

# The Role of the Vascular Testing Unit

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## Aims



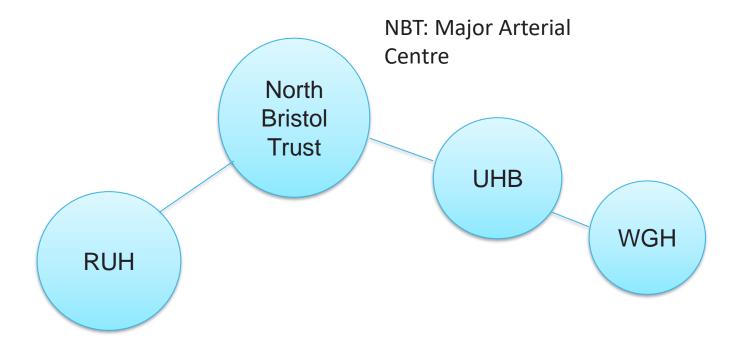
### To understand the role of the Vascular Testing Unit

- Overview of Structure
- Diagnostic Investigations
- Patient pathway
- Teaching, research and Professionalism

## **National Structure**

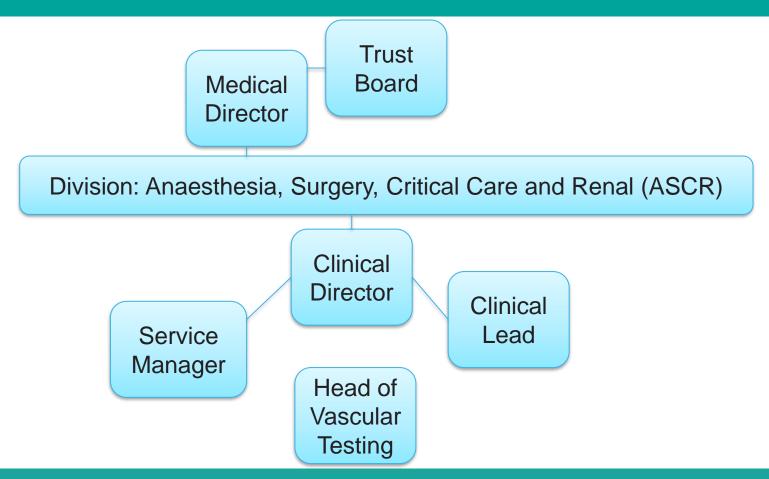


July 2013 Vascular Services Centralised forming 'Major Arterial Centres' Nationwide



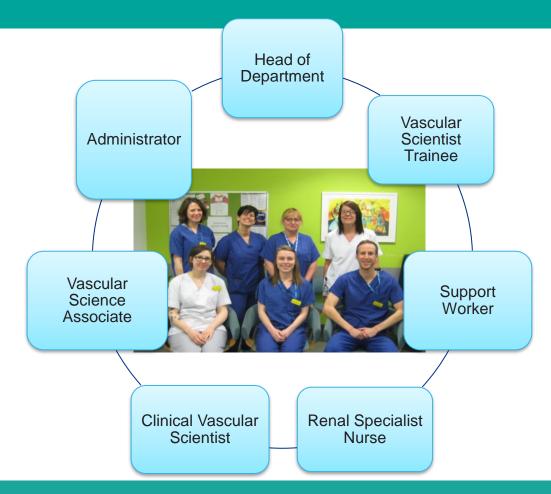
## **Local Structure**





## Team: Who are we?

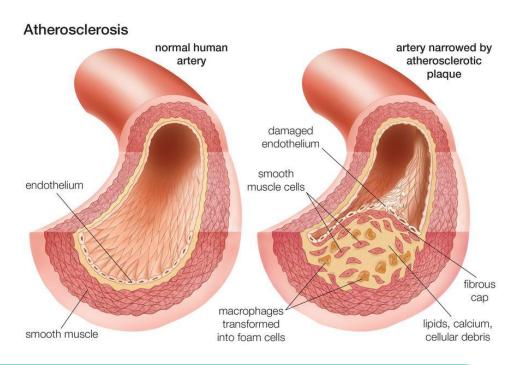






#### Vascular disease

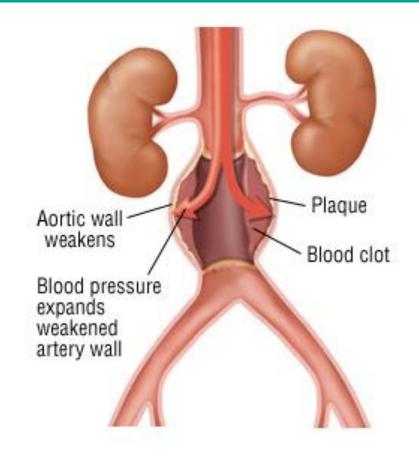
- Atherosclerosis and Peripheral artery disease
- Carotid artery disease





