

SOCIETY FOR VASCULAR TECHNOLOGY OF GREAT BRITAIN AND IRELAND



Rachel Harris
Society President

Commentary:

1994 promises to be an important year for our Society. Having established ourselves at a time when vascular ultrasound and

sonographic education are undergoing dramatic development, we have emerged into a boiling pot of change, formation and growth.

To facilitate the input and work required by the Society we have initiated three subcommittees to take responsibility for education, standards and our quarterly newsletter. Many thanks to all those of you who are involved in these groups for your interest and enthusiasm. It is envisaged that a further subcommittee may be required next year to cover conference organisation, so we shall no doubt be calling for further willing volunteers!

We are organising two meetings this year:- a practical study day in Manchester in

June and our scientific meeting in Edinburgh in November. The latter meeting is to be a satellite meeting of the Vascular Surgical Society and will be our first chance to meet alongside our clinical colleagues as a professional organisation in our own right.

I am in no doubt that the high standards of scientific presentation, dedication and enthusiasm we have seen at our past meetings will reinforce the continued support and recognition of the Vascular Surgical Society in coming years. I hope that as many of you as possible will be able to participate in this event and attend the Vascular Surgical Society's meeting which follows it. Don't forget to bring your kilts and haggis traps for the social events!

Dates for Your Diary

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|------------------|--|
| 6th June | Colour flow Doppler training course with Professor Woodcock University Hospital Cardiff. Contact Tel. Toshiba 0293 560772 (3 day course) |
| 10th June | 2nd UK Transcranial Doppler Conference; at the Postgraduate Medical Centre Leicester Royal Infirmary. For details of registration and submission of abstracts please contact Dr. Peter Martin, Department of Neurology Tel: 0533 541414; Fax:0533 586821 |
| 17th June | SVT Study Day Manchester Withington Hospital Abstracts Please - Contact Tel: 0202 704566 |
| 11th July | repeat Toshiba course (1 week) |
| 14th-15th Sept. | Practical Colour Doppler for radiologists Glasgow Royal Infirmary Contact Tel: 0462 670899 |
| 28th-30th Sept. | 3rd International Conference of Ultrasound September Angiography John Radcliffe Hospital Oxford Contact Tel: 081 740 3117/3245 |
| Nov | 3rd Annual Conference SVT Edinburgh Contact Tel: 0202 704566 |
| 3-7th April 1995 | International Union of Angiology 17th World Congress, London Tel:071 725 6243 |
| April 1995 | Vascular Imaging for Surgeons. 17th Charing Cross International Symposium. |

"In the Beginning"

Setting up a Vascular Studies Unit

Most of us at one time or another have thought about how we would set up a Vascular Studies Unit from scratch. In an ideal world, such a unit would be fully staffed and located in plush air-conditioned accommodation with an endless array of scanning and Doppler equipment in the armoury.

In reality, many of us operate from an annex of a store cupboard on a shoestring budget with equipment which has all the glamour of an armour-plated tank.

On a more serious note, there are a number of important considerations to take into account when setting up a unit or expanding services, particularly in the current climate of NHS reforms. Below I've listed just a few personal thoughts which I think are important.

a) **Staff.** There is no substitute for having high quality scientific and technical staff working in a unit. Some hospitals offer low grades and salaries which, in the long term, is a poor investment as this often leads to a high turn over of staff and a loss

of skill to other units or the commercial sector. On going training and education are also vital for the development of a unit.

b) **Accommodation.** There are many advantages to having a unit within easy reach of the Vascular wards as this gives rapid access to patients, but the disadvantage is that accommodation is often limited. Thought must be given to access, particularly to disabled patients. If the unit is small, air-conditioning is often essential as a couple of Duplex scanners can blast out the equivalent heat of two electric fires, which is not funny in the height of summer. Air-conditioning can cost up to £12,000 or more. Office space is essential and needless to say, access to a secretary is indispensable.

c) **Budget.** Having a separate identifiable budget is an advantage not only because it is easier to keep control of expenditure, it also raises the profile of the unit within the hospital administration. Money earned from extra contractual referrals can also go directly into the budget and will not get lost in some general surgical fund. Don't forget the cost of service contracts.

d) **Future Objective.** How will your service develop? Carotid scans may be the main work at the moment, but in two or three years time, a unit may be expected to

carry out a whole range of investigations. Current NHS reforms have encouraged all sorts of new initiatives, such as Single Visit Clinics, Venous Ulcer Clinics, TIA Clinics and Duplex lower limb "angiograms" instead of x-ray angiograms. Audit is an important factor in this equation.

