

THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

This is to certify that

Suzanne Hargreaves

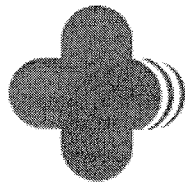
has completed **Spring 2018 CPD Questions**
with a score of 92.86%
and is awarded

2 CPD Points

Date: 11/06/2018

Signed

Alison Dumphy- Smith
Member of the Education Committee



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Suzanne Hargreaves has completed this personal reflection on **11/06/2018**

Paper: Spring 2018 CPD Questions

Personal Reflection:

Reflective Practice ,Äi spring 2018 Newsletter Questions.
Thoracic Outlet Syndrome

This quarter,Äôs newsletter CPD questions where based on thoracic outlet syndrome. The first paper covered the causes, symptoms and treatment for the variations of thoracic outlet and was entitled vascular thoracic outlet syndrome,Äù by M. Hussain, B. Aljabri and M. Al-Omran. The second paper purely looked at arterial TOS and was entitled ,ÄúClinical presentation and management of arterial thoracic outlet syndrome,Äù by C. Vemuri, L McLaughlin, A. Abuirqeba and R. Thompson.

I found the first paper which covered the different causes of thoracic outlet syndrome to be the most interesting for me as it reviewed then most up to date evidence to provide the best approach for diagnosis and management of the condition. We occasionally have people referred to our clinic as they are experiencing symptoms of thoracic outlet and a duplex scan is requested to investigate a vascular cause. I have always found these scans interesting to perform and more so when the scan is positive and shows an impingement of the artery or vein.

The paper described the three different types of thoracic outlet syndrome ,Äi neurogenic, venous and arterial, initially providing the anatomical factors which influence TOS followed by the pathogenesis stating where each abnormality was likely to occur and the symptoms that would be experienced by the patient. In our hospital all patients who are referred see either the vascular surgeon or vascular registrar in clinic prior to the scan so it has already be determined if the patient may have TOS and the type. From this the doctor has already determined if it is the arterial or venous system which needs careful examination. It is more common to have referrals for arterial TOS in our unit so I found it beneficial to read about the venous symptoms experienced and from this the treatment options available. As venous TOS leads to persistent or recurrent symptoms the paper stated that as well as the patient being placed on anti-coagulation, therapy treatment also needs to be provided as this prevent or limit any long standing effects of the condition. The paper listed the best treatment option for the point at which the patient presented with their symptoms. The acute presentation obviously involved thrombolysis and anticoagulation, following on from this imaging of the area may lead to a venous stenosis which requires venoplasty. Chronic presentation where symptoms had been experienced for more than 6 weeks also, for me surprisingly, involved thrombolysis as I had thought this treatment was not offered unless there was an acute presentation. It transpires thrombolysis is attempted to try and restore a patent lumen prior to an operation to decompress the area and remove the cause of the venous compression. The approach used be it infraclavicular, paraclavicular or transaxillary depends on the surgeons preference and I was surprised one was not deemed better than another. Venoplasty may also be performed if appropriate and the paper determined that if the two are to be performed decompression should always be performed first otherwise the stent is likely to fracture and rethrombosis may

occur. Many surgeons like to perform the two procedures at the same intervention but it was noted there has not been any study to compare if there is any benefit to the procedures being carried out at the same time or having a delay between the two procedures.

Although I covered the topic of thoracic outlet syndrome when studying for my accreditation I was surprised when I read it how some of it had slipped my mind and it was good to have a through recap of the subject. Patients are referred more frequently for arterial TOS but I found it beneficial to know the symptoms experienced by the other types as it helps to determine if the scan needs to be adapted in some way. After reading the article I then decided I needed to refresh my memory on other aspects of TOS and watched some medical videos which explained the different manoeuvres which can be employed to determine if TOS is present such as Roo test, Adson, reversed Adson and Allen tests. I found the articles extremely beneficial and have stored them on my computer so I am able to refer to them on a regular basis.