#### Vascular disease

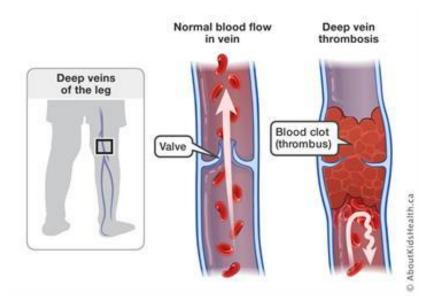
Aneurysms

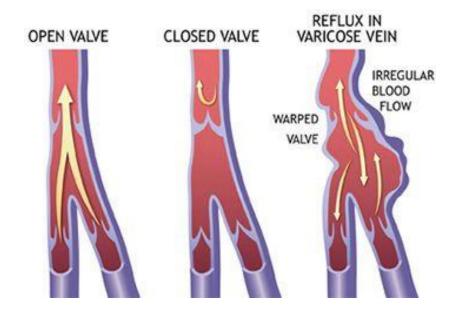




#### Vascular disease

- Varicose veins and venous insufficiency
- Deep Vein thrombosis







Vascular disease

**Aortic Dissection** 

Aortoiliac Occlusive Disease

**Arm Artery Disease** 

Connective Tissue Disorder (CTD)

Endoleaks (Type I-V)

Fibromuscular Disease

Giant Cell Arteritis

Lymphedema

Mesenteric Ischemia

Peripheral Aneurysm

Portal Hypertension

**Pulmonary Embolism** 

Renovascular Conditions

Stroke

Thoracic Aortic Aneurysm

Thoracic Outlet Syndrome

Vascular Infections

Vascular Trauma

Vasculitis

Visceral Artery Aneurysm



#### **Toe Brachial Pressure Index**





**Tissue Perfusion** 







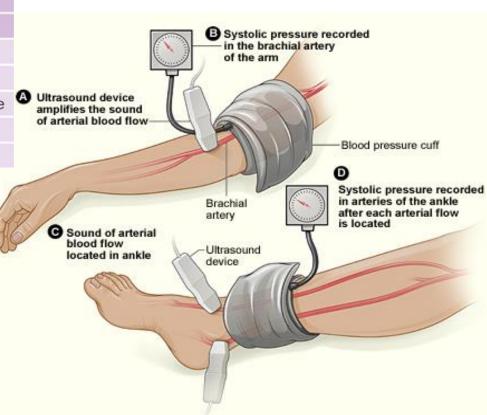
**Ankle Brachial Pressure Index** 



Interpretation of ABPI	
ABPI value	Disease severity
>1.3	Arterial calcification may be present
>1.0-1.3	Probably no peripheral arterial disease
0.81-1.0	No significant or mild peripheral occlusive disease
<0.51-0.8	Moderate peripheral arterial occlusive disease
<0.5	Severe peripheral arterial disease



**Ankle Brachial Pressure Index** 







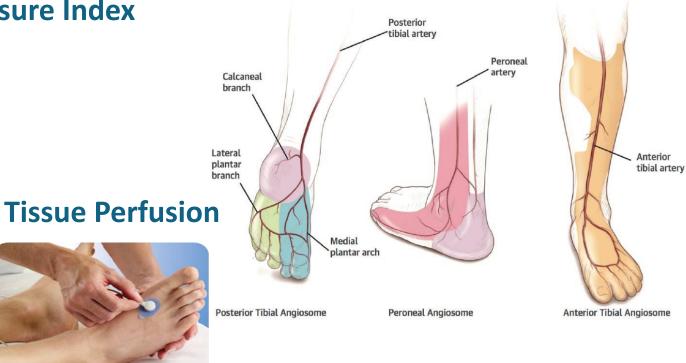
**Ankle Brachial Pressure Index** 



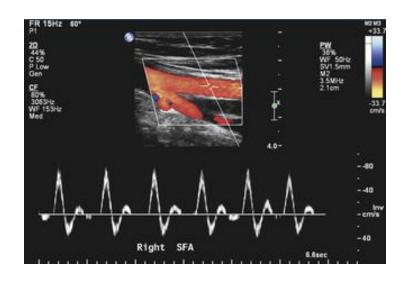


#### **Toe Brachial Pressure Index**

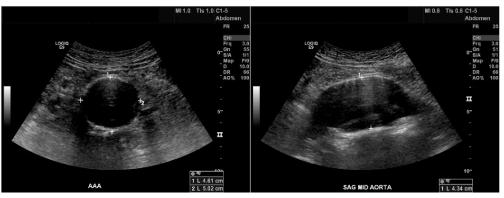












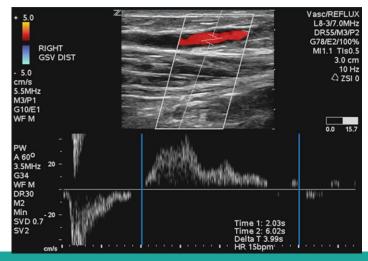
## **Defining Diagnosis**

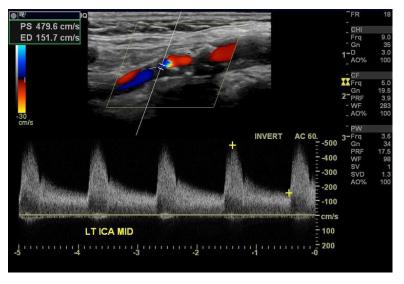


#### Can determine the;

- presence
- location
- severity

#### of arterial and venous vascular disease





## **Defining Diagnosis**



Vast improvements in the accuracy of non invasive testing over past 5-10yrs

Mandate to reduce the risks and costs of health care

prompted many vascular surgeons to consider performing vascular surgical procedures and other interventions based on the results of non invasive test alone.

