONS

The Perclose ProGlide™ SMC System is indicated for the percutaneous delivery of suture for closing the common femoral artery and vein access site of patients who have undergone diagnostic or interventional catheterization procedures.

The Perclose ProGlide™ SMC System is used without or, if required, with adjunctive manual compression. For access sites in the common femoral artery using 5F to 21F sheaths. For access sites in the common femoral vein using 5F to 24F sheaths.

For arterial and venous sheath sizes greater than 8F, at least two devices and the pre-close technique are required.

CAUTION

Federal law restricts this device to sale by or on the order of a physician (or allied healthcare professionals, authorized by, or under the direction of, such physicians) who is trained in diagnostic and / or interventional catheterization procedures and who has been trained by an authorized representative of Abbott Vascular.

Prior to use, the operator must review the Instructions for Use and be familiar with the deployment techniques associated with the use of this device.

During closure of access sites using a procedural sheath greater than 8F it is recommended that a vascular surgeon or a surgeon with vascular training be available in case surgical conversion to

control bleeding and to close the vessel is needed.

CONTRAINDICATIONS

There are no known contraindications to the use of this device. Attention is drawn to the WARNINGS and PRECAUTIONS sections.

WARNINGS

Do not use the Perclose ProGlide™ SMC device or accessories if the packaging or sterile barrier has been previously opened or damaged or if the components appear to be damaged or defective.

DO NOT RESTERILIZE OR REUSE.

The Perclose ProGlide™ SMC device and accessories are intended for single use only.

Do not use the Perclose ProGlide™ SMC System if the sterile field has been broken where bacterial contamination of the sheath or surrounding tissues may have occurred, since such a broken

sterile field may result in infection.

Do not use the Perclose ProGlide™ SMC System if the puncture site is located above the most inferior border of the inferior epigastric artery (IEA) and / or above the inguinal ligament based upon bony landmarks, since such a puncture site may result in a retroperitoneal hematoma. Perform a femoral angiogram to verify the location of the puncture site. NOTE: This may require both a Right Anterior Oblique (RAO) and Left Anterior Oblique (LAO) angiogram to adequately visualize where the sheath enters the femoral artery or vein.

Do not use the Perclose ProGlide™ SMC System if the puncture is through the posterior wall or if there are multiple punctures, since such punctures may result in a hematoma or retroperitoneal bleed.

Do not use the Perclose ProGlide™ SMC System if the puncture site is located in the superficial femoral artery or the profunda femoris artery, or the bifurcation of these vessels, since such puncture sites may result in a pseudoaneurysm, intimal dissection, or an acute vessel closure (thrombosis of small artery lumen). Perform a femoral angiogram to verify the location of the puncture site. NOTE: This may require both a Right Anterior Oblique (RAO) and Left Anterior Oblique (LAO) angiogram to adequately visualize

where the sheath enters the femoral artery or vein.

PRECAUTIONS

1. Prior to use, inspect the Perclose ProGlide™ SMC System to ensure that the sterile packaging has not been damaged during shipment. Examine all components prior to

use to verify proper function. Exercise care during device handling to reduce the possibility of accidental device breakage.

2. As with all catheter-based procedures, infection is a possibility. Observe sterile technique at all times when using the Perclose ProGlide™ SMC System.Employ appropriate groin management, as per hospital protocol, post procedure and post hospital discharge to prevent infection.

3. Use a single wall puncture technique. Do not puncture the posterior wall of the vessel.

4. Do not deploy the Perclose ProGlide™SMC device at an angle greater than 45 degrees, as this may cause a cuff miss.

5. There are no reaccess restrictions if previous access site repairs were achieved with Abbott Vascular SMC devices.

6. If significant blood flow is present around the Perclose ProGlide™ SMC device, do not deploy needles. Remove the Perclose ProGlide™ SMC device over a 0.038" (0.97mm) (or smaller) guidewire and insert an appropriately sized introducer sheath.

7. When pushing the plunger assembly to advance the needles, stabilize the device to ensure the device does not twist or move forward during deployment. Twisting the device could lead to needle deflection resulting in a cuff miss. Do not use excessive force or repeatedly push the plunger assembly. Excessive force on the plunger during deployment could potentially cause breakage of the device, which may necessitate intervention and / or surgical removal of the device and vessel repair.

8. Do not apply excessive force to the lever when returning the foot to its original position (marked #4) down to the body of the device. Do not attempt to remove the device without closing the lever. Excessive force on the lever of the device or attempting to remove the device without closing the lever could cause breakage of the device and /or lead to vessel trauma, which may necessitate intervention and / or surgical removal of the device and vessel repair.

9. Do not advance or withdraw the Perclose ProGlide™ SMC device against resistance until the cause of that resistance has been determined (see Section 11.3 Single SMC DEVICE PLACEMENT section). Excessive force used to advance or torque the Perclose ProGlide™ SMC device should be avoided, as this may lead to significant vessel damage and / or breakage of the device, which may necessitate intervention and / or surgical removal of the device and vessel repair.

10. If excessive resistance in advancing the Perclose ProGlide™ SMC device is encountered, withdraw the device over a 0.038" (0.97 mm) (or smaller) guidewire and reinsert the introducer sheath or use manual compression.

11. Remove the Perclose ProGlide™ sheath before tightening the suture. Failure to remove the sheath prior to tightening the suture may result in detachment of the tip of the sheath.

12. In using this or any other suture material, care should be taken to avoid damage from handling. Avoid crushing damage due to application of surgical instruments such as clamps, forceps or needle holders.

13. During closure of access sites using a 5 – 8F procedural sheath, use manual compression in the event that bleeding from the femoral access site persists after the use of the Perclose ProGlide™ SMC device.

14. During closure of access sites using a procedural sheath > 8F, in the event that bleeding from the femoral access site persists after the use of the Perclose ProGlide™ SMC devices, the physician should assess the situation. Based on the physician assessment of the amount of bleeding use manual compression, compression assisted devices and / or a surgical repair to obtain hemostasis.

15. During closure of access sites using a procedural sheath > 8F, in those cases where the implanting physician is not a vascular surgeon, it is recommended that a vascular surgeon or a surgeon with vascular training be available during the procedure to perform any necessary surgical intervention.

