

THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

NEWSLETTER

Issue 98 Autumn 2017

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Welcome to the Autumn issue of the SVT Newsletter

I would like to say thank you to **Matthew Slater and Alison Charig** for the review paper on "Very Urgent Carotid Endarterectomy is associated with an increased procedural risk: the carotid alarm study", **Richard Pole** on his Review of his Visit to the ESVS in Lyon France and **Helena Edlin** on her report on The SVT and the National School of Healthcare Science.

Please email any case studies, reviews, your experiences or any comments that you think would be of interest to members of the society, contributions may also be eligible

for CPD points. We would also welcome any comments on articles published in this edition.

If you have any interesting links to an article or video that you think other members may be interested in, then please get in touch.

As always, a £25 prize is offered to the individual chosen for sending in the article or letter of the month.

Gurdeep Jandu

Newsletter Editor

newsletter@svtgbi.org.uk

DATES FOR THE DIARY 2017

**Vascular Societies
ASM, Manchester, UK**
22nd-24th November
[Link](#)

**BMUS Ultrasound
2017, Cheltenham
Racecourse, UK**
6th-8th December
[Link](#)

President: Helen Dixon • **Vice President:** Sara Causley • **Past President:** Tracey Gall • **Membership Secretary:** Sara Causley
Shadow Membership Secretary: Lynne McRae • **Conference Secretary:** Dominic Foy • **Treasurer:** Kamran Modaresi
Newsletter Editor: Gurdeep Jandu • **Web Site Manager/ Job Adverts:** Lee Smith • **SVT Website:** www.svtgbi.org.uk

ESVS Review

Richard Pole, Independent Vascular Services, LTD, Manchester

PRIZE
ARTICLE

On arriving in Lyon for the European Society for Vascular Surgery it felt we had brought the Manchester weather with us! However the rain quickly cleared up and we were looking forward to three days in the gastronomic capital of France and also at the Lyon Congress Centre meeting our European colleagues to discuss scientific advances in vascular surgery and ultrasound.

The Congress Centre is located on the banks of the Rhone and 1 mile from the UNESCO World heritage site of their Old town. It was a massive venue with an event space of 25,000 m² including 3 auditoriums and 25 workshop rooms. There was also a large meeting space of 8,400 m² where all the usual exhibitors had put out their stands, lunches were given out (with wine!) and the research posters were presented.

Every day had multiple programmes – with talks from the Scientific and Industry partners, ESVS side meetings and the ESVS Academy. You could pick and choose to attend what interested you.

On the Wednesday morning there was an interesting symposium covering carotid guidelines which covered evidence based approach to asymptomatic carotids, anti-platelet therapy and carotid stenting which

added further data to the CAS vs CEA debate. In the afternoon there was the Scientific prize session – my colleague Steve Rogers was giving a talk on Tomographic Ultrasound Angiography for peripheral artery disease. He was up against varied topics from robotic surgery for aorto-iliac occlusive disease to the development of a long autologous small-calibre bio-tube vascular graft which was grown just under the patient's skin. All the talks were innovative and interesting.

On the Wednesday afternoon Carlos Pinho from Charing Cross and Filipe Fernandes from Kings ran a vascular ultrasound symposium which led to extensive debate about protocols and the required experience which was very well attended. Later in the afternoon Steve, and Hannah Williamson from the Royal Free, presented their posters. Hannah did exceptionally well and was put through the presentation round on the Friday morning.

We were part of the ESVS Academy which was running workshops throughout the three days. In the late Wednesday afternoon, I was giving a presentation on basic carotid scanning techniques and both myself and Steve demonstrated in an ESVS academy carotid workshop. It was intriguing to hear about the different

approaches to carotid scanning and that a lot of European vascular surgeons follow the NASCET criteria.

On the Thursday Steve, Carlos and Filipe gave a couple of talks in the Nurses and Technologists session which sparked debate. It is clear that the standards of the SVT for governance and training are the envy of our European colleagues. Lee Smith, Steve and I all took part in the vein mapping workshop comparing 2D and 3D ultrasound scanning. It seemed well received and stimulated a good discussion amongst delegates.

