



THE SOCIETY FOR  
VASCULAR TECHNOLOGY OF  
GREAT BRITAIN AND IRELAND

This is to certify that

**Suzanne Hargreaves**

has completed **Summer 2019 CPD Questions**  
with a score of 100.00%  
and is awarded

**2 CPD Points**

Date: 20/09/2019

Signed

Alison Dumphy- Smith  
Member of the Education Committee



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**Suzanne Hargreaves** has completed this personal reflection on **20/09/2019**

**Paper:** Summer 2019 CPD Questions

**Personal Reflection:**

**REFLECTIVE PRACTICE ,À SUMMER 2019 CPD QUESTIONS**

This quarters papers involved different aspects of the tibial arteries. One paper examined how tibial velocities relate to peripheral vascular disease and the other on variations in the branching pattern. Both papers were interesting to read and I found the paper that examined the different branching patterns the most interesting.

The paper provided by the SVT was entitled ,ÀThe evidence-based surgical anatomy of the popliteal artery and the variations in its branching patterns,À published by Tomaszewski et al. This paper looked through databases across the world to identify articles which looked at branching patterns and then combined them to form a larger cohort for the analysis they then undertook. Although I had known variations can occur I had not realised until reading this article the prevalence of each type or the various groups and sub-groups that exist. The most common type was type 1 where the popliteal artery always divides below the knee joint and the group subdivided into four different variations. Variations can occur in a multiple of ways involving all the tibial arteries and as mentioned in the article and it is of the utmost importance when it comes to operating in this area as the surgeon would need to be aware of any variations in advance so they can alter the operation if needed.

Looking back at my clinical experience I have occasionally encountered variations in the tibial anatomy and although I mention any change in the configuration of the vessels in the report, I had not realised how important such variations can be especially when surgery is to be considered. The different variations in tibial anatomy I have observed have mostly involved the origins of the PTA and Peroneal. Recollecting the two most recent cases I have scanned and then looking at the diagrams provided one variation was a type I A involving the PTA and Peroneal origins and the other involved the ATA origin which I now believe to be a type II A2. I have decided to keep hold of this article so in future when I encounter any variation in tibial anatomy I can look at the diagrams provided in the paper and see which type of branching pattern the patient had.

Suzanne Hargreaves  
SVT 99