POTENTIAL ADVERSE EVENTS

Potential adverse events associated with use of suture mediated closure devices may include, but are not limited to, the following:

• Allergic reaction or hypersensitivity to device components • Anemia • Arterial stenosis / occlusion • Arteriovenous fistula • Bleeding / hemorrhage • Bruising / hematoma • Death • Deep vein thrombosis • Device entrapment • Device failure / malfunction /misplacement • Diminished pulses distal to closure site • Embolism • Hypotension / hypertension • Infection / sepsis • Inflammation • Intimal tear / dissection • Ischemia distal to closure site • Nerve injury • Numbness • Pain • Perforation • Pseudoaneurysm • Pulmonary embolism • Retroperitoneal hematoma /bleeding • Thrombus formation • Vascular injury • Vasoconstriction / vasospasm • Vasovagal episode • Wound dehiscence

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Collaboration at the Vascular Annual Meeting

With vascular and circulatory issues affecting so many other health concerns, vascular surgeons are used to working with other specialists.

And the SVS promotes these collaborations at the Vascular Annual Meeting as well, with joint presentations increasingly becoming part of the education program.

Six societies are working with SVS members to present collaborative programs this year, at breakfast and concurrent sessions, postgraduate courses, and a summit.

The organizations are American Pediatric Medical Association, American Venous Forum, Outpatient Endovascular and Interventional Society, Society of Thoracic Surgeons, Society for Vascular Medicine, and the Society for Vascular Ultrasound.

"We have common problems and these collaborative programs provide a necessary multidisciplinary perspective on ways to solve them," said Matthew Eagleton, MD, chair of the SVS Program Committee. "While we are proud of our own leadership role in vascular disease diagnosis and management, we are always interested in what we can learn from others. We need to share information and hear how other perspectives can advance patient care," he said.

Vikram Kashyap, MD, chair of the SVS Postgraduate Education Committee, agreed. "We collaborate to improve the health of the vascular patient."

Here are the 2019 partner/joint sessions:

Wednesday, June 12

Postgraduate courses
10:15 a.m. to 1:15 p.m. – P3
Speakers who are members of both the SVS and the American Venous Forum discuss "Venous Disease: Ensuring the Appropriate Venous Care in 2019."

1:30 to 4:30 p.m. – P5
The APMA returns with another joint postgraduate course, "Multidisciplinary Teams and Techniques for Limb Preservation."

Saturday, June 15

Breakfast Session
6:30 to 8 a.m.
B9: SVS/OEIS: "Complications in Office-Based Vascular Procedures: Their Prevention and Management"

Concurrent Sessions

8 to 9:30 a.m.
C5: SVS/SVM: "Vascular Risk Factor Modification"

10:30 a.m. to 12 p.m.
C7: SVS/SVU: "Quality Assurance in the Vascular Lab"

Special Presentation

2 to 4:30 p.m. "Aortic Summit," presented in collaboration with The Society of Thoracic Surgeons VC

Learn About Vascular Training Programs

Selecting a vascular surgery training program is an important decision. Should it be a vascular fellowship (5+2) program, or one offering an integrated vascular residency (0+5)?

Come to the Residency Fair, from 5 to 6:30 p.m. Friday to help narrow down the options. There won't be cotton candy, funnel cakes, or rides, – favorites of fair-goers everywhere – but there WILL be information. Representatives from 73 programs will be available in Exhibit Hall D to discuss their programs in detail and answer questions.

Programs are arranged by the types of training paradigms: 0+5, 5+2, plus those offering both training pathways. Students earlier received information on program details, such as whether the training program is more academically or community-practice based. These details help them better locate the programs they are most interested in visiting during the Residency Fair.

Residents and students also get the chance to network with program directors, faculty, and current trainees.

A directory of all participating programs is available at **vsweb.org/ResidencyDirectory**. Advance registration is not required. VC

Friday

5 to 6:30 p.m.
Vascular Surgery Residency Fair
Exhibit Hall D

NATIONWIDE PHOTOGRAPHERS

Novices get the opportunity to perform basic vascular procedures at the Open and Endovascular Simulation Training Wednesday. Students rotate through multiple simulation stations, including performing a vascular anastomosis of an arterial model and an open AAA repair, plus basic knot-tying, suture placement and closure skills.

Shhh! Award-Winners' Names Still Under Wraps

Who will take home this year's prizes?

The SVS will bestow two of the Society's top honors – the Lifetime Achievement Award and, for the first time since 2013, the Medal for Innovation in Vascular Surgery – during the Awards Ceremony, from 10:15 a.m. to 10:30 a.m. Saturday. The recipients' names are being kept under wraps until the event, to be held in Potomac A/B.

The Lifetime Achievement Award recognizes an individual's outstanding and sustained contributions both to the profession and to SVS, as well as their exemplary professional practice and leadership. Recipients exhibit outstanding leadership within the specialty and possess exceptional personal integrity and the highest standards.

Gregorio Sicard, MD, was honored in 2018. Other recent recipients are **Herbert Dardik, MD, 2017**; **Jack L. Cronenwett, MD, 2016**; and the late **Alexander W. Clowes, 2015**.

Medal for Innovation recipients are individuals whose contributions have had a transforming impact on the practice or science of vascular surgery. Nominees can be professionals in the specialty of vascular surgery, vascular medicine, or vascular research.

This includes vascular surgeons, other medical and surgical professionals, and nonsurgeons involved in vascular research or clinical vascular care. Recipients need not be SVS members.

While nominations are accepted annually, the award is not necessarily given each year.

ROMANOVSKYY/GETTY IMAGES

Here is the full list of previous winners:

2013: Edward Diethrich, MD (the most recent recipient)
2012: Roy Greenberg, MD (deceased)
2010: Thomas Fogarty, MD
2008: Timothy A.M. Chuter, MD
2006: Juan C. Parodi, MD. VC

Timing, Treatment Affect Blunt Carotid Injury Outcomes

Blunt carotid injury (BCI) is present in approximately 1%-2.7% of all blunt trauma and can result in significant morbidity and mortality. Management ranges from the use of antiplatelet/anticoagulation therapy to surgery, where potential indications for the latter include pseudoaneurysm, failed or contraindication to medical therapy, and progression of neurologic symptoms.

Still, the optimal management of BCI – in particular, when to pursue surgery – is an active area of debate according to David Blitzer, MD, of Union Memorial Hospital, Baltimore.

In Friday's Scientific Session 4, Dr. Blitzer will present a study that he and his colleagues at the R Adams Cowley Shock Trauma Center at the University of Maryland, Baltimore, conducted to assess the epidemiologic characteristics of BCI, and how management can affect outcomes.

They identified adult BCI patients within the National Trauma Data Bank during 2002-2016. The bank collates data from each trauma admission at more than 900 trauma centers across the United States. The independent variables they studied included nonoperative vs. operative management; endovascular vs. open intervention; and early (within 24 hours) vs. delayed (after 24 hours) intervention. A total of 9,190 patients met inclusion criteria, and groups for each independent variable were compared after propensity-score matching based on presenting features and patterns of injury, according to Dr. Blitzer.