In my opinion the most interesting session was the Symposium 9 - World Federation of Vascular Societies (WFVS) symposium held on the Thursday morning which covered the topic of vascular Surgery in the Era of Terror. Unfortunately this topic has resonance with an increasing number of countries around the world. We heard from vascular surgeon's experiences dealing with injuries due to drug warfare in Colombia; gunshot wounds from the Turkey border with Syria and Iraq; improvised explosive devices at the Boston marathon; multiple attacks in Paris and finally extracting shrapnel from victims of the Manchester Arena bombing. Logistics was shown to be the key to saving lives – the quicker it takes to get the vascular trauma patient to the correct hospital to see the vascular surgeon the more likely they are to survive.

We thoroughly enjoyed the ESVS and would recommend any vascular scientist to attend. Next year it is going to be held in Valencia – the third largest Spanish city renowned for its gastronomic pleasures including paella! The ESVS organisers definitely know what they are doing!!



Ann Donald Scientist of the Year Award 2017

Call for Nominations

The annual prize of £500 will be awarded to 'the scientist who has performed the best original research or been the most innovative in the promotion of vascular ultrasound during the year'.

How to nominate someone for the award

Nominations for this award can be made in writing using the application form on the SVT website. You may either nominate yourself or another, in recognition of achievements over the past year or so.

Applications must be completed in full, with supporting evidence and two others to support your nomination. Completed applications should be sent to the SVT President, Helen Dixon, president@svtgbi.org.uk by **5pm on 17th November 2017**. The prize will be awarded at the 2017 ASM if we receive an appropriate nomination.



Very Urgent Carotid Endarterectomy is associated with an increased procedural risk: the carotid alarm study.

Alison Charig, Portsmouth Hospitals NHS Trust.

"Very Urgent Carotid Endarterectomy is associated with an increased procedural risk: the carotid alarm study" Nordanstig, A et al. Eur J Endovasc Surg (2017) 54: 278-286.

As we all know, carotid endarterectomy (CEA) in combination with best medical therapy is the recommended treatment for patients with a symptomatic stenosis of the internal carotid artery who have suffered a transient ischemic attack (TIA). There is a high risk of early stroke recurrence in patients with a TIA or minor stroke due to > 50 % carotid stenosis and this is the reason for needing surgery. There have been reports that the stroke risk for these patients is low (6.4%) within the first 2-3 days, increasing to 26.1% at 14 days, but currently we do not know the best

time to perform this surgery within the 2 week recommended period. Several studies have been reported with divergent results. A number of large retrospective studies found no difference in the risk of stroke and mortality depending on whether surgery was done at 1-2 days or 3-14 days. In contrast, other studies have indicated that surgery is more beneficial when done within the first 2 days, but this will only improve the benefit of early CEA if the risk of pre- and post- operation complications remains low as compared with later surgery. The need for a study to directly compare CEA in the acute phase with later surgery to determine the optimal timing of intervention is apparent.

The study described in this paper

(also called "the carotid alarm study") aimed to compare procedural risk of carotid endarterectomy performed within 48 hours to that performed between 48 hours and 14 days. This was a prospective study carried out at 2 centres in Sweden from 2010 to 2015 and included 418 TIA and minor ischemic stroke patients with a symptomatic carotid stenosis of 50-99% according to NASCET criteria. The primary end-point was death and/or any stroke within 30 days of the surgical procedure. The study was designed to include 600 patients, with 150 operated on within 48 hours. The number of patients actually operated on was 418 with 75 operated on within 48 hours. The study was prematurely terminated due to inability to operate within 48 hours

on sufficient numbers of patients. This was put down to organisational/logistical reasons, rather than delays in patient presentation which were not significant with 72% of patients admitted within 24 hours of their ischemic event.

