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*Editor*

# Vascular Surgery

## A Global Perspective

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Alan Dardik
Yale University School of Medicine
New Haven, CT, USA

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# Preface

Technology continues to make the world a smaller place. Advances in communication, especially the ubiquity of cell phones and the computer-related communications such as the World Wide Web and e-mail, have led to an unprecedented ability to bring people together. One of the truly important outcomes of this communication has led to the awareness of global disparities in many areas of concern to all humans, including nutrition, education, economy, and health care. But with recognition comes the ability to propose and attempt solutions. The Lancet Commission on Global Surgery advocates for universal access to safe and affordable surgery and anesthesia care and is aided by initiatives such as the Disease Control Priorities Network that reinforce the value and impact of global surgery.

Vascular surgery is a field of medicine that has continually embraced technology. The roots of this specialty are frequently claimed to be germinated in the wars of the 1940s and 1950s, but our science and exploration by bold pioneers preceded the wartime efforts by decades. Each new technology was incorporated into the vascular surgeon's armamentarium, culminating with the recent disruptive technology of the endovascular revolution. It is an exciting time for medicine and vascular surgery in particular. I will boldly predict that our three traditional index procedures, carotid endarterectomy, peripheral bypass, and open aneurysm repair, are transforming into the broader categories of open repair or bypass of medium-diameter vessels, central and peripheral angioplasty with stenting, and endovascular aortic repair of aneurysms and dissections; this evolution reflects our specialty's particularly unique ability to perform hybrid procedures as well as prevent deaths in the face of emergent arterial trauma and rupture. Vascular surgeons of the future will not look like us, just as we do not look like the previous generation's vascular surgeons, who did not look like their ancestors.

Despite the French and American assertions that all people are created equal, we know that this aspiration has not translated into reality. So it is for vascular surgery. Vascular surgeons must diagnose and treat local variations of disease in their indigenous, transient, or visiting patient populations, doing so within their local culture, social customs, patient beliefs, ethical and moral framework, available healthcare resources, government regulations, local economics, and occasionally even with questionable availability of basic supplies such as water, electricity, or even shelter. The similarities are almost more amazing than the differences. I am very proud of the scope of practice achieved in this book. It is clear that the specialty of Vascular Surgery is

strong, with advancing research and clinical abilities driving outstanding care of patients with vascular disease. However it is also clear that disparities exist. We can learn from the resource-poor countries of Africa and Haiti, from the trauma in Palestine, from the clever ability to deal with financial hurdles in Greece and Romania. We can continue to push vascular care ever harder to make our patients better.

As an academic vascular surgeon and the president of the International Society for Vascular Surgery (ISVS), I have had the privilege of meeting, befriending, and working with a group of friends and colleagues around the world, a privilege that would be difficult to imagine not so many years ago. Technology has enabled our meeting and growing our friendships and work, from inexpensive airplane travel that enables face-to-face meetings and stealing the time to write this Introduction to the Internet-based communication that allows real-time working, creating, complaining, commiserating, and even comforting. One side effect of this technology is a never-ending stream of messages that can be overwhelming, especially to our spouses and significant others who bear the brunt of our passions to help our patients.

This book is the product of so many friendships. First I thank my coeditors who have provided incredible guidance from and to their corners of the world; this book would not exist without their expertise. Next I thank Pauline Meyer, the executive director of the ISVS, who has kept that organization alive, enabling ISVS members to come together for our patients, wherever in the world they may be. So importantly, my colleagues at Springer, Richard Hruska who believed in this project and Patrick Carr who put it together, are magnificent; without them, we surgeons could not reach each other through this medium. In their publishing this book, they enable us to help our patients, and by higher mathematics, they are helping patients in a very meaningful and tangible way.

My parents, Herbert (Chaim) and Janet Dardik, get a special thank you. They brought the world into our home. In the 1980s and 1990s, vascular surgeons flocked to Englewood, New Jersey, to see the Dardik umbilical vein biograft, the first tissue-engineered vascular graft that was used in human patients. My parents welcomed these surgeons in our home for dinner and conversation, showing our family that we have friends all around the world and affirming to our visitor friends that vascular surgeons are people too. I am still friendly with some of these visitors, Shervanthi Homer-Vanniasinkam from England to speak of my closest. My parents also showed me the value of travel, both for enjoyment and being a method to connect vascular surgeons in such meaningful ways. I sincerely and humbly thank Toshiya Nishibe from Japan, Chang Shu and Yong-quan Gu from China, Serge Declemy and Nirvana Sadaghianloo from France, and Tulio Navarro from Brazil, for opening their operating rooms to me. This is truly the highest honor among friends and colleagues. And I do not neglect to acknowledge and appreciate my Yale partners who continually cover my practice, allowing me the academic freedom so vital to complete this project. I especially thank Robert Udelsman, chairman of Yale's Department of

Surgery, who has continually believed in and supported my academic career.