DR. BLITZER

"Over the course of the study, there was no difference in proportion of operative management over time, though there was a statistically significant decrease in the proportion of open intervention (0.48%/year)," said Dr. Blitzer.

They found that operative vs. nonoperative management resulted in no difference in mortality, but an increased risk of stroke (11.8% vs. 6.5%), and significantly more days on mechanical ventilation, in the ICU, and in the hospital. "However, we did not observe significant differences between open and endovascular operative treatments in morbidity, including stroke," Dr. Blitzer added.

With regard to timing: mortality was significantly increased for early intervention (early, 16% vs. delayed, 6.3%). They found that this increase was predominantly driven by the endovascular cohort, for whom mortality was nearly eight times higher following early endovascular intervention (early, 19.2% vs. delayed, 2.5%).

"In our study, operative management resulted in a significantly increased prevalence of stroke. In addition, early intervention was critically associated with mortality, particularly for endovascular treatment. Therefore, our results suggest that, when surgery is determined necessary, intervention should be delayed until after 24 hours if possible," Dr. Blitzer concluded. VC

Friday, June 14
8 - 9:30 a.m.
Gaylord National, Potomac A/B
S4: Scientific Session 4: SS11

Stay Connected During VAM

Vascular Annual Meeting attendees will be able to stay connected – to their offices, patients, and families – throughout the meeting. BD, formerly Bard Peripheral Vascular, is providing free WiFi throughout the convention center, including the exhibit halls.

Attendees won't even need to disconnect from their guest room WiFi every time they enter the convention center space. They only need to log in once; the system will automatically disconnect people when they leave an area and automatically reconnect them when they reenter.

Network name: VAM19
Password: vam2019!

After logging in, open a browser to access the Internet. VC

Assessing Mesenteric Vein Thrombosis

Elizabeth Andraska, MD, of the University of Pennsylvania Medical Center, Philadelphia, will report on the study that she and her colleagues performed to assess all patients who presented with abdominal pain and were found to have acute superior mesenteric venous thrombosis on CT scans over a 10-year period.

Dr. Andraska will report on the patients who presented with MVT, including those who had operative intervention. Patients who underwent procedures had comorbidities similar to those managed conservatively on multivariate analysis except for hypercoagulable disorder, which was a significant predictor of operative intervention, according to Dr. Andraska.

There was no significant difference in the number of patients in the medical group and patients in the surgical group who presented with concomitant portal vein thrombosis. Significant variables predictive of readmission included chronic mesenteric venous thrombus, and concomitant portal vein thrombus.

The study showed that chronic occlusive thrombus was a significant predictor of the development of chronic mesenteric congestion. Mortality rates did not differ significantly between medically managed and surgically managed patients. Those who required bowel resection developed chronic mesenteric congestion at the same rates as those who were treated with anticoagulation alone.

"Our study showed that MVT leads to high rates of readmission and chronic mesenteric congestion, and chronic thrombus is a predictor of long-term morbidity. Poor outcomes persist for patients who are treated with anticoagulation with or without bowel resection," said Dr. Andraska. "More studies are warranted to understand the role of endovascular recanalization and thrombolysis on relieving venous congestion and their effects on short- and long-term outcomes of MVT," she concluded. VC

Friday, June 14
8 - 9:30 a.m.
Gaylord National, Potomac A/B
S4: Scientific Session 4: SS14

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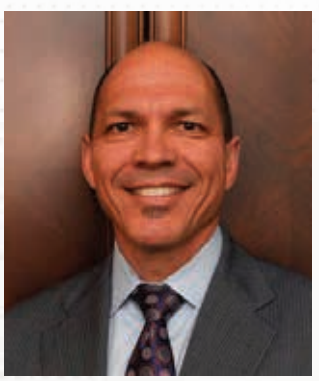

Faculty:
Thomas T. Terramani, M.D., FACS,
Vascular and Endovascular Specialist
Vascular Associates of San Diego

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2019 Vascular Annual Meeting Exhibitors

Company	Booth
Abbott	**517**
Advent Health	201
Alliance for Physician Certification and Advancement (APCA)	829
American College of Radiology	Table 6
American Vein and Lymphatic Society	Table 8
Amerx Health Care	326
Amgen	801
Amputee Associates, LLC	504
AngioAdvancements	325
APACVS	Table 9
Artegraft, Inc.	304
Avenu Medical	816
BD/Bard	**509**
BFW, Inc.	204
BLOXR Solutions	823
BMS/Pfizer	227
Boston Scientific	309
BTG	603
Canadian Vascular Society	Table 17
Centra Medical Group	226
CHI Franciscan	812
Consensus Medical Systems, Inc.	701
Cook Medical	423
Cordis® A Cardinal Health Company	501
CryoLife, Inc.	500
Cydar Limited	827
Datt Mediproducts Pvt. Ltd.	813
DaYu Enterprise Co. Ltd.	716
Designs For Vision, Inc.	400
Doctor.com	404
Dr. Linda Harris/Womens Vascular Summit	Table 14
The Eastern Vascular Society	Table 2
Eclipse Loupes	538
Edwards Lifesciences	401
Elsevier, Inc.	405
Essity	217
Endologix	723
Endovascular Today	505
GE Healthcare	703

EXHIBIT HALL HOURS

THURSDAY: 10 A.M. TO 6:30 P.M.
FRIDAY: 9:30 A.M. TO 5:30 P.M.