Good communications with vascular surgeons and managers is vital for forward planning.

e) **Equipment.** A lot of people think this is the most vital item, but without considering any of the previous points, especially staff, it will not be used to full potential. That said, I guess a loose shopping list - and most people have their own views and personal preferences - would be a colour Duplex scanner, CW Doppler, a selection of pressure cuffs, a treadmill, Transcranial Doppler and variable height couches. Other items may include invasive pressure monitors and perhaps plethysmographs, PPG equipment, PGR, laser Dopplers and any other items that would be useful for special projects.

Finally, I suppose in ten years time, we will all be wondering how we ever coped without four dimensional imaging.

Beam me up Scotty.

Tim Hartshorne - Leicester Royal Infirmary

Having the Skills But Lacking the Scanner

To overcome the problem of lack of funds to buy a colour duplex scanner for the vascular laboratory in Stafford, it was decided to raise the money through a charitable hospital appeal. A local lady with experience of fundraising, coordinated the efforts of a number of prominent local people who made up the appeal committee.

To attract attention to the appeal, a number of demonstration evenings were arranged for the public. A colour scanner, on loan from one of the many ultrasound companies, was used to perform a live scan of a patient who had undergone arterial bypass surgery.

The vascular surgeon gave a presentation to emphasise the benefits of colour ultrasound imaging and people were encouraged to ask questions about the scanner, its potential uses and also to ask the patient about their assessment. The demonstrations were attended by the local press and this was very beneficial in raising public awareness of the appeal.

After 18 months of hard work from members of the committee and many others who organised a huge variety of events, ranging from classical concerts to sponsored runs and walks, coffee mornings and even a show by the

Chippendales!! and a large number of donations from patients who were receiving treatment for vascular problems and many others, a sum of approximately £100,000 was raised.

For the last 5 weeks I have been the proud user of our very own colour duplex scanner. We can now see what we've never seen before. The vascular laboratory has been inundated with requests for colour duplex examinations, which is keeping me more than busy!

It is sad that the hospital was unable to fund the purchase of this equipment without the efforts of the appeal. However, the patients are benefitting from its use and many of them show a great interest in the scanner and feel rightly proud of their efforts.

Nicola Stubbing
Stafford District General Hospital

Having the Scanner But Lacking the Skills

The Mater Public Hospital, Dublin, is a 500 bedded Hospital with a catchment area of 170,000 people, adjacent is the Mater Private Hospital with 200 beds. Nine months ago, Mr. Tom Corrigan and Mr Kevin O'Malley, both Vascular/General Consultant Surgeons decided to establish a Non-Invasive Vascular Laboratory.

Following my appointment and two months of Intensive 'hands-on' Vascular courses and training in Charing Cross, St. Mary's and Hammersmith Hospitals, London, I returned to Dublin to find an

- Ultramark 9, HDI Colour Duplex
- Imexlab 8000 PVL

awaiting me.

Rapidly, the need for the following became apparent:

- a hand-held Doppler
- adjustable height couch and chair, privacy curtains
- a fax/answering machine (to avoid interruptions)
- a photo-copier (a major time saver)
- establishing a filing, appointment and reporting system

- designing request & report forms.

A weekly Angiography Conference to discuss, review and correlate angiography, duplex and actual surgical findings / Surgeon's 'feedback' was and is absolutely essential, as is spending time in the theatre viewing surgery on the patients you have scanned.

The most common requests are for carotid, lower limb arterial and venous studies from within the hospital and externally. Already, after nine months, to meet demands (that are escalating daily) a second person is required.

If you are embarking on a similar venture, I wish you the very best of luck! You are in for a lot of hard work but it is thoroughly rewarding and fulfilling.

SHARON DUNDON
DUBLIN

Technical Update

Diasonics Launch New VST Master Series System

Diasonics continue to provide significant ultrasound innovations based on the very successful Variable Summation Technology (V.S.T.) platform. On show for the first time at BMUS 93 alongside the stylish Prisma VST was the new VST Masters Series sporting a re-designed fast-scan-keyboard.

