Northwest Vascular Society Meeting
16 October 2019
Village Hotel, Whiston

Each year the northwest regional meeting is held and is similar to the VSS but on a smaller scale. This year's meeting covered several topics I was interested to hear more about.

The first session covered upper limb disease and was being presented by one of the vascular interventional radiologists from our hospital. He informed everyone that 5% of vascular disease involves the upper limb but limb loss is rare, this percentage was higher than I had thought. Investigations will initially involve using doppler scans and progress to CT and MRA, angiograms are performed with an intention to treat. A case study was presented showing a subject who had bilateral upper limb disease and the angiograms and angioplasties carried out were shown and explained to the audience. I knew had previously scanned the patient involved as I recognised the medical history and it was interesting to see the subsequent investigations and treatment the patient had undertaken.

This session was followed by two presentations covering thoracic outlet syndrome. The different types of TOS were explained along with the operations involved for the different types and what has to be considered. This was useful as although I had previously read about the procedures involved, the surgeon showed images from an operation and it was then easier to understand the process involved.

Two lectures then followed about pelvic vein embolisation. This was a subject I wished to know more about as it is a poorly understood subject, at least on my part. The first speaker was an interventional radiologist who explained the various symptoms that can be experienced and showed the images from various investigations that had been undertaken by some patients who had been diagnosed with the condition. Incompetence involves the internal iliac veins and ovarian veins and the treatment will involve the obturator vein and internal pudendal veins. Although the condition is more common in women he explained that few women will be offered treatment for it whereas a male patient who is experiencing varicoceles will be treated without any issue and there is a gender inequality when it comes to treatment. I found it surprising that a figure of 30% was quoted as the number of varicose veins patients that will have incompetent pelvic veins. I felt this was a subject I do not know enough about and following the talks I have decided to see what I can discover about the condition in my spare time both with its diagnosis and its treatment.

An interesting presentation followed involving aortic aneurysms and colorectal cancer. At our aortic MDT there are occasionally images for a patient who has had a CT scan to assess for evidence of cancer and from this an asymptomatic aortic aneurysm is discovered and the treatment options discussed. A figure of 0.5%-4% of patients with colorectal cancer and an AAA were quoted.

A wide range of research abstracts were then presented by registrars across the northwest region.

One of our vascular surgeons then gave a presentation about deep vein arterialisation. This is a new technique with only one patient in our hospital currently having undergone the procedure. I had a personal interest in this as I have twice scanned the patient concerned. This procedure involves placing a covered stent that connects the tibial artery to the tibial vein as a method of increasing arterial flow to the foot and a valvulotome used to disrupt the valves within the veins. It was explained that any ulceration present in the foot will initially worsen before it improves as flow needs to become established so patients with extensive tissue loss are not appropriate candidates. As the treatment is being carried out in ischaemic tissue there is a high rate of complications, 30% of patients who undergo the procedure will have to have another intervention. As there is a high likelihood of failure, frequent scans of the stent needs to be carried out with scans 2 weeks post op, 1, 3 and 6 months post op followed by 1 and 2 year scans. By chance the patient who had undergone the procedure in our hospital had been admitted that morning with deterioration in his footpath due to a stenosis that had developed at the distal stent and he had a forefoot amputation that afternoon.

I felt the entire meeting had been beneficial to my professional development as it covered areas I was not overly familiar with. Following the presentations I intend to research the topics of pelvic vein embolisation and deep vein arterialisation as both are subjects likely to play a greater significance in the coming years.

Suzanne Hargreaves

SVT number 99

Northwest Vascular society Meeting Programme

Wed 16th October 2019
Village The Hotel Club
Fallows Way, Whiston, Liverpool, L35 1RZ