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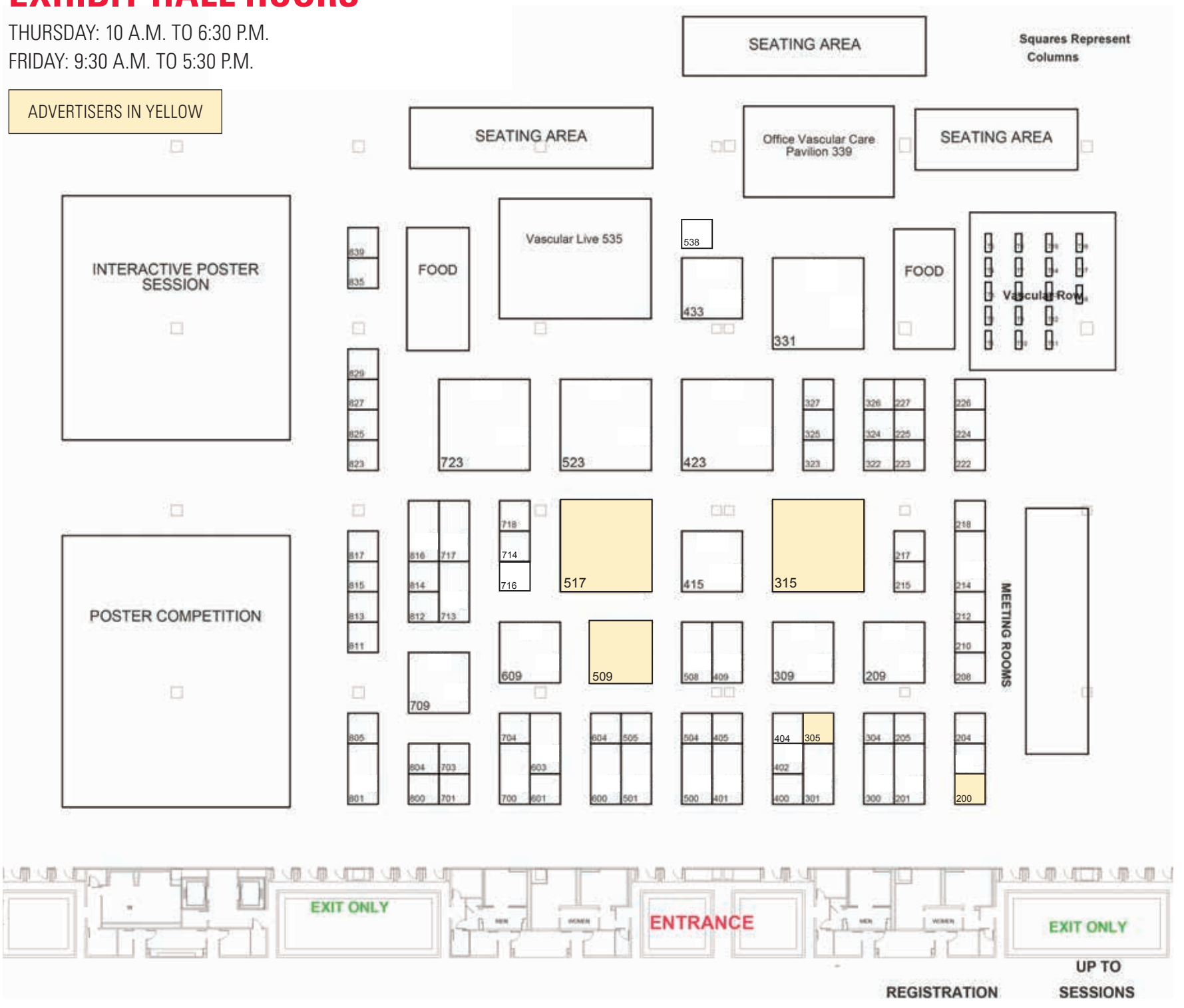

Company	Booth
Getinge Group	709
Gore & Associates	523
Hanger Clinic	409
HCA	215
Houston Methodist Hospital	214
IAC	205
Inari Medical	402
International Vein Congress (IVC)	Table 13
Janssen Pharmaceuticals, Inc.	433
KCI an Acelity Company	817
LeMaitre Vascular	609
LifeLike BioTissue Inc.	837
Lifeline Vascular Care	809
LifeNet Health	700
Med-Care Pharmaceuticals	704
Medistim	835
Medstreaming	209
Medtronic	**315**
Midwestern Vascular Surgical Society	Table 10
MTF Biologics	825
New England Society for Vascular Surgery	Table 3
Olympia Pharmacy	223
Organogenesis, Inc.	208
Osborn Medical	322
Osiris Therapeutics, Inc.	225
Penumbra, Inc.	300
Perimed Inc.	218
Philips	415
Prosthtic Consulting Services	814
RAYSHIELD LLC	210
Rocky Mountain Vascular Society	Table 4
Ronin Surgical Corp.	212
Scanlan International, Inc.	508
Shockwave Medical Inc.	222
Silk Road Medical	301
Society for Clinical Vascular Surgery	Table 7
Society for Vascular Nursing (SVN)	Table 1
Society for Vascular Surgery	331
Society for Vascular Ultrasound	Table 16
Society of South Asian Vascular Surgeons	Table 12
Sparrow Health System	224
SurgiTel	**305**
Tactile Medical	805
TeDan Surgical Innovations, LLC	**200**
TeraRecon, Inc.	600
Terumo Aortic	717
Terumo Interventional Systems	713
Texas Society for Vascular and Endovascular Surgery	Table 15
THERENVA	804
Thompson Surgical Instruments, Inc.	327
UltraLight Optics Inc.	323
Vascular and Endovascular Surgery Society (VESS)	Table 5
Vascular News/Charing Cross Symposium 2019	324
Vascular Specialist	811
Vasoptic Medical, Inc.	718
Vein Care iGuide	815
VentureMed Group, Inc.	839
VQI (Vascular Quality Initiative)	209
Wagner Medical	714
WebMD/VEIN Magazine	800
Western Vascular Society	Table 11
Wexler Surgical, Inc.	601
Wolters Kluwer Health	604

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Visit SVS Booth in the Exhibit Hall

You Could Be a Winner!

Headshots, help with membership data updates, and a chance to vote on Society branding efforts are all available at the SVS Booth in the Exhibit Hall. For each of four specific tasks you complete, you'll be entered into a contest for one of several prizes.

So be sure to save time in your schedule to not just peruse the exhibits and visit with vendors (not to mention have lunch, enjoy coffee breaks, and watch "Vascular Live" presentations) but also to stop by and talk with staff.

The SVS Booth is No. 331 and is right next to one of the food service areas, near the back of the Exhibit Hall.

At the booth, you can:

• Get a professional headshot, from 10 a.m. to 2 p.m. Thursday and Friday. SVS reserves the right to use the photos, but you may use them however you would like.

• Learn all about the SVS branding initiative that will help tell our story and reach our primary referral sources. Review the campaign themes under development and then – most importantly – offer your feedback. Let us know your opinion on images and themes for this very important undertaking that will help position the SVS for the future.

NATIONWIDE PHOTOGRAPHERS

There's lots going on at the SVS Booth, including getting personal headshots taken and offering feedback on the SVS branding initiative.

• Sign up for SVS*Connect*, our online community, download the SVS*Connect* app, or update your profile within SVS*Connect*. (You can import your brand-new headshot, for example.)

• Update your SVS membership information.