The new high-end whole body 'Masters' Ultrasound System further improves image quality with 2

Dimensional Confocal imaging technology and the clinical utility of each probe is maximised through Patient Specific Imaging, which enables the operator to double the spatial and contrast resolution without changing probes.

Three new transducers based on Matched Impedance technology have been added to the set including a 5Mhz vascular, 5Mhz abdo and obstetrics and a 7Mhz transducer for endovaginal or endorectal scanning. Matched Impedance transducers utilise custom composite materials which provide the highest sensitivity and clearer near

field imaging. With the completion of the M.I. probe family, Diasonics now designs and manufactures 100% of its transducers.

A further 'Masters' option which offers a brand-new imaging mode providing ultra-sensitive road mapping of vessels is 'Ultra-soundAngio', which provides a non quantitative indication of blood flow volume through use of colour-flow Doppler. Three times more sensitive than conventional CDI it allows for the visualisation of smaller, low-flow vessels independent of velocity, angle and direction and without aliasing.

Duration of Tests

Shortly you will be receiving a questionnaire concerning the duration of various tests that are routinely performed in a vascular laboratory. N.H.S. reforms have made it acutely apparent to unit managers that they should demand details of the capacity of a vascular lab. to accommodate patient numbers. This is especially relevant when setting up a new unit and further accentuated by the newly established forth wave of Trust hospitals. The announcement regarding the update of the Patient's Charter, where the interval between G.P. referral and the first consultation is to be defined, together with "Single Visit Clinics" will no doubt add to the pressure in what are already overflowing vascular laboratories.

It can be seen from our contributors to this issue that at present vascular services are truly one of the most rapidly expanding disciplines in the Health Service. T.H. "a unit may be expected to carry out a whole range of investigations". S.H. "to meet demands that are escalating daily". N.S. "The vascular laboratory has been inundated with requests".

Naturally as a society we guarantee complete confidentiality no names or centres need be entered onto the questionnaire. We positively encourage each questionnaire to be personal estimations and not unit productions. We thank you in anticipation and look forward to your cooperation. Please find the time!

Letters to the Editor

The main purpose of this newsletter is to keep its readers abreast of society activities and news that affects the field of noninvasive vascular technology. Whether this is of scientific, political or general interest your thoughts ideas and criticisms are welcomed. Letters to the Editor are encouraged. Next issue- Are we adequately protected from the menace of litigation? and Are you sitting comfortably? (Do you use any particular chairs, kneelers, or backrests? Do you use any special couch with adjustable heights? May be the rest of us can benefit from your experience.)

Correspondence may be directed to Mary Ellis, Chief Vascular Technologist, Department of Surgery, Charing Cross Hospital, London W6 8RF. To be received before the 1st July 1994 for the AUGUST issue.

Position Required

USA Registered Vascular Technologist
seeks new challenges in vascular technology
in Europe

Contact: Bruce Smith RVT. 2600 Bushnell #3
Cincinnati, Ohio, USA 45204 Tel: (513) 471-0169

Membership

Ordinary Membership:

Ordinary membership is open to all persons whose primary skill is non-invasive vascular investigations. Also persons involved in supervisory and/or educational roles in a clinical setting. Ordinary membership will include all vascular technologists, research nurses and those persons involved in aneurysm screening. Ordinary members have the right to vote and hold elected office.

All other society members are designated Associate members.

Associate Membership:

Associate membership is open to all persons interested in the field of vascular technology, but who are not directly involved in non-invasive vascular investigations. Associate members will include interested surgeons, radiologists, company representatives, administrative staff etc. Associate members may not vote or hold office, but will otherwise enjoy the same rights and privileges as ordinary members.

SURNAME: FIRST NAME: TITLE:

WORK ADDRESS:

TELEPHONE:

JOB TITLE:

MEMBERSHIP
ELIGIBILITY:

ORDINARY

☐

ASSOCIATE

☐

APPLICATION TYPE:

RENEWAL

☐

NEW MEMBER

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DUES: The Membership fee is £10.00 for 1993/94 renewable on 1st September 1994. Please make cheque payable to: Society for Vascular Technology of Great Britain and Ireland.

SIGNATURE: DATE:

Completed application forms and cheques should be sent to:

Kate Somerville, Membership Secretary, Vascular Technologists, Vascular Laboratory, Department of Surgery, The Middlesex Hospital, Mortimer Street, London, W1N 8AA.