REFLECTIVE CPD ACTIVITY FORM

Name: **Minta Sabrina Palmer**

Job Role: **Lead Vascular Technologist**

Date(s):	18/05/2022	Total Days/Hours: 2 Hours
Type of activity:	☐Educational ☒Professional ☐Work-based ☒Self Directed ☐Other	
Description of Learning:	SVT Newsletter Questions – Spring 2022 Edition 1. Post-operative Surveillance and Long Term Outcome after Endovascular Aortic Aneurysm Repair in Patients with an Initial Postoperative Computed Tomography Angiogram Without Abnormalities: the Multicentre Retrospective ODYSSEUS Study	
Analysis:	This was a multicentre retrospective observational study encompassing 16 hospitals in the Netherlands. All patients who underwent elective EVAR from January 2007 to January 2012 who had initial post op CTA which showed no abnormalities. Patients with ruptured aneurysms, or those who required fenestrated endografts were excluded. Medical records were evaluated from all patients included in the study. Patients were placed into two groups – continued surveillance (imaging at least every 16 months) or discontinued (those patients missing at least 1 follow up scan). The study aimed to compare the rate of aneurysm related deaths between the two groups, as well as the rate of secondary interventions between the two groups. The study also looked at all-cause mortality, rates of radiological findings, and aneurysm rupture.	
Conclusion:	1596 patients were included. 552 patients had continued follow up, with 1044 discontinued. It was noted that the percentage of missed follow up appointments increased in later years following EVAR. The authors found no difference between the groups in the number of patients undergoing secondary interventions, however the abnormalities require intervention were detected earlier in the continued group. The aneurysm rupture rate was equal between the two groups (1.8%). The continued follow up group experienced a decreased survival (35.5% vs 49.6% for discontinued), and a decreased aneurysm related survival rate (92% vs 98% for discontinued). It was speculated that based on these findings discontinued follow up was not associated with worse outcomes, and that yearly imaging as part of follow up surveillance may not always be necessary if initial post op CTA demonstrates no abnormality.	

Benefits to your practice:	Our practice currently performs annual surveillance on all EVAR patients, whether the initial post op CTA demonstrates an abnormality or not. As patients are living longer, this means that some patients will receive an annual scan for the next 20 to 30 years, with more patients being added to the surveillance list every year. This is a big expense and consumes a lot of time. If it were deemed a safe practice to increase the surveillance period, this would free up scan time that could be devoted to other investigations, helping to free up waiting lists.
Benefits to service user:	Most AAA patients are over 65, with many having mobility and transportation issues. In our more rural setting, it can be difficult and time consuming for a patient to attend the hospital for a routine 20-minute examination. Increasing the surveillance period would reduce the number of times these patients would need to come into the hospital, as well as decreasing the transportation costs, both to the patient and the public.
Description of Learning:	SVT Newsletter Questions – Spring 2022 Edition 2. EVAR Follow-Up with Ultrasound Superb Microvascular Imaging (SMI) Compared to CEUS and CT Angiography for Detection of Type II Endoleak
Analysis:	Single centre study to test the effectiveness of new technology from Toshiba to detect endoleaks following EVAR (SMI – Superb Microvascular Imaging). Patients who underwent EVAR had a 3-month CTA. They then underwent a SMI scan by a radiologist who was blinded to the CTA result. A second blinded radiologist then performed a CEUS scan. Findings were compiled and compared to the CTA results.
Conclusion:	CTA detected 57 endoleaks. All but 5 were detected by SMI and CEUS, with no false positive results. There was a high level of concordance between SMI and CEUS, with all endoleaks seen on SMI confirmed with CEUS. There was a high sensitivity, specificity, positive and negative predictive values, and accuracy between SMI/CEUS and CTA.

Benefits to your practice:	Our practice currently does not perform CEUS. Being properly trained to perform SMI scans would provide our patients with a diagnostic test only offered in neighbouring facilities. SMI scanning would not need administration of contrast agents, and as such would not need consent or cannulation. Performing SMI scanning would likely reduce the number of CTA scans performed.
Benefits to service user:	As SMI scanning is similar to ordinary ultrasound scans, no cannulation or administration of contrast agents would be needed and could be performed at the same time as the routine surveillance ultrasound, rather than having the patient return for a second confirmatory scan. The patient would not have to undergo CTA scanning, with its risk of ionising radiation and nephrotoxic contrast agents.
Supporting evidence:	Certificate of Completion
Additional notes:	

Please complete reflection form for each activity submitted