Completing any of these four activities earns you an entry into this year's booth contest, for up to four chances total. Prizes are free registration for VAM 2020, free membership dues for next year, complimentary VAM On Demand Library for 2019, or free VESAP4.

In addition, booth visitors can pay their membership dues, learn about the Vascular Quality Initiative, watch a demo of the upcoming Learning Management System, inquire about the Journal of Vascular Surgery, donate to the SVS Foundation and Political Action Committee (which will have a presence outside Potomac A/B) and learn about any SVS endeavor.

The **SVS Scavenger Hunt**: The SVS Booth is also one of the stops in the **SVS Scavenger Hunt**. Simply scan the QR code in the booth and answer the membership-related question that appears. Participants receive points for each correct answer. Prizes are a $3,000 ticket voucher for American Airlines, a $1,500 Apple gift card, or a $500 Amazon gift card.

See you at the booth! VC

Learn About Starting a Vascular Training Program

Starting a vascular surgery integrated program or fellowship can be a daunting process. There exist a number of misconceptions about required case volume, program affiliations, and required number of faculty.

Requirements for creating such programs have recently been lightened. And the SVS and the Association of Program Directors in Vascular Surgery have a number of initiatives in place to help.

SVS will host an informational session for anyone interested in starting a program from 9:30 to 10:30 a.m. Friday, June 14, in National Harbor 4. Most of the session will be interactive, with experienced program directors offering participants useful information and practical advice. VC

Everyone Can Participate in Gala Silent Auction

After months of planning, the day is finally here! Friday evening, 500 people will be living the high life at the "Vascular Spectacular" gala, celebrating the specialty and each other.

But everyone, no matter where they are in the world, may participate in the gala's Silent Auction, right until it closes this evening.

In fact, bidding on nearly 70 items began in late May. Here's how to join in the fun:

• Sign up on **vam19gala.givesmart.com** and peruse the selections.

• Place a bid. All bidders will be identified by name.

• If desired, monitor the bidding, by setting up notifications to learn when someone else ups the ante.

• Continue to bid until the auction closes during the gala itself.

• Wait for your prizes to be mailed to you — and know you have contributed to continuing the important work of the SVS Foundation.

The live auction takes place at the gala in its entirety and only those present can bid.

The Gala Committee is comprised of Drs. Cynthia Shortell and Benjamin Starnes, cochairs; and Enrico Ascher, William Jordan Jr., Melina Kibbe, Richard Lynn, Matthew Mell, Ben Pearce, Amy Reed, Russell Samson, William Shutze, Mal Sheahan, Maureen Sheehan and Anton Sidawy.

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What's available? Dr. Clem Darling's "Darling Magical Whiskery Tour" to sample top-tier whiskey in the mutually agreed-upon city; a stay in Lake Tahoe, a beach-front condo in Florida and a spacious townhome at the entrance to Rehoboth Beach, Del.; wildlife photos; fine art; jewelry; fine wine; portraits for people and pets; sports-related items; Maui Jim sunglasses; free admission to attractions from coast to coast and more. There are even one-on-one sessions with a number of vascular surgeons.

In addition, Cydar Medical is offering a one-year subscription to Cydar EV Fusion Imaging, the world's first AI-powered image fusion platform, valued at $50,000.

All proceeds benefit the SVS Foundation. VC

There Are Still More Chances to 'Ask the Experts'

After opening to rave reviews in 2018, "Ask the Experts" has returned for 2019, with more topics. These small-group interactive sessions focus on patient conditions and surgical situations vascular surgeons face, presented by experts in the field.

More than half the topics remain on these two final days of VAM. The lineup for Friday and Saturday is:

Friday, June 14

A4: Spine exposure, 8 to 9 a.m. Topics include necessary tools and concepts for consistent anterior spine exposures (Thomas T. Terramani, MD); intraoperative complications of anterior lumbar spine exposure (Venita Chandra, MD); postoperative complications (Kristofer M. Charlton-Ouw, MD); incorporating spine exposure into your practice (William P. Robinson, MD).

A5: Complex Open Aortic Surgery: Tips and Tricks for Exposure, 1:30 to 2:30 p.m. Topics are the approaches to the visceral aorta (Jae-Sung Cho, MD) and to the thoracic aorta (Mark F. Conrad, MD), with discussion to follow.

A6: Endovascular & Hybrid Interventions for Mesenteric Occlusive Disease, 3:30 to 4:30 p.m. Topics: Techniques in endovascular interventions (Luke Marone, MD) and techniques in hybrid interventions (David J. Minion, MD).


SCAR1984/GETTY IMAGES

Saturday, June 15

A7: Techniques for Open Tibial, Pedal, Plantar Exposure, and Bypass, 8 to 9 a.m. Topics include bypass techniques for tibial artery exposures (Donald T. Baril, MD) and for pedal/plantar exposure (Christopher Abularrage, MD), plus complications of tibial/pedal exposures and when to avoid them (William Marston, MD). This session is recommended by the Community Practice and Young Surgeons committees.

For more information, visit the VAM Online Planner (**vsweb.org/OnlinePlanner**) or the mobile app. VC

VAM '19 Includes Focus on Outpatient, Office Settings

Those interested in outpatient and office-based vascular care will have several opportunities on Friday and Saturday to learn more.

The new SVS Section on Outpatient and Office Vascular Care (SOOVC) will hold its inaugural section meeting from 8:30 to 9:30 a.m. Friday, in National Harbor 3. The section welcomes all who work in outpatient and office settings as section members.

The Office Vascular Care Pavilion – making its VAM debut this year – will be open from 9:30 a.m. to 5:30 p.m., with vendors and presentations geared specifically to office-based providers. The pavilion is in Exhibit Hall B, on the lower level of the Gaylord National Resort & Convention Center. Vendors include:

• Boston Scientific, with its Jetstream Console

• Cordis,® A Cardinal Health company: vascular procedure table, interventional standard packs and surgeon gloves, demonstrations of closure device demos and endovascular product demos; and inventory management solutions

• GE Healthcare: C-arm

• Philips Healthcare: Affiniti System and Lumify

The new SVS Section on Outpatient and Office Vascular Care will meet from 8:30 to 9:30 a.m. Friday, in National Harbor 3.

Friday's presentations (not eligible for CME credit) in the pavilion include:

• OBL Tips and Tools, R. Clement Darling III, MD, 12:30 to 1 p.m.

• OBL Quality and Safety, Robert G. Molnar, MD, 3 to 3:30 p.m.

And Saturday's Breakfast Session 9, from 6:30 to 8 a.m., will cover "Complications in Office-Based Procedures: Their Prevention and Management." The session is being presented in collaboration with the Outpatient Endovascular and Interventional Society.

