Telehealth Consults Reimbursed On Par With Office

BY TED BOGWORTH
MOEDEGE NEWS
REPORTING FROM THE VEITHSYMPOSIUM

NEW YORK – Telehealth should be embraced by vascular surgeons for their own self-interest independent of the evidence that it is well accepted and more convenient for patients, according to an update on an evolution that is already underway.

“One of the great advantages of telehealth is the efficacy of time for the clinician,” John W. Hallert, MD, professor of vascular surgery at the Medical University of South Carolina, Charleston, said at a symposium on vascular and endovascular issues sponsored by the Cleveland Clinic Foundation.

See Telehealth page 4

In PAD, Dropping Statins Ups Death Risk To 43%

BY KARI OAKES
MOEDEGE NEWS
REPORTING FROM THE ESC CONGRESS 2019

PARIS – For patients with peripheral artery disease, statin therapy is a literal “life-saver,” nearly halving mortality risk, according to new research presented at the annual congress of the European Society of Cardiology.

Patients with peripheral manifestations of cardiovascular disease “are a population with an extremely high risk to suffer a heart attack or a stroke,” said Joern Dophiside, MD, during a press conference at the meeting.

Despite the known benefits of statins, including the reduction of all cause and cardiovascular death and the reduction of morbidity, adherence to guideline-directed statin therapy is far from optimal, said Dr. Dophiside of Bern (Switzerland) University Hospital.

Patients with peripheral artery disease (PAD) not taking statins had a mortality rate of 34%, more than three times that of patients adherent to an intensified statin regimen. More surprisingly, patients who had been on a statin and then stopped the medication also had a mortality rate of 31%, indistinguishable from those who had.

See Statins page 3

News From SVS

It is the “giving” time of year. The SVS Foundation asks that you give plans include the Foundation, to fund not only things – research awards, patient education fellows, community awareness projects – but also people. See page 10.
Help the SVS Foundation Help Patients; Please Give Today
Vascular Annual Meeting 2020 Program Taking Shape?
Visit the Practice Pavilion at VAM 2020?
The Virtues of Vascular Surgery in the VA?
SVS PAC Gears Up for the 2020 Elections With New Scorecard for Congressional Candidate Support?
CMS Releases Medicare Rules?
Vascular Surgeons: Plan and Prepare for Your Next Job

BY FRANK J. VEITH, MD

You are a well-trained vascular surgeon. You are competent and hard working. You provide good patient care for the appropriate indications. You are rising up the ladder of success in your institution or practice group. You are progressing academically. You believe your future is bright, and that you have firm job security in your present position.

Don’t be so sure. Institutional and academic politics can intrude. Vascular surgery is a subordinate specialty in most places. Thus, the institutional or departmental decisions that threaten your career require your attention.

See Prepare - page 2

SPECIAL ISSUE
Career Transitions For Vascular Surgeons

BY DAWN COLEMAN, MD, AND MALACHI SHEEHAN III, MD
CHAIRS, SVS WELLNESS TASK FORCE

Vascular surgeons enjoy working with our hands. For most of us, the chance to creatively reconstruct vascular pathology was the motive for entering this field. Too often, though, our reimbursement is tied only to our ability to operate, and operate profitably. Anyone with a business degree can tell you this is a precarious financial model. But it doesn’t need to be this way. A good vascular surgeon has important skills that extend far beyond technical ability. We are teachers, innovators, and leaders. We have talents that are valuable to industry, health care systems, medical schools, and the government. There are many pathways to put these skills to use, either while still in practice or after. We asked several national leaders to express their thoughts on the issue of career transitions for vascular surgeons. The responses have been compiled in this special issue of Vascular Specialist as a project of the SVS Wellness Task Force.

2019 November Specialist

Headlines
Give to the SVS Foundation on "Giving Tuesday"
SVS Foundation Award Applications Due in January
Your SVS: Wellness Program Launches
Your SVS: Renew Membership by End of Year
New Program Will Teach Surgeons To Lead
Leadership: Dealing With Change
It's a Pivotal Time; Please Donate to PAC
SVS: W.L. Gore & Associates Block Grant Will Support Vascular Quality
Education: Submit Research Abstracts for VRIC, VAM
Paclitaxel-Alternative Balloon for PAD Gets FDA Nod

BY CHRISTOPHER PALMER
MEDGE NEWS

The Food and Drug Administration has granted the Breakthrough Device Designation to the Virtue sirolimus-eluting balloon (SEB) for below-the-knee peripheral arterial disease, according to a statement from Orchestra BioMed.

