THE SOCIETY FOR VASCULAR TECHNOLOGY OF GREAT BRITAIN AND IRELAND

Minta Palmer has completed this personal reflection on **06/08/2021**

Paper: Summer 2021 CPD Questions

Personal Reflection:

Description of the Learning: SVT Newsletter Questions - Summer 2021 Edition
1. Arteriovenous Fistula Surveillance Using Tomographic 3D Ultrasound

Analysis: Prospective study of Tomographic 3D Ultrasound side by side with Duplex Ultrasound and fistulogram to determine the efficacy of tUS in diagnosing and grading severity of stenoses in arteriovenous fistula. Radiologists were blinded as to the results of the ultrasound scans before proceeding with fistuloplasty.

Conclusion: tUS was as effective as duplex ultrasound in diagnosing and grading severity of stenoses. Less time was needed to reach a diagnosis, with a significant reduction in time needed per scan.

Benefits to your practice: 3D ultrasound is a skill that is likely easy to obtain if you are already a qualified vascular sonographer, however there is a cost to buying the equipment. This is not likely to change my current practice, but given the prevalence of repetitive strain injury amongst sonographers, it is likely that many departments in the future will show an interest.

Benefits to service user: Less time is needed with 3D ultrasound to complete the scan and create the diagram that consultants rely on. This would allow for more patients to be seen in the clinic, and would make reporting easier, as well as more comparable between scans.

2. Outcomes of Small Incidental Abdominal Aortic Aneurysms in Octogenarian and Nonagenarian Patients in Northern Spain

Analysis: Retrospective analysis of 310 incident findings of small aneurysms (<50mm) in patients 80 years and older. Patients were followed until they either reached surgical threshold, passed away, or until end date of monitoring.

Conclusion: The study found a very small risk of rupture in aneurysms <50mm in this patient cohort. Only 20% of the patients in the study reached surgical threshold, with the majority of those patients placed on conservative management only, either because they were unfit for surgery, or because they refused surgery. Only 6% of the patient deaths were due to aortoiliac rupture. It was the conclusion of the authors that it is likely safe to stop surveillance of small aneurysms in patients > 80 years of age.

Benefits to your practice: Our current practice is to base our surveillance on the state of the patient. Some small aneurysms will get continued surveillance, even if the patient is >80 years old, if the patient still seems to be a surgical candidate. Patients older than 90 years will tend to get a face to face discussion to go over the prognosis in detail, and make a decision with the consultant.

Benefits to service user: Most patients >80 years old have reduced independence. By discontinuing surveillance, we would reduce the number of trips in and out of the hospital or clinic. Many patients have not had a frank discussion regarding what aneurysm repair entails, and what the potential complications would be.