Topics include the management of complications, equipment, and processes in office-based centers. Other talks will focus on optimal anesthesia and dealing with the aftermath of a complication.

The SOOVC is designed to increase awareness, education, and representation of the movement to outpatient and office-based settings. Past President R. Clement Darling III, MD, spearheaded the initiative and the response has been "tremendous," with 130 members joining within the first few months, said section Chair Deepak Nair, MD, "Clearly we are meeting a need."

An important need for the new section is education. The Office Vascular Care Pavilion and the breakfast session are important steps, he said. VC

Similar Results With Antegrade and Retrograde Bypass for Acute Mesenteric Ischemia

In Friday's Scientific Session 4, Jeffrey Hnath, MD, will report on a study that he and his colleagues performed to investigate the outcomes for acute mesenteric ischemia.

DR. HNATH

Acute mesenteric ischemia is associated with extremely high morbidity and mortality rates. Although open revascularization has been considered the gold standard treatment, there have been concerns about supraceliac clamping in potentially unstable patients as well as patency rates for iliac-based bypasses, said Dr. Hnath of Albany (N.Y.) Medical College. In order to examine this concern, he and his colleagues compared outcomes for antegrade and retrograde mesenteric bypass configurations in acute mesenteric ischemia.

They queried the registry of a single vascular group for bypasses performed for acute mesenteric ischemia. Demographics, operative details, perioperative and long-term outcomes were recorded and compared.

Bypasses using supraceliac aorta as inflow appear to offer equivalent perioperative mortality rates as their iliac-based counterparts, and, iliac-based bypasses offered similar patency outcomes as aortic-based.

A total of 53 patients during 2007-2017 were identified who underwent open reconstruction for acute mesenteric ischemia. Of these, 34 patients underwent aorta to SMA/common hepatic bypass (ANTE) and 19 underwent iliac to SMA retrograde bypass (RETRO). Demographics and comorbidities, such as hypertension, hypercholesterolemia, coronary disease, tobacco use, diabetes, and renal failure, were similar among the patient population, according to Dr. Hnath.

The study included 20 men and 23 women; 46 bypasses were performed with polytetrafluoroethylene and 7 bypasses used excised vein as conduit. Operative blood loss was not significantly different between the ANTE vs. the RETRO groups. In addition, perioperative complications were similar between groups and included pulmonary failure, sepsis, abdominal compartment syndrome, bowel ischemia and MI. A total of 5 (26.3%) RETRO patients had an attempt at supraceliac clamp, however, technical difficulties secondary to calcific disease led to using the iliac artery as inflow. Bowel resection rates, perioperative mortality rates, and 1-year survival all were not statistically different between the two groups In addition, all bypasses were patent in survivors at 1 year.

"Acute mesenteric ischemia is associated with very high mortality rates and open bypass remains the treatment standard. Our study showed that bypasses using supraceliac aorta as inflow appear to offer equivalent perioperative mortality rates as their iliac-based counterparts. In addition, in terms of patency, iliac-based bypasses offered similar outcomes as aortic-based bypasses in select cases," Dr. Hnath concluded. vc

Friday, June 14
8-9:30 a.m.
Gaylord National, Potomac A/B
S4: Scientific Session 4: SS13

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1. Pulat, BM, Fundamentals of Industrial Ergonomics, Chapter 7: 177. Prospect Heights, Illinois: Waveland Press, Inc., 1992.

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Malnutrition Exacerbated Outcomes in Frail Elderly Patients Treated for PAD

Frailty increasingly has been seen as a factor in procedural outcomes, including vascular surgery. Nutrition factors among older adults have also become an issue of concern, and older adults undergoing interventions for peripheral arterial disease (PAD) may be at risk for malnutrition. In Friday's Scientific Session 6, Laura Drudi, MD, of McGill University, Montreal, will report on a study that she and her colleagues performed to determine the association between preprocedural nutritional status and all-cause mortality in patients being treated for PAD.

DR. DRUDI

Dr. Drudi will report on their post hoc analysis of the FRAILED (Frailty Assessment in Lower Extremity arterial Disease) prospective cohort, which comprised two centers recruiting patients during July 1, 2015–Oct.1, 2016. Individuals who underwent vascular interventions for Rutherford class 3 or higher PAD were enrolled.

Trained observers used the Mini Nutritional Assessment (MNA)–Short Form to assess the patients before their procedures. Scores less than or equal to 7 on a 14-point scale were considered malnourished, with scores of 8-11 indicated that patients were at risk for malnutrition.

The modified Essential Frailty Toolset (mEFT) was simultaneously used to measure frailty, with scores of 3 or less on a 5-point scale considered frail. The primary endpoint of the study was all-cause mortality at 12 months after the procedure. Dr. Drudi will report on the results of the cohort of 148 patients (39.2% women) with a mean age of 70 years, and a mean body mass index of 26.7 kg/m^2. Among these patients, 59 (40%) had claudication and 89 (60%) had chronic limb-threatening ischemia. A total of 98 (66%) patients underwent endovascular revascularization and 50 (34%) underwent open or hybrid revascularization.

Overall, 3% of subjects were classified as malnourished and 33% were at risk for malnutrition. There were 9 (6%) deaths at 12 months. Mini Nutritional Assessment Short Form scores were modestly but significantly correlated with the mEFT scores (Pearson's R = –0.48; *P* less than .001).

"We found that patients with malnourishment or at risk of malnourishment had a 2.5-fold higher crude 1-year mortality, compared with those with normal nutritional status," said Dr. Drudi.

In the 41% of patients deemed frail, malnutrition was associated with all-cause mortality (adjusted odds ratio, 2.08 per point decrease in MNA scores); whereas in the nonfrail patients, MNA scores had little or no effect on mortality (adjusted OR, 1.05).

"We found that patients with malnourishment or at risk of malnourishment had a 2.5-fold higher crude 1-year mortality."