This designation indicates that the Virtue SEB could provide a “more effective treatment option ... for a life-threatening or irreversibly debilitating disease”, according to an FDA statement, which added that below-the-knee atherosclerosis presents a high rate of amputation and poor survival outcomes but has a high regrowth rate in some cases. See Balloon on page 8

Cardiovascular Cost of Smoking May Last Up To 25 Years

BY BIANCA NOGRAZY
MEDGE NEWS FROM JAMA

Quitting smoking significantly reduces the risk of cardiovascular disease, but past smokers are still at elevated cardiovascular risk, compared with nonsmokers, for up to 25 years after smoking cessation, research in JAMA suggests.

A retrospective analysis of data from 8,770 individuals in the Framingham Heart Study compared the incidence of myocardial infarction, stroke, heart failure, or cardiovascular death in ever-smokers with that of never smokers. Only 40% of the total cohort had never smoked. Of the 4,115 current smokers at baseline, 38.6% quit during the course of the study and did not relapse but 51.4% continued to smoke until they developed cardiovascular disease or dropped out of the study.

Current smokers had a significantly higher incidence of cardiovascular disease, compared with those who never smoked. See Smoking on page 8
Headlines
SVS Offering Interventions and Support for Member Wellness and Peer Community
EDUCATION: Submit Research to VRIC and VAM
YOUR SVS: Renew SVS Membership by End of Year
NEW MEMBER: So Many Reasons to Join SVS
Letter From the SVS Foundation Chair
The Evolution of Quality Improvement in Vascular Surgery
October Spotlights
Advocacy Scholarship Applications Due Oct. 31
2019 September Specialist

Headlines
Trainees, Apply for Advocacy Scholarship and Learn How Government Impacts Practices
Washington Update: Advocacy, Policy News
VQI Makes Major Changes to Hemodialysis Access Registry
Your SVS: Meet SVS Officers; Important Information for Members
'Surgery Is Only Part of Our Story' - Branding Initiative Takes Shape
Surgeons, Are you Under-Insured For Disability Insurance?
Members, Please Sign Up To Be Mentors
CMS Issues Proposed Rules for QPP, Fee Schedule and HOPPS for 2020
The Arc of Leadership
Malnutrition Affects Frail Elderly PAD Patients

BY MARK S. LESNEY
MEDPAGE NEWS
REPORTING FROM THE 2019 VASCULAR ANNUAL MEETING

NATIONAL HARBOR, MD. — Frailty increasingly has been seen as a factor in procedural outcomes, including vascular surgery. Nutritional status has also become an issue of concern. Laura Drudi, MD, of McGill University, Montreal, reported on a study that she and her colleagues performed to determine the association between preprocedural nutritional status and all-cause mortality in frail patients being treated for peripheral arterial disease (PAD) at the 2019 Vascular Annual Meeting.

Dr. Drudi detailed their post hoc analysis of the FRAILED (Frailty Assessment in Lower Extremity arterial Disease) prospective cohort, which

See Malnutrition page 7

Lifestyle Factors Were Significantly Associated With Symptomatic PAD

BY MARK S. LESNEY
MEDPAGE NEWS
REPORTING FROM THE 2019 VASCULAR ANNUAL MEETING

NATIONAL HARBOR, MD. — A large database analysis found that smoking- and physical activity-related lifestyle factors were significantly associated with symptomatic peripheral arterial disease. Elsie Ross, MD, of Stanford (Calif.) University, reported on the study that she and her colleagues performed to evaluate which lifestyle factors were most associated with the disease.

Dr. Ross presented her data in the Vascular & Endovascular Surgery Society portion of the 2019 Vascular Annual Meeting. She and her colleagues assessed data derived from the UK Biobank study, a longitudinal cohort study of over 500,000 individuals aged 40-69 years from 21 centers in the United Kingdom.

"We age-matched PAD patients to a random sample of non-PAD patients using a 2:1 matching ratio," said Dr. Ross. "We then performed machine learning.

See Lifestyle page 7
Headlines:
VAM ’19: Meeting a Success; Please Share Feedback for Future
See 2019 VAM Sessions At Your Own Pace
Meet the New SVS President, Kim Hodgson, MD
Your SVS: Apply for Membership by Sept. 1
Education: Know Your Coding, Keep the Money You Earned; Learn at Sept. Workshop
SVS Foundation Assists With Screening Veterans
“Vascular Spectacular” Gala Was Spectacular Indeed!
12 News From SVS
Check out news from the 2019 Vascular Annual Meeting. Plus, photos on pages 11, 16.

