



**Michelle Cooper** has completed this personal reflection on **14/08/2019**

**Paper:** Summer 2019 CPD Questions

**Personal Reflection:**

CPD questions based on two papers: 1. 'Characterisation of tibial velocities by duplex ultrasound in severe peripheral arterial disease and controls', 2. 'The evidence-based anatomy of the popliteal artery and the variations in its branching patterns'.

Evaluation and analysis

1. Tibial velocities and parameters are significantly lower in patients with peripheral arterial disease, whereas profunda velocities are significantly higher compared with controls. Velocities and parameters decrease incrementally with decreasing ABI.
2. The popliteal artery most commonly divides below the knee into the anterior tibial artery the tibio-peroneal trunk.

Conclusion and action plan

1. API (ankle profunda index) could be useful as a specific assessment tool in the evaluation of PAD. However, further research is needed.
2. Knowledge of possible anatomical popliteal branch variations is important in duplex assessment. This information forms an important part of surgical planning in the knee area (eg. pop cyst repair, pop entrapment release, pop aneurysm repair). Close attention should be paid to this assessment when performing a duplex scan, particularly if surgery in this area is likely.