"Preprocedural nutritional status is associated with mortality in frail older adults undergoing interventions for PAD. Clinical trials are needed to determine whether pre- and postprocedural nutritional interventions can improve clinical outcomes in these vulnerable individuals," Dr. Drudi concluded. VC

Friday, June 14
1:30-3:00 p.m.
Gaylord National, Potomac A/B
S6: Scientific Session 6: RS16

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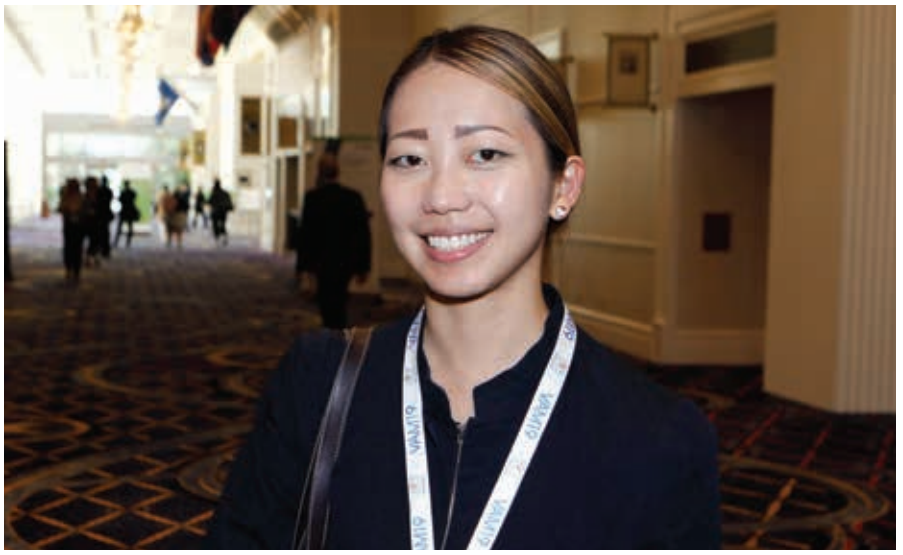
Heard in the Hallway at VAM 2019

What are you looking forward to at the meeting?

Mounir Haurani, MD - There's so much to look forward to: Meet up with old friends you only get to see a couple times a year. The Scientific Sessions, to catch up with the latest research. Networking. Seeing all the young people, and seeing their enthusiasm.



NATIONWIDE PHOTOGRAPHERS

Young Lee, MD - This is my first VAM. I'm about to apply for fellowships in the fall, so I'm doing activities for residents. I don't think I've been to a conference yet where there are so many activities for residents. It's very exciting. A mentor (SVS member Dr. Anil Hingorani) encouraged me to explore vascular surgery last year. He said one of the ways to do that is to submit an abstract. And I have a poster this year.

Travis Vowels, MD (left) - The video presentations (at the "How I Do It Video" scientific session Saturday), because I'm a very visual person. And I'm looking forward to the Fellows Program (known formally as the Vascular Residents and Fellows Program, a new addition this year). **Linda Le, MD** (center) - The Silent Auction! I'm very excited about it, to see what's available and how the bidding goes. And it's also great to see everyone's research from the past year. (As a member of the SVS Public and Professional Outreach Committee, she's also interested in the branding initiative, concepts and examples of which can be seen at the SVS Booth.) I want everyone to come and fill out the survey and offer their feedback. **Manuel Rojo, MD** (right) - The Fellows Program. They have some very useful talks scheduled, things I can apply when I come out of my residency (later).

Alexandra Moran, Alice Moran Alexandra - I just presented (at the SVN Annual Conference) "Establishing Value in my Role as a Nurse Practitioner." I came with my mentor (who is also her mother and also a Nurse Practitioner). It went well! And I'm looking forward to the rest of the conference. (Alexandra is participating in only her second Society for Vascular Nursing Annual Convention, and is a newly elected member of the SVN Board of Directors.)

VASCULAR CONNECTIONS

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2019 VASCULAR ANNUAL MEETING
WASHINGTON, DC

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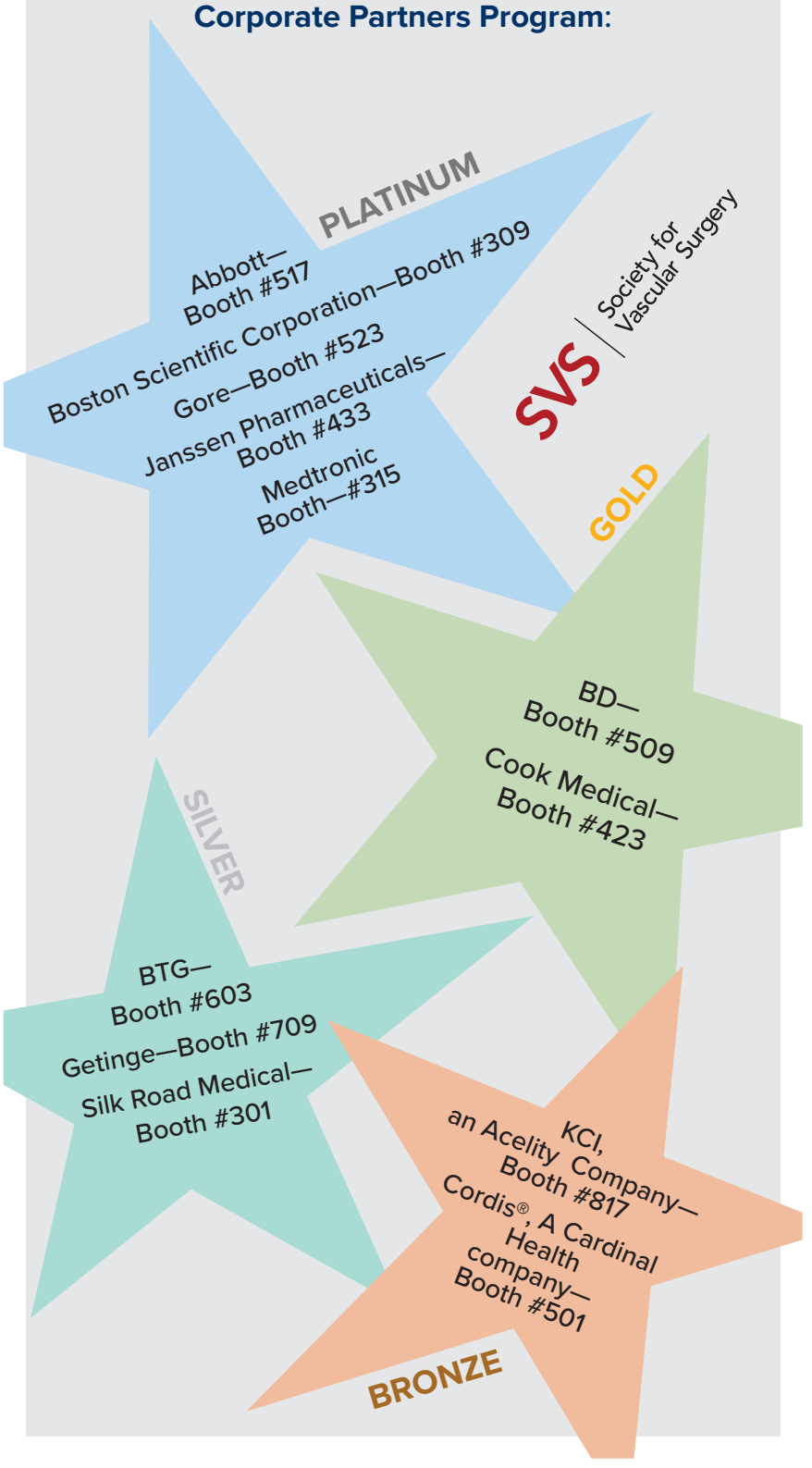

BREAKFAST SESSIONS

Food for Body and Mind

Add "education" to the menu for Friday and Saturday's breakfast sessions. All are held from 6:30 to 8 a.m. Tickets are required and are available via registration (online or at the Registration Counter).