4 CPD points Accredited by RCS

1 pm	**Cook Medical trainee workshop- Embolisation therapies** Dr Previn Diwakar, Symeon Lechareas, Dr Shemin Mehta, Mr Simon Neequaye **This is by invitation. All SPR's on vascular surgery training program are invited.**
3pm	**Registration and welcome for main meeting**
3.30 pm	**Upper limb Vascular disease Session** **Chair Mr Nee Beng Teo**
	'Experience and techniques for upper Limb PTA' Shemin Mehta.
	'Thoracic Outlet Syndrome' Mr Colin Chan
4 pm	**Pelvic vein embolization** **Chair Mr Haytham Al-Khaffaf**
	'Clinical experience of pelvic vein embolisation' Dr Previn Diwakar
	'Current evidence base for pelvic vein embolisation' Mr David Riding
4:30 pm	**Trainee Session; This is an evidence free zone** **Chair Francesco Torella** **10 + 5**
	'management of PVD patients undergoing knee arthroplasty' Miss Alex Staniszewska
	'Management of concomitant colorectal and AAA.' Mr James Wyatt
5pm	**Coffee Break**
5:30PM	**Research abstracts: the best 9 (7+3min)** **Mr Jonathan Ghosh**
7 pm	**Breaking News** Miss Kaji Sritharan 'Percutaneous Deep Vein Arterialisation - some hope for 'no option' patients.'

7:30	**Guest speaker** Professor Robert Fisher on Behalf of the VSGBI council 'Quality Improvement for Critical Limb Ischaemia'
8pm	**Dinner**

Research Abstracts session : (7+3 min)

1. **Sirtuin 1 (SIRT1) attenuates vascular calcification in diabetes**

Ria Weston, Manchester Metropolitan university

2. Effect of contrast administration on renal function in predialysis patients with ArterioVenous Fistulas undergoing fistuloplasty

Birmpili P[1], Pearson T[2], Zywicka E[2], Gornall M[3], Chandrasekar R[2]

[1] Liverpool Vascular and Endovascular Service, [2] South Mersey Arterial Network, [3] Liverpool Cancer Research-UK Centre

3. Achieving compliance with post-operative EVAR surveillance and analysis of factors that influence individual patient conformity, a single tertiary UK centres experience.

I N Roy, R Jackson, S R Vallabhaneni, LiVES

4. Prospective, single UK centre, comparative study of the predictive values of contrast-enhanced ultrasound compared to time-resolved CT angiography in the detection and characterisation of endoleaks in high-risk patients undergoing endovascular aneurysm repair surveillance

Iain N Roy, Tze Chan, Steve Wallace, G Czanner, S R Vallabhaneni

5. Risk Factors for re-intervention following deep venous stenting for acute iliofemoral deep venous thrombosis

T.Khan, A.L.Pouncey, P.Saha, N.Thulasidasan, S.A.Black.

6. Personalised Medicine: Individualised intervals to next EVAR surveillance visit. Development and validation of a stable and highly predictive model of future risk of requiring a secondary intervention

I N Roy, R Jackson, S R Vallabhaneni, LiVES

7. Targeting vascular calcification using novel small molecule glycomimetics

Ayman Mahmoud[1,2,3], Alan Jones[4], Gary Sidgwick[1], Ayman Arafat[3], Ferdinand Serracino-Inglott[4], Yvonne Alexander[1] and Fiona Wilkinson[1].

[1]Cardiovascular Science Group, Centre for Bioscience, Dept of Life Science, Manchester Metropolitan University, Manchester, UK. [2]Physiology Division, Department of Zoology, Faculty of Science, Beni-Suef University, Beni-Suef, Egypt. [3]Department of Endocrinology, Diabetes and Nutrition, Center for Cardiovascular Research (CCR), Charité-University Medicine Berlin, Berlin, Germany. [4]School of Pharmacy, University of Birmingham, Edgbaston, UK. [4]Vascular Unit, Manchester NHS Foundation Trust, Manchester Academic Health Science Centre, Manchester, UK.

8. Increasing complexity of fenestrated endovascular aneurysm repair (FEVAR) is associated with an increased incidence of visceral stent-related complications and re-intervention.

SR Patel[1], IN Roy[1], RG McWilliams[2], JA Brennan[1], SR Vallabhaneni[1], S Neequaye[1], JD Smout[1], RK Fisher[1]

1 Department of Vascular Surgery, Royal Liverpool University Hospital, Liverpool, UK , 2 Department of Interventional Radiology, Royal Liverpool University Hospital, Liverpool, UK

9. Seven years' experience of open retroperitoneal repair for complex abdominal aortic aneurysms

Martin Hossack$_1$, Robert Fisher$_1$, Jonathan Smout$_1$, $_1$Vascular Surgery, Royal Liverpool & Broadgreen University Hospitals NHS Trust, Liverpool

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