FDA Panel: Continue Paclitaxel-Eluting PAD Device Use With Care

BY MARK S. LESNEY
MDMDOE NEWS
REPORTING FROM AN FDA PANEL MEETING

GAI THERSBURG, MD. — There was sufficient evidence of a late mortality signal seen at 2-5 years post-procedure for paclitaxel-eluting stents and coated balloons used for peripheral artery disease (PAD) to warrant a label change for the devices, the Food and Drug Administration’s Circulatory System Devices Panel unanimously agreed after 2 days of deliberation.

That signal was brought to light in a see FDA page 8

CRAWFORD CRITICAL ISSUES FORUM
‘Good Outcomes Not Good Enough’

BY MARK S. LESNEY
MDMDOE NEWS
REPORTING FROM THE VASCULAR ANNUAL MEETING

NATIONAL HARBOR, MD. — A tradition at the Vascular Annual Meeting, the E. Stanley Crawford Critical Issues Forum is organized by the incoming SVS President and devotes itself to discussing particular challenges currently facing the society. This year’s Forum focused on how to use evidence-based medicine to improve outcomes, reduce costs, and ensure appropriate utilization of resources.

Session moderator and organizer Kim J. Hodgson, MD, new SVS President and chair of the division of vascular surgery at Southern Illinois University School of Medicine, outlined the problem in his introductory presentation “Why Good Outcomes Are No Longer Good Enough.” He pointed out how there are several driving forces influencing the inappropriate use of medical procedures, resulting in diminished quality of outcomes and increased costs of health care. These comprise incorrect evaluation, incorrect treatment and planning, and improper
Headlines:
VRIC 2019 a Big Success; Scientists Look Forward to 2020 in Chicago
Education: Learn To Get the Reimbursement You're Due at SVS Coding Course to Be Held Sept. 20-21
Innovation Medal: Honoring ‘Pioneer of Venous Surgery’
Compassion’s other name: Dr. William Pearce
SVS Foundation-Sponsored Screening Uncovers 2 Aneurysms: Will Help Screen Vets in July
Leadership: Spotlight on Michael Conte, MD
Change Doesn’t Come Easy! But Is Needed

In selecting the subject of his presidential address, SVS President Michel Makaroun, MD, decided to focus on the inadequacy of vascular manpower to meet the demands and needs of the public.

In introducing the subject, he quoted a favorite saying from Mark Twain that gave him the topic of his address, “I am in favor of progress; it’s change I don’t like.” He then proceeded to outline why changes are necessary and what the Society for Vascular Surgery is doing to help implement them.

“You are all familiar with the highlights of the problem: It is in our numbers! A problem with multiple facets, including unfilled jobs, increasing demand, misdistribution, and a demographic cliff of our membership,” Dr. Makaroun said.

The manifestations of this shortage are multiple. The number of advertised jobs far exceeds the number of graduates. There is also a significant misdistribution of the workforce.

“We are concentrated in the northeast, and many populous states including: Texas, Florida and California are well below average,” he said.

Additionally, many community hospitals, in both suburban areas or small towns completely lack any access to vascular surgical care, even in states with seemingly adequate numbers.

The shortage problem in vascular surgery will get worse before it gets better, he added, saying, “Our pipeline is simply not large enough to overcome an older retiring generation of vascular surgeons, with nearly half retiring before 65.”

“Change does not come easy!” Dr. Makaroun warned.

“We cannot ignore in the discussion of workforce issues, the major shifts, change and uncertainty we are experiencing in health care delivery, education and the generational change of our newest members,” he said.

More than 10% of vascular surgeons now practice primarily if not exclusively in ambulatory facilities. This direction is gathering steam and reduces the pool of vascular surgeons available to accept hospital practices and cover emergencies, particularly in underserved communities.

Despite this movement, nearly two-thirds of SVS members are currently employed by hospital systems that are getting larger and larger, making it essential to navigate an ever more complex decision-making process in employment, compensation and spectrum of activities. Practice environments are becoming more corporate and bureaucratic.

Dr. Makaroun pointed out that the current landscape of our manpower has a clear two tiers divided by hospital size and location. “The most pressing concern is the inability of our specialty to provide vascular surgery services to the multitude of hospitals located in smaller communities.”