For early risers on Friday

- **B4:** Critical Issues for Authors and Reviewers, Maryland C
- **B5:** Gender Differences in Leadership, Potomac C
- **B6:** Superficial Femoral Artery (SFA) Interventions: Short- and Long-Term Outcomes, Potomac 4-6

Saturday

- **B7:** Complex Hemodialysis, (recommended by the Community Practice and Young Surgeons committees and the Society for Vascular Nursing), Maryland C
- **B8:** Advanced Tools for Vascular Surgeon Wellness, Potomac C
- **B9:** Complications in Office-Based Vascular Procedures: Their Prevention and Management (in collaboration with the Outpatient Endovascular and Interventional Society and recommended by the Community Practice Committee and the Society for Vascular Nursing), Potomac 4-6 VC

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Mix and Mingle at Friday's Closing Reception

Mark the closing of the Exhibit Hall by attending the Closing Reception, set for 4:30 to 5:30 p.m. Friday in Exhibit Hall B of the Gaylord National Resort & Convention Center. The reception coincides with part of the Poster Competition, 3:30 to 5 p.m.

VAM attendees get one more chance to visit with vendors and check out innovations in devices and medications. Guests have another chance to meet up with friends old and new, to relax, and to enjoy cocktails and hors d'oeuvres.

They also get one final chance to participate in the SVS Scavenger Hunt, using the VAM mobile app to scan QR codes found in sponsors' booths and answering the multiple-choice questions that pop up. Participants receive points for each correct answer. Prizes are a $3,000 ticket voucher for American Airlines, a $1,500 Apple gift card, and a $500 Amazon gift card.

And since the SVS Booth (No. 331) is one of the Scavenger Hunt stops, people have another opportunity to visit the SVS Booth and:

- Learn all about the SVS branding initiative that will help tell our story and will help reach our primary referral sources. Review the campaign themes under development and then – most importantly – offer your feedback. Let us know your opinion on images and themes for this very important undertaking that will help position the SVS for the future.
- Enter the Booth drawing up to four times, by completing four activities, including voting on the branding initiative.
- Learn about the upcoming Learning Management System.
- Find out more about the Patient Safety Organization Vascular Quality Initiative.
- Talk with representatives of the Journal of Vascular Surgery publications.

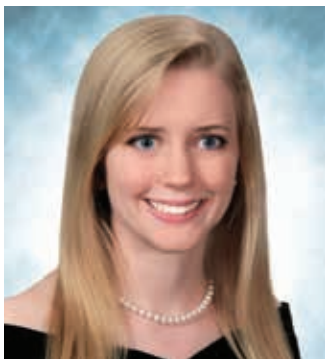
Those who complete certain specific tasks at the SVS Booth will be entered up to four times in the booth drawing. Prizes are free registration for VAM 2020, free membership dues for next year, a complimentary VAM On Demand Library for 2019, or free VESAP4.

Tickets to the Closing Reception are required and are available at Registration. VC

Anticoagulation Improves Short-Term Mortality Rates After Upper Extremity DVT

Midterm outcomes in patients with upper extremity deep vein thrombosis (UE-DVT) will be the focus of a presentation by Ashlei Beiswenger, MS, of Case Western Reserve University, Cleveland.

In Friday's plenary, Ms. Beiswenger will discuss the results of a study that she and her colleagues performed to determine the incidence of UE-DVT, the outcomes with and without anticoagulation treatment, and which factors are significant in predicting mortality.



MS. BEISWENGER

She will review their single-center, retrospective study of all patients diagnosed with UE DVT in 2016. Information on patients' demographics, relevant comorbidities, the use of anticoagulation at the time of diagnosis, characteristics of the UE DVT, treatment regimen, and outcomes were all collected.

Of the 911 patients they found who underwent upper extremity venous duplex, 182 (20.0%) were positive for UE-DVT. Within the first 30 days, 30 (16.5%) of these patients with UE-DVT died and 13 (7.1%) had pulmonary emboli (PE). Overall, within the first 6 months, a total of 50 (27.5%) patients with UE-DVT died. The mortality rate at 30 days was found to be significantly increased in patients who were older (odds ratio, 1.06), had high-risk contraindications to anticoagulation (OR, 5.12) and significantly decreased in patients who were treated with anticoagulation (OR, 0.13). By 6 months, however, only older age (OR, 1.05) and cancer at the time of diagnosis (OR, 8.81) were found to significantly increase the risk of mortality.

"Our preliminary data suggest that mortality rates among patients with UE DVT are relatively high (27.5% in the first 6 months), but rates of PE are relatively low (7.1%). Treatment with anticoagulation significantly reduces the risk of death in the short term, but this may be due to mechanisms different than PE prophylaxis. This project provides additional data to guide clinicians on a problem that we often see in the hospital," concluded Ms. Beiswenger and her colleagues. VC

Friday, June 14
10-11:00 a.m.
Gaylord National, Potomac A/B
S5: Scientific Session 5:SS17

Out and About at the Vascular Annual Meeting

Vincent Noori, MD, a vascular surgery resident, gave one of several presentations in the Current Research Projects from Approved Research Advisory Committee (RAC) Requests session on Wednesday, the final day of the VQI Annual Meeting.

Four members from overseas enjoy catching up with each at Wednesday's International Guest Reception, part of a full lineup of international events — including abstract presentations and a poster competition — at VAM.

Surgeons crowd into one of VAM 2019's additions: the Office Vascular Care Pavilion, in its own section of the Exhibit Hall. Vendors are showcasing equipment for office-based providers and speakers are offering presentations.

Vascular Nurses work together assessing wounds and determining a course of action during the "Team Approach to Limb Salvage" surgical simulation session at Day Two of the Society for Vascular Nursing 37th Annual Conference.

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