Newly FDA-approved device for central venous occlusions hailed as exciting advance

By Brian Kay

HOUSTON—These are exciting times in the theater of dialysis access, expert in the field Eric Peden, MD, told the latter part of last year—and that's not always easy to say because dialysis has had not too much change for many decades. "That's starting to change, the division chief and program director for vascular surgery at Houston Methodist DeBakey Heart & Vascular Center said.

And so it was that, in the middle of February, one of those latest developments gained Food and Drug Administration (FDA) approval. The new device of technology named the Fistocor Inside-Out Access Catheter System and developed by private medical technology company Braeuer Vascular Technologies (BVT), was designed to help patients with central venous occlusions.

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"No evidence" to suggest spinal cord injury is decreased by prophylactic drainage during EVAR procedures

By Brian Kay

MIAMI—Cerebrospinal fluid (CSF) drainage is a key component in the treatment of spinal cord injury but the evidence that prophylactic drainage decreases such injury during endovascular repair (EVAR) is "at best weak," Gustavo S. Oderich, MD, told the Critical Issues America annual meeting in Miami, Florida, held Feb. 7-8.

Last year, Oderich et al. of Mercy Clinic in Rochester, Minnesota, published a study in the Journal of Vascular Surgery that discovered seven complications from placement of cerebrospinal fluid drains (CSFD) during first-stage thoracic endovascular aortic repair (TEVAR) and fenestrated/branched endovascular repair (FEVAR) of pararenal and thoracoabdominal aortic aneurysms (TAAA). As that point, Oderich and colleagues found they were occurring at an "alarming rate" in their prospective, nonrandomized study.

In this latest presentation, Oderich sought to answer the question: "Is prophylactic spinal drain necessary?" See Orsance — page 4
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CMS publishes 2020 round of coding changes for vascular surgeons

BY FRANCESCO AIELLO, MD, AND MATTHEW SIDEMAN, MD

The Centers for Medicare and Medicaid Services (CMS) has provided some light reading with the publication of the Physician Fee Schedule (PFS), Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems, as well as Quality Reporting Programs final rules for calendar year 2020. The combined updates are captured in thousands of pages, covering a wide variety of changes, updates and comments. We would like to focus our attention on those changes that will impact vascular surgeons.

The PFS lists all clinical services and procedures along with their relative value units (RVUs) for the fiscal year. Those RVUs are converted to dollar amounts using the annual Medicare conversion factor (CF). In

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Hotly-contested meta-analysis suggests a higher risk of death or amputation at one year when paclitaxel-coated balloons are used in infrapopliteal arteries

BY SUZE MARSHALL AND JOCELYN HUDSON

A new meta-analysis, just published in the Journal of Vascular and Interventional Radiology (JVIR), suggests significantly reduced amputation-free survival at one year when paclitaxel-coated balloons are applied in arteries below the knee for critical limb-threatening ischemia (CLTI) treatment, but some experts advise cautious interpretation of the results and question whether this data will impact practice. The new systematic review and study-level meta-analysis of eight randomized controlled trials was conducted by Konstantinos Katsanos, MD, assistant professor in the School of Medicine, University of Patras, Patras, Greece, and colleagues.

Several physician thought leaders believe that the conclusions are not yet definitive, with multiple peripheral vascular interventionalists cautioning how these data should be interpreted. Most emphasized the challenge of teasing out scientifically meaningful information from a patient cohort that suffered

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