Finally I must thank my loved ones who endured my endless nights and days, weekends and weekdays, putting this project together, continually supporting with never-ending complaints. My children, Ian, David, and Kevin, thank you for allowing your father to achieve his dreams of connecting vascular surgeons around the world; may you achieve your dreams with grace and ease. My wife Susan, I love you and thank you for your continued encouragement and tolerance. I will finally get off my laptop, but only until the next project.

New Haven, CT, USA Alan Dardik

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# Contributors

**Khalifa Alwahaibi** Department of Surgery, Emory University School of Medicine, Atlanta, GA, USA

Surgical and Research Services, Atlanta VA Medical Center, Atlanta, GA, USA

**Shipra Arya** Department of Surgery, Emory University School of Medicine, Surgical and Research Services, Atlanta VA Medical Center, Atlanta, GA, USA

**Efthymios D. Avgerinos** Division of Vascular Surgery, UPMC Heart and Vascular Institute, University of Pittsburgh School of Medicine, Pittsburgh, PA, USA

**Edward Barroga** Department of International Medical Communications, Tokyo Medical University, Tokyo, Japan

**Thiago Barroso** Department of Surgery, Faculdade de Ciencias Médicas de Santa Casa de São Paulo, São Paulo, Brazil

**Mamoun Al Basheer** Vascular Surgical Unit, King Hussien Medical Center, Amman, Jordan

**William E. Beckerman** Division of Vascular Surgery, Department of Surgery, Icahn School of Medicine at Mount Sinai, New York, NY, United States

**C. Barry Beiles** Vascular Surgical Unit, Western Hospital, Footscray, VIC, Australia

**Michael Belkin** BioGenCell, Ltd., Netanya, Israel

Eye Research Institute, Sheba Medical Center, Tel-Aviv University, Tel-Aviv, Israel

**D.F. Beloyartsev** Department of Vascular Surgery, A.V. Vishnevsky Institute of Surgery, Moscow, Russia

**Simon Benabou** Department of Surgery, Vascular and Endovascular Surgeon, University of São Paulo, São Paulo, Brazil

**Cristiano Torres Bortoluzzi** Coris Medicina Avançada, Florianópolis, Brazil

**Bernard M. Bourke** Department of Vascular Surgery, Gosford Hospital, Gosford, NSW, Australia

**Luke P. Brewster** Department of Surgery, Emory University School of Medicine, Surgical and Research Services, Atlanta VA Medical Center, Atlanta, GA, USA

**Shlomo Bulvik** Department of Hematology, Sanz Medical Center, Laniado Hospital, Netanya, Israel

**Ruth L. Bush** Texas A&M Health Science Center College of Medicine, Bryan, TX, USA

**Rodrigo de Castro Bernardes** Department of CardioVascular Surgery, Madre Tereza Hospital, Belo Horizonte, Minas Gerais, Brazil

**Maria Elisabeth Rennó de Castro Santos** Department of Cardiovascular Surgery, Santa Casa de Belo Horizonte, Belo Horizonte, Brazil

**Jennifer Chambers** Department of Vascular Surgery, Port Macquarie Base Hospital, Port Macquarie, NSW, Australia

**Shin Chuen Cheng** Consultant Vascular and Endovascular Surgeon, Mount Elizabeth Novena Specialist Center and Paragon Medical Center, Adjunct Assistant Professor, Yong Loo Lin School of Medicine, National University Singapore, Republic of Singapore

**Stephen W.K. Cheng** Division of Vascular Surgery, The University of Hong Kong, Queen Mary Hospital, Hong Kong Island, Hong Kong

**Skyi Pang Yin Chun** Division of Vascular Surgery, Department of Surgery, Pamela Youde Nethersole Eastern Hospital, Hong Kong, China

**V.S. Costache** Department of Cardiovascular and Thoracic Surgery, Polisano European Hospital, Sibiu, Romania

**