Of the 418 patients operated on, 16 suffered complications. Patients undergoing CEA within 48 hours had a higher risk of complication or reaching the primary end-point than those operated on later (8.0% versus 2.9%). All events in the group of patients undergoing surgery within 48 hours were ipsilateral ischemic strokes. In the other group the complications were

more diverse. Further analysis demonstrated that the following were all independently associated with an increased risk of reaching the primary end-point:

- CEA performed within 48 hours
- CEA performed out-of-hours
- Use of shunt

In conclusion, this study provides evidence in favour of a careful approach to planning for CEA and could possibly inform future requirements for 7 day carotid scanning.

The SVT and the National School of Healthcare Science

Helena Edlin, Manchester Royal Infirmary

As the SVT representative on the National School of Healthcare Science (NSHCS) Board I attend three meetings per year to facilitate the communication between the National School and the SVT. For those of you who are unaware of the history behind this, I will try to explain in brief.

Approximately 15 years ago the SVT worked hard to get our voice heard as a profession so that we were included in the national plan within Modernising Scientific Careers programme which one of the main aims was to make 'Healthcare Scientists' a registered group, standardising training and education and allowing regulation of the professions.

For any profession to become a registerable profession, a training programme has to exist, the SVT/ members of the SVT therefore wrote the curriculum and training programme, deliver and continue to deliver the work based training programme as well as assess the trainees in their final OSFA, as well as, in conjunction with the universities, deliver the academic learning for the trainees, who now graduate as a registered Clinical Scientist in Vascular Science. The programme which delivers our training is the STP. The National School of Healthcare Science are the body which helps us to deliver this in a way that we would never be able to do as a professional body. As this is a relatively new training programme, there are areas which now need to be

tweaked and developed to benefit the trainee as well as the employer.

The Board meetings, chaired by the professional leads for Physiological Sciences, bring together the professional bodies, the universities, the employer reps, trainee reps, lay reps and the Academy to discuss and resolve any issues raised as well as plan the future for the STP and HSST.

I report back to the SVT committees with relevant info for Vascular Science, as well as take any issues back to the meeting for further discussion.

I now aim to also report directly back to the membership in the aim of improving communications. This will either be in the Newsletter, or as a direct email from the SVT.

NSHCS Themed Board Meeting – June 2017

Membership Summary

The NSHCS has appointed a new Head of School – Bernie Ferry. She attended the Themed Board meeting and discussed her plan to develop the school even further than it already is.

Accredited Scientific Practice (ASP)

There is a lot of discussion around the ASP, this is where STP/HSST modules can be available to access individually, for example, the DVT module of the STP. Employers wishing to consider such programmes will be able to contact the

National School for Healthcare Science with specific requirements. The school will aim to work with employers and professional bodies to create bespoke packages based on currently approved modules which meet service needs.

This will include the academic part of the module (with assessment from HEI), workplace based training (with assessment) and independent assessment (ie OSFA).

- There will be a certificate of completion.
- Fee's are currently unknown.
- Possibly providing OSFA's twice per year
- Further info on this process will be available on the SVT website shortly.

HSST and STP

The NSHCS are requesting senior vascular scientist volunteers to be an assessor for the C1 component of the HSST (CVRS) at the end of Sept.

Please contact either Helena Edlin (Helena.edlin@cmft.nhs.uk or Theresa Fail (Theresa.fail@hee.nhs.uk) for further info, or if you would like to volunteer.

The School would like to encourage more vascular scientists on to the HSST programme. Please contact the SVT for more info.

Commissioners are also starting to ask for expressions of interest from departments wishing to host STP and HSST trainees in 2018. There is particular interest in trying to get new centres involved. Please contact Health Education England or the National School for further information.

Curriculum Review

There has been a new appointment at the NSHCS to undertake the enormous task of reviewing the curriculum for all specialities.

She is aiming for the process to be open from Sept. Once all specialities who would like a review have submitted an application, they will try to prioritise the order.

The process will then be maintained annually thereafter.

