

Vascular Surgery 101

David Rigberg, MD
Professor of Surgery
UCLA-DGSOM
Program Director, Vascular Training

What is vascular surgery?

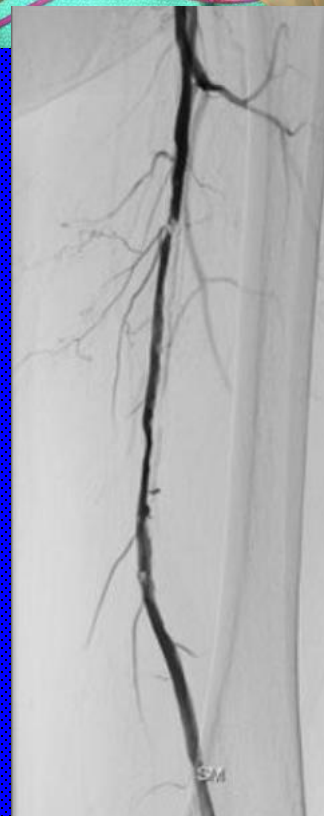
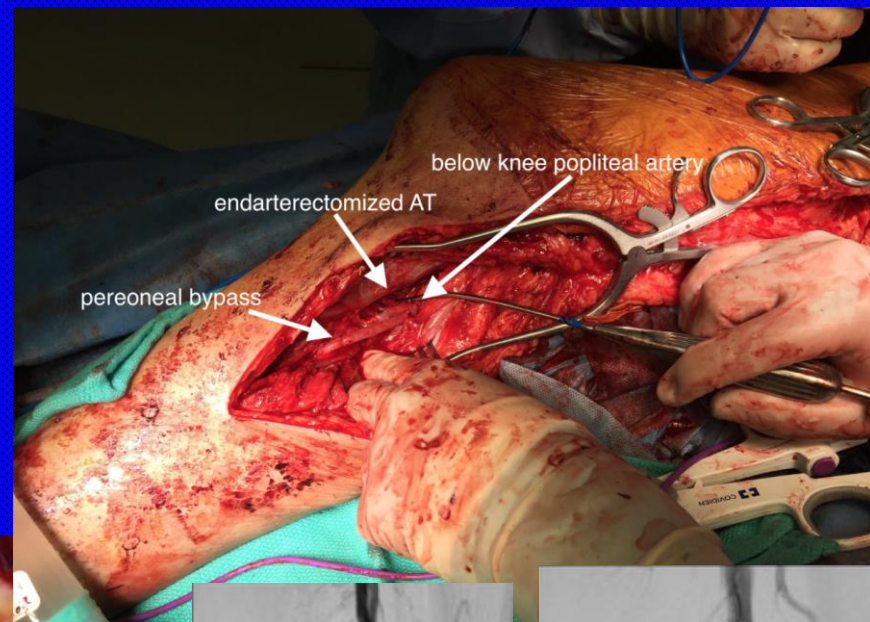
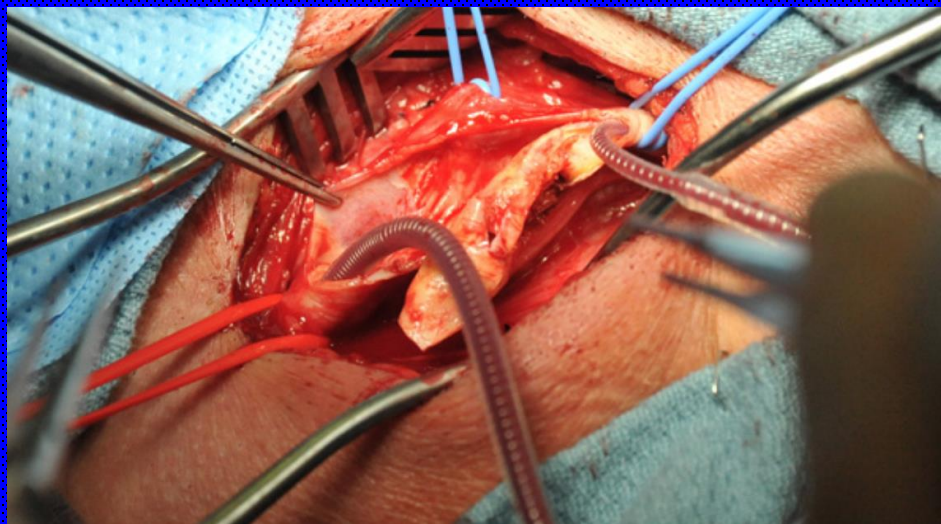
- Care of patients with disease of arteries and veins excluding the heart and intracranial vessels
- Treatment of these patients with both traditional open approaches and minimally-invasive endovascular techniques