“The SVS established a task force to study our manpower issues last Address continued on page 2

SATURDAY Spotlight

I t’s VAM’s final day, but there’s still plenty going on. See if you can fit in these sessions before heading for home. (Tickets, where required, are available via online registration and at the registration counter.)

4:30 to 5 a.m. Get in some early-morning learning at one of the three final breakfast sessions of 2019, covering complex hemodialysis, vascular surgeon wellness, and complications in office-based vascular procedures.

8 to 9:30 a.m. How can vascular surgeons help patients modify risk factors? Attend C7: Vascular Risk Factor Modification, presented in collaboration with the Society for Vascular Medicine, in Maryland A.

9:30 to 10:45 a.m. Enjoy a popular trio of events: the John Hormann Lecture, the Roy Greenberg Distinguished Lecture and, in between, the presentation of the SVS Lifetime Achievement and the Medal for Innovation awards, all in Potomac A/B.

10:30 a.m. to 12 p.m. What lies ahead for vascular surgeons? Consider some options at C7: Alternative Career Paths for the Vascular Surgeon, Maryland A.

12 to 1:30 p.m. There’s important business for SVS voting members at the Annual Business Luncheon. Active and Senior members will elect a vice president (a candidate put forth by the Nominating Committee) and a secretary (from among three named candidates). The agenda also includes updates and award presentations, Potomac C, 1-3. A ticket is required.

2 to 4:30 p.m. Learn how vascular and cardiothoracic surgeons address situations they have in common and Spotlight continued on page 2
Read Vascular Connections, the official newspaper of the Vascular Annual Meeting.

Wednesday/Thursday

Friday

Saturday
FDA Panel: Continue Paclitaxel-Eluting PAD Device Use With Care

BY MARK S. LESNEY
MDedge NEWS
REPORTING FROM AN FDA PANEL MEETING

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See Crawford page 9
2019 June Specialist

**Headlines:**
- NEW to VAM: Plenary Sessions Include Updates on Guidelines & Reporting Standards
- Everyone Can Participate in Gala Silent Auction
- Leadership for Women - And for Men
- Wellness Task Force to Update Its Work
- Your Input Wanted on Branding Initiative
- Excellence in Community Service Awards
Bias Found Against Female Surgeons

BY RICHARD MARK KIRKNER
MEDGDE NEWS
REPORTING FROM SAGES 2019

BALTIMORE—Most male surgeons welcome and support their female colleagues in the workplace, but a survey of male surgeons reports that bias against women in surgery persists, and may be even more acute among younger surgeons, according to a presentation at the annual meeting of the Society of American Gastrointestinal and Endoscopic Surgeons.

"Is there a bias against women in surgery?" asked Michalina Jadick, who presented the results on behalf of AdventHealth Hospital Tampa.

"Yes, there is, and understanding this problem is imperative when learning how to fix it."

A freshman at Boston University

Patient Complications Affect Surgeons Adversely

BY MARK S. LESNEY
MEDGDE NEWS
FROM JAMA SURGERY

Psychological consequences of patient complications seem to be an important occupational health issue for surgeons, according to the results of an extensive literature review published in JAMA Surgery. Sanjari Srivasa, Ph.D. of North Shore Hospital, Auckland, New Zealand, and colleagues assessed studies from MEDLINE, Embase, PubMed, Web of Science, and Google Scholar that examined the consequences of complications, adverse events, or error for surgeons published up to the search date of May 1, 2018. Studies pertaining to burnout alone, studies not conducted on surgeons or surgical trainees, and review articles with no original data were excluded. This final review of consisted of nine studies (10,762 unique participants) that explored the occurrence of patient complications and their affect on surgeons' psychological well-being and their professional and personal lives.

Check out the Preview Issue of Vascular Connections for highlights of the June 2019 VAM in National Harbor.
2019 May Specialist

Headlines:
Quality: New Global Guideline on CLTI Finalized, will be Published Soon in JVS
SVS Creates New Section for Outpatient Care
SVS Foundation Participating in AAA, PAD Screening
Leadership: Spotlight on Linda Harris, MD
FDA Ups Ante on Paclitaxel For PAD

BY MARK S. LESNEY
MEOEDGE NEWS

"A"lternative treatment options should generally be used for most patients," rather than paclitaxel-coated balloons and stents for peripheral arterial disease (PAD), pending an ongoing safety review, according to the Food and Drug Administration.

The FDA conducted a preliminary analysis of long-term follow-up data (up to 3 years in some studies) of the pivotal premarket randomized trials for paclitaxel-coated products indicated for peripheral arterial disease. In a Letter to Healthcare providers issued March 15, the See FDA page 14

WHAT MAKES WOMEN LEAVE SURGICAL TRAINING?

BY SARA FREEMAN
MEOEDGE NEWS
FROM A LAUNCH EVENT HELD BY THE LANCET

LONDON – Being unable to take leave and experiencing poor mental health are just two of the reasons uncovered that may help explain why some women choose not to complete their surgical training, despite having wanted to be a surgeon for many years, a study of women in surgical training has found. The results were presented at a press briefing and published in a special edition of the Lancet.

These factors are in addition to some previously identified, such as the long working hours, fatigue and sleep deprivation, unpredictable lifestyle and its effects on maintaining personal relationships, and the ability to both start and maintain a family life. Then there are the more serious issues of sexism and discrimination, bullying, and sexual harassment and assault that women face in a still male-dominated field that have been noted in prior studies.

See Women page 14

NEWS BRIEFS

Starting a Training Program is Easier

Requirements for starting a vascular surgery training program have been lightened. Having a general surgery residency at your institution is no longer a requirement for starting either a vascular fellowship or integrated residency. Faculty requirements are being reviewed as well. The SVS has set up a task force to encourage and assist with the formation of new vas.

Column Continued on page 7
2019 April Specialist

Headlines:
Vascular Research: VRIC Brings Cutting-Edge Science to Boston's Back Bay
VAM: Working Together Enhances Education
Explore National Harbor and Washington, D.C.
SVN Adds Simulation Session to 37th Annual Conference
Looking Ahead to 'Going Once, Going Twice'
'Ask the Experts' Expanded to 7 Sessions at VAM
EDUCATION: SVS Coding Course Moves to Rosemont for 2019
Join the Party; Get Connected
Antibiotic Cause of Aortopathy Explored

BY MARK S. LESNEY
MOEDGE NEWS
FROM THE JOURNAL OF THORACIC AND CARDIOVASCULAR SURGERY

A new study finds that patients taking fluoroquinolone antibiotics may be at higher risk of aortopathy in part because of human aortic myofibroblast-mediated extracellular matrix (ECM) dysregulation.

“Emerging evidence supports pharmacologic-associated aortopathy in patients receiving fluoroquinolone (FQ) antibiotics,” said first author David G. Guzzardi, PhD, and his colleagues, citing previous research showing that, compared with patients receiving amoxicillin antibiotics, those receiving FQ have a 46% higher risk of aneurysm or dissection within a 2-month period after commencing FQ use.

See Antibiotic page 6

ATTRACT Trial Shouldn’t Detract From Pharmacomechanical Thrombolysis

BY BRUCE JANCIN
MOEDGE NEWS

CHICAGO – A closer look at the landmark ATTRACT trial of pharmacomechanical catheter-directed thrombolysis for acute deep vein thrombosis (DVT) shows multiple benefits for the intervention versus standard anticoagulation alone in the subset of participants with diastolic DVT, Kush R. Desai, MD, said at a symposium on vascular surgery sponsored by Northwestern University ATTRACT, a National Institutes of Health-sponsored, phase 3, multicenter, open-label, assessor-blinded study, was the first-ever randomized trial of pharmacomechanical catheter-directed thrombolysis (PCDT) for acute DVT. The results caused a major stir because, despite a sound therapeutic rationale for the procedure, the incidence of chronic postsurgical syndrome (PTS) at 24 months of follow-up was 47% in the PCDT plus anticoagulation group and 48% in controls on anticoagulation alone (N Engl J Med. 2017 Dec 7;377(25):2240-52).

Since then, that overall negative trial has been one

See ATTRACT page 8

Society for Vascular Surgery Relocates

The new SVS headquarters is located at 9400 W. Higgins Road, Rosemont, Ill. The new building is only 10 minutes from the Chicago’s O’Hare International Airport and will allow members to easily drop in and work with staff or hold council and committee meetings.

News Briefs continued on page 3
2019 March Specialist

Headlines:
VAM: Gala Response 'Spectacular' as Ticket Sales Open
VRIC: Highlighting Research in Vascular Calcification
Education: VAM Registration, Housing Now Open
Welcome to Our New Offices, New Era
Your SVS: 2018 Was a Productive Year; No Slowdown Anticipated in 2019!
Leadership: Spotlight on Frank Pomposelli, MD
VQI Registries add 30-Day Follow-Up Forms
SVSConnect App Now Available
FDA responds to data on increased PAD device mortality risk

BY JEFF CRAVEN, MDDIGNE NEWS

The Food and Drug Administration has issued a letter alerting health care providers that it is aware of and examining recent data on an increase in long-term mortality rates for patients receiving paclitaxel-coated balloons and paclitaxel-eluting stents for treatment of peripheral artery disease.

“Currently, the FDA believes that the benefits continue to outweigh the risks for approved paclitaxel-coated balloons and paclitaxel-eluting stents when used in accordance with their indications for use,” William Masel, MD, MPH, chief medical officer of the Center for Devices and Radiological Health at the FDA, wrote in a letter to See FDA, page 7

Joint guidelines offer recommendations for treating peripheral artery disease

BY MICHELE G. SULLIVAN, MDDIGNE NEWS FROM THE JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY

Newly released criteria aim to advise clinicians about the most appropriate interventions for managing peripheral artery disease.

The report, published in the Journal of the American College of Cardiology, drew on the expertise of a broad panel of experts, including representatives from the American Heart Association, the Society for Cardiovascular Angiography and Interventions, the Society of Interventional Radiology, the Society for Vascular Medicine, and the Society for Vascular Surgery.

“Improvements in the diagnosis of peripheral artery disease (PAD) have led to an increasing number of treatment and revascularization methods, especially endovascular interventions,” wrote Steven R. Bailey, MD, who headed the multidisciplinary writing committee.

“As new and increasingly sophisticated devices are developed... See PAD, page 8

NEWS Briefs

Gilbert Upchurch Jr., MD, elected SAVS President
Dr. Upchurch, of the University of Florida Heart Health and Vascular Hospital, Gainesville, was elected 2019 president of the Southern Association for Vascular Surgery at their 43rd Annual Meeting held in Boca Raton, Fla., Jan 23-26, succeeding Matthew S. Edwards, MD, of Wake Forest Baptist Health, Winston-Salem, N.C.

Column Continued on page 19
2019 February Specialist

Headlines:
Vascular Annual Meeting Program Taking Shape
Young Researcher Dr. Catherine Go Relishes Presenting Her Work
Prepare for a ‘Spectacular’ Evening at VAM Gala
YOUR SVS: New Member Urges Others to Take Advantage of SVS Opportunities
Nominate an SVS Honoree
From Our Journals
COMMENTARY

Some patients leave a scar on you

BY JOHN F. EIDT, MD
ASSOCIATE MEDICAL EDITOR,
VASCULAR SPECIALIST

Every surgeon has experienced the anguish of an adverse outcome. The patient with an elective aneurysm who dies on the table, the asymptomatic carotid patient that has a stroke in the recovery room, the cosmetic varicose vein case that has a pulmonary embolus. Driving home alone, we tell ourselves that we did our “best,” but lingering in the dark shadows of our minds are the nagging questions: What should I have done differently? Am I really a safe surgeon? Should I quit and get a job with “industry”? What if I get sued? How should I deal with the family? Will I get fired?

Our hours are dark when we arrive.

See Scar, page 6

BURNOUT
The SVS is working for you

BY DAWN M. COLEMAN, MD
ON BEHALF OF THE SVS WELLNESS TASK FORCE

Following a series of Vascular Specialist pieces highlighting the crisis of surgeon burnout and the unique challenges that face vascular surgeons, the SVS Wellness Task Force was formed in 2017. Recognizing that burnout may compromise recruitment and retention into our specialty, a particular threat at a time when our specialty faces projected increasing physician workforce needs, and that data suggest physician burnout compromises both patient quality of care and overall satisfaction, the task force was charged with proactively addressing vascular surgeon burnout. Our task force, comprising 21 engaged SVS members from across the country, has been working with strong support from leadership and administration to identify potential SVS targets for meaningful change.

The year 2018 was one of information gathering as we attempted to clarify the severity of the problem and perceived member needs. We are grateful to our members.

See Burnout, page 6

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2019 January Specialist

Headlines:
Reflections on Women in Surgery
SVS Gala to Support the Foundation
VRIC Program Taking Shape
Rosemont Move Offers Room to Grow Programming Value
Grant Helps Promote Leadership in Women
YOUR SVS: In Memorium and Spotlight
Year 3 QPP Policy Changes Took Effect Jan. 1
LEADERSHIP: Credibility is the Foundation of Leadership
SVSConnect Forum Now Open