The SVT will form a stakeholders meeting and form a working group to take this forward.

E-Portfolio (OLAT) for STP

Procurement for a new e portfolio is ongoing.

A gradual transfer over to the new system will occur between Sept 2017 and Dec 2018. All data from OLAT will be transferred.

Apprenticeships

The NSHCS and professional bodies are working together to try create apprenticeship levels where they are needed.

The SVT are keen to develop level 4 and level 6 apprenticeships for Vascular Science to create a full career framework from band 4 through to band 8/9.

Level 4 is well underway, this level will be equivalent to a foundation degree. There are numerous employers around the country who already employ a Band 4 Vascular Associate/assistant to perform AAA surveillance as well as some physiological measurements (eg ABPI and toe pressures). The level 4 apprenticeship aims to standardise this training and give a formal qualification to staff wishing to work at this level.

The level 6 is a much greater task. It was agreed that Vascular Science should engage in developing this level as it would create a full career framework for career progression from level 4 through to level 9. Sonography are also going through the same process, which means we should ensure that the professions align where they cross over.

The SVT will be putting a call out to any interested individuals who would like to be part of the working/consultation group to take this forward.

Voluntary Register

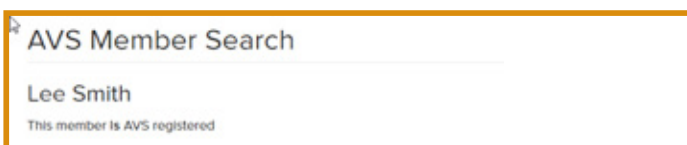
Going live: Wednesday 1st November 2017

Lee Smith Independent vascular services LTD, Manchester

As part of the SVT website upgrade, the SVT executive committee would like to include a searchable voluntary register for Accredited members on the website.

As part of this, anyone visiting the website will be able to type a name into a field and search to see if the member is AVS registered.

If the member is AVS registered the search only returns the information below:

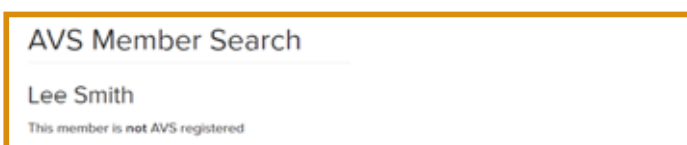


AVS Member Search

Lee Smith

This member is AVS registered

If the member is not AVS registered the search returns the information below:



AVS Member Search

Lee Smith

This member is not AVS registered

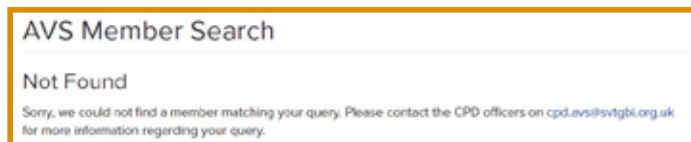
No other information will be available to search.

As this search facility is a voluntary register, members are able to opt out of their information being included in the search.

If you do not wish to be included in this voluntary register you can opt out of the register from your locker on the SVT website.

Within your **locker** go to **My Account, Update Details** and then **Click Opt out of AVS status search** near the bottom of the page.

If you are not included on the register or the name entered is not on the database, the search will simply return the information below:



AVS Member Search

Not Found

Sorry, we could not find a member matching your query. Please contact the CPD officers on cpd.avs@svtgbi.org.uk for more information regarding your query.

The AVS search will go live on the website Wednesday 1st November 2017. If you have any questions regarding this, please contact website@svtgbi.org.uk

ASKTHEPRESIDENT

Do you have any burning issues you wish to raise with the committee? If so please write in to us and ask our SVT president.

Please email us on newsletter@svtgbi.org.uk and your questions could be published in the next newsletter.