e.g. carotid duplex scanning prior to carotid endarterectomy has become standard practice

e.g. lower limb duplex prior to angioplasty/stent

## Surveillance



- Can be initiated after a positive screening test to obtain disease progression
- Following an intervention to detect recurrent disease
- Requires serial studies over time
- workload issues
- Examples include
- > AAA
- infrainguinal vein grafts and stents
- Less common
- carotid endarterectomy
- isolated calf vein thrombosis

# **Screening**



Abdominal Aortic Aneurysms

D.V.T

Carotid artery disease

## **Benefits of Ultrasound**



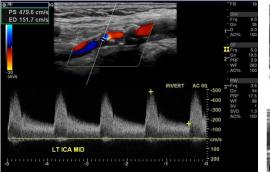
- Painless
- non invasive procedure
- Accurate
- can document the presence and location of vascular disease
- Cost effective

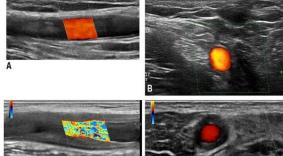
important consideration in today's healthcare environment

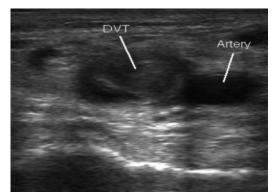
## Service Users

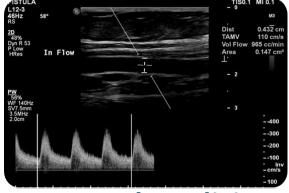


#### **Stroke Services**









**Renal Medicine** 

# Emergency Medicine

Rheumatology

# **Diagnostic Pathway**



#### Where do we fit in to the diagnostic Pathway?

Pre-Treatment

Intraoperatively

Post treatment





Anatomy

Physiology

**Medical Ethics** 

Disease pathology

Biophysical principles

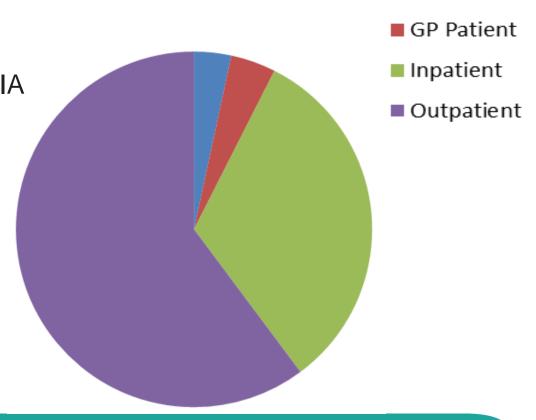
Patient care

## **Service Delivery**



A&E Patient

- Outpatient Clinics
  - One-Stop: Vascular, Renal, TIA
  - Outpatient direct access lists
- Emergency Vascular Hot Clinic
- Emergency Department
- Inpatient bedside scanning
- Specialist Clinics



## **Collaborative Working**



#### Clinical

- Multidisciplinary clinics
- Multidisciplinary Team Meetings: Vascular and Renal
- AAA Screening Programme

#### Non-Clinical

- Teaching and Study days
  - Fistula study day
  - Diabetic foot study day



## **Teaching and Research**



- Support placements: MSc Medical Ultrasound, MSc Clinical Science
- In-house development: Level 2 & 3 Clinical Healthcare Support, Higher National Diploma in Healthcare Science, Abdominal Aortic Aneurysm Screening Diploma
- External Training: Radiographers, radiologists, registrars
- Research: Department audits, Student dissertations and projects, National programmes

## **Professionalism**



- Society of Vascular Technology
  - Accreditation
  - Continued Professional Development
- Health and Care Professions Council, Statutory Registration
- Register of Sonographers, Voluntary

### **Professionalism**



- Institute of Physics and Engineering in Medicine:
- Society of Radiographers: Indemnity insurance
- Working with other units in the region to develop Standard
   Operating Procedures
- Improving Quality in Physiological Services (IQIPS)

# **Summary**



#### **Role of the Vascular Testing Unit**

- To work in a large multidisciplinary team to deliver services
  to best serve the vascular patient at each step of the patient
  pathway from diagnosis to post intervention surveillance.
- To contribute to teaching and research
- To maintain a high level of professionalism

## **Summary**



#### **Role of the Vascular Scientist**

- High level of operator skill required
- Provides preliminary interpretation of the test results
- Requires good report with surgeons, radiologists and physicians



# Thank you for listening

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