So what does that actually mean?

- PAD
- Aneurysms
- Dialysis access
- Venous disease
- Vascular Trauma (including iatrogenic)
- Cerebrovascular Disease
- Exposure Surgery
- TOS
- Complex tumor surgery
- Surgeon who is called when bad stuff going on!

Is there a part of the body we don't work on?

- Ummm...
- Inside skull
- For most of us, not on heart and usually not ascending aorta (at least not open surgery)
- Really? Examples please...



Where do you do all this great stuff?

- Traditional OR
- Cath lab
- Hybrid Room
- Outpatient venous center
- Outpatient cath lab
- Outpatient OR
- As a specialty, we tend to run around a lot.





What is an average week like for a vascular surgeon? For example, last week?*,**

- Monday: AM clinic, 3 office vein cases in PM
- Tuesday: CFEA, EVAR with hypo preser (cath), fistuloplasty (office), resident meetings
- Wednesday: VA OR – EVAR, fistula, educational conferences
- Thursday: SFA atherectomy (office), office vein cases x 2, fem-PT bypass (OR)
- Friday: AM clinic, CEA (OR), trauma case (external iliac injury), start lysis of pop aneurysm graft
- Saturday: finish lysis, D/C ivc filter, TAB
- Sunday: D/C PD cath (not all exciting!), Dodger's game, watched some show my wife watches that I can't watch without her because I can't get Netflix to work...

*Actually, two weeks ago. Last week there was a meeting (PNEC)

** Plus lots of stuff to prepare for this meeting

Keeping the focus to me, when did I decide to become a vascular surgeon?

- Thought I was going into general thoracic
- Spent a day as an R3 doing some simple arterial cases... Once you operate on arteries, tough to go back to bowel!
- Take clamps off bowel. Nothing happens.*
- Take clamps off arteries. Excitement!**

**Assuming a basic degree of competence*

***Not always "good" excitement*

Ok... I want to be a vascular surgeon.

How is this done?

- Traditional route (5+2)
 - general surgery followed by fellowship
 - still an option
 - likely to become less of an option in future
- 0-5
 - directly apply
 - some gen surgery training and then vasc
- 4+2
 - not that many
 - not clear what future holds...

Would you have chosen the 0+5 pathway if it had been available?

- Not when I trained, but would now
- Was a different world when I trained
- Allows you to do what you truly love earlier
- May not have the “eureka” moment I was able to have
- That being said, med students apply directly to urology, neurosurg, H & N, etc...

Are 0+5 grads terrible at open surgery?

- Available data suggests “no”
- Keep in mind, there are not that many of them!
- My experience: our first 2 grads are fantastic, and our other residents are doing great
- 0+5 have wire exposure early, so better than 1st year fellows at endo
- Open skills vary (as they always have)

A few additional points

- Longitudinal care – you really get to know patients over the years
- Office procedures also afford an opportunity to get to know patients
- Exciting field as far as evolving technology and patient care
- You get to be an expert in a field no one else really understands!

Conclusions

- As a specialty, we address all aspects of vascular disease
- Can create the career you want!
- Get to give talks to med students at 6:30AM*

*3:30 AM PST