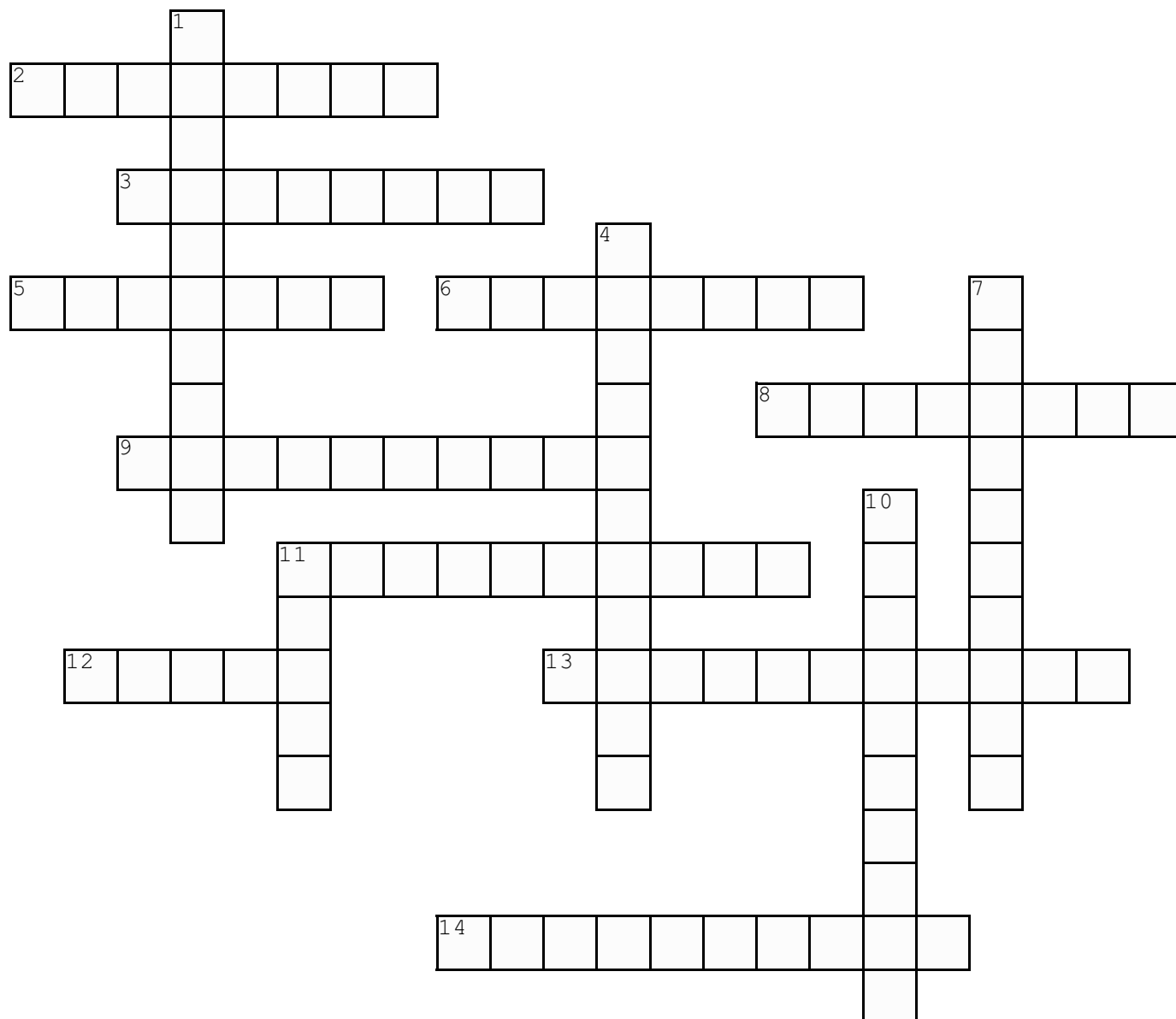
SVT Trainee Competition – October 2017

1. Explain the following B mode control settings and how it can be used to optimise images.
 - Zoom
 - Time gain compensation (TGC)
 - Harmonics
2. Explain the following Colour Doppler control settings and how it can be used to optimise images.
 - Pulsed Repetition Frequency (PRF)
 - Wall Filter
 - Colour Write Priority / Persistence
3. Explain the following Doppler control settings and how it can be used to optimise images.
 - Angle correct
 - Spectral Doppler sample gate
 - Spectral Doppler gain
4. List one B Mode artefact, one Colour Doppler artefact and one Spectral Doppler artefact, give a brief explanation of the cause of the artefact and how to minimise / avoid it.

Please send answers to Ming Yeung, member of the Education Committee, at Ming.Yeung@porthosp.nhs.uk

Closing date: November 17th 2017

Vascular Crossword



Across

- 2. Double vision
- 3. Flow towards the head
- 5. Loss of the power of expression of speech
- 6. Bluish decolouration of the skin
- 8. Dilation of blood vessel including all three layers of the arterial wall
- 9. Name for a plaque which is a retinal embolus consisting of cholesterol
- 11. Paralysis of one side of the body
- 12. Redness: this is a classical sign of inflammation
- 13. Site of division of a vessel into two branches
- 14. Inflammation of a blood vessel

Down

- 1. Form of a cavitation in the tissue
- 4. Layer of flat cells lining the blood vessels
- 7. Twisting of a vessel
- 10. Slurred speech
- 11. Unit of frequency equal to one cycle per second



**VS, SVT & SVN Annual Scientific Meetings and SVT Study Afternoon
Manchester Central 22nd-24th November 2017**



Wednesday - Study Afternoon: SVT EVAR, FEVAR and CEUS workshop 1300-1700

An expert account of the subject by 6 speakers followed by hands on and practical demonstrations, interactive quiz and Q&A. Only 60 places available to delegates attending the ASM.

Thursday - Annual Scientific Meeting 0845-1700

Reports from SVT committee, 9 proffered scientific presentations, 10 Student Research proposals, presentation by winner of last year's best student proposal.

Guest lectures:

- ☐ Jackie Walton Lecture: Terror attacks and the role of the vascular surgeon: a personal perspective of the Manchester Arena suicide bombing. Mr Mark Welch. Manchester
- ☐ NICE recommendations on DVT management & duplex imaging. Prof Gerry Stansby. Newcastle
- ☐ Complex Venous Disease – The challenge for vascular imaging. Mr Stephen Black. London

Wednesday 22nd November : Evening VS drinks at Manchester Central Followed by **SVT drinks & Canapes** at Brewdog bar, 35 Peter Street at 7pm with wine, beer and canapes on mezzanine level.

Book now! <https://www.vascularsociety.org.uk/asm/>

Enquiries to Dominic Foy SVT Conference Secretary; Dominic.foy@rbch.nhs.uk

Announcement

The SVT Professional Standards Committee(PSC) is looking for new members.

The PSC is a small committee that works on SVT documentation and helps the society, vascular ultrasound services and members with wide ranging professional issues.

We also have links with important organisations such as: IQIPS(UKAS),VASBI and NICE.

We are looking for an enthusiastic, discussion focussed individual with a broad knowledge of vascular ultrasound, and an eye for scientific detail.

Please email Matthew.slater@addenbrookes.nhs.uk with expression of interest.

Theory Exam Update

Throughout June and July 2017 the first digital theory exams were held at Pearson Vue centres across Great Britain and Ireland.

26 people sat the Vascular Technology exam and 47 people sat the Physics, Haemodynamics and Instrumentation exam.

85% of candidates passed the Vascular Technology exam with a mean score of 79%.

66% of candidates passed the Physics, Haemodynamics and Instrumentation exam with a mean score of 74%.

We are pleased to report that the pass rate has increased from the previous year for both examinations.

Registration has now closed for the Autumn Theory Exams which are due to take place between the 25th October and 6th December 2017.



Committee Members 2017

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Sara Causley

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Non-portfolio

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Hannah Lines

EDUCATION

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Study Day Coordinators

Edmund Ramage & Davinder Virdee

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