2017-18 Committee Members

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• Ana Bonaikowski, MD, Research resident (U of Michigan)
• Satish Mohan, MD, 3rd year resident, (U of Massachusetts)
• Anna Marjan, MD, 2nd year resident (U of Iowa)
Guidelines for hospital privileges in vascular and endovascular surgery: Recommendations of the Society for Vascular Surgery

Keith D. Calligaro, MD, a Boulos Tournakissian, MD, b G. Patrick Clagett, MD, c Jonathan Towne, MD, d Kim Hodgson, MD, e Gregory Moneta, MD, f Anton N. Sidawy, MD, g and Jack L. Cronenwett, MD h; for the Clinical Practice Council of the Society for Vascular Surgery, Philadelphia, Pa; San Antonio and Dallas, Tex; Milwaukee, Wis; Springfield, Ill; Portland, Ore; Washington, DC; and Lebanon, NH

(J Vasc Surg 2008;47:1-5.)
Updated Guidelines for 2018

Guidelines for Hospital Privileges in Vascular Surgery and Endovascular Interventions:
Recommendations of the Society for Vascular Surgery

By Keith D. Calligaro, MD, Kwame S. Amankwah, MD, Marcus D’Ayala, MD, O. William Brown, MD, Paul Steven Collins, MD, Mohammad H. Eslami, MD, MPH, Krishna Jain, MD, Daniel Kassavin, MD, Brandon Propper, MD, Timur Sarac, MD, William Shutze, MD, and Thomas H. Webb, MD
Updated Guidelines for 2018 - CAS

Multi-disciplinary credentialing guidelines for CAS have been published and endorsed by the SVS. These guidelines specify that diagnostic and stenting procedures may both be counted if performed during the same procedure. Although some vascular training programs may not meet these requirements, the document recommends a minimum of 30 carotid angiograms with half as the primary operator and a minimum of 25 carotid stent procedures with half as the primary operator.

- Minimum of 30 carotid angiograms w/half as primary operator
- Minimum of 25 carotid stent procedures w/half as primary operator
ACGME Case Logs

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- Significant concern for our graduates to meet the current/updated guidelines
TEVAR Credentialing

The SVS endorses multi-disciplinary guideline papers in which the SVS has participated concerning TEVARs. Requirements for TEVARs include full basic endovascular privileges with an experience of 1) 10 TEVARs within the last two years or 2) less than this minimum for surgeons with robust EVAR experience of at least 25 EVARs with 12 as the primary operator. The term “full basic endovascular privileges” means that the operator is fully qualified as defined by multispecialty guidelines. Upon

• Requirements for TEVAR
  • Full basic endovascular privileges
  1. 10 TEVAR within the last two years OR
  2. Less this minimum if there is robust EVAR experience of at least 25 EVARs with 12 as the primary operator
New Recommendations for 2018 - CAS

Multi-disciplinary credentialing guidelines for CAS have previously been published and endorsed by the SVS. These guidelines specify that diagnostic and stenting procedures may both be counted if performed during the same procedure. However, considering the broad range of exposures to catheter-based procedures in vascular surgery training with a variety of platforms, and based on the most recent recommendations of the APDVS (personal communication), although some vascular training programs may not meet these requirements, the document we recommends a minimum of 20 carotid angiograms with half as the primary operator and a minimum of 15 carotid stent procedures, with half as the primary operator.

- Minimum of 30 carotid angiograms w/half as primary operator
- Minimum of 25 carotid stent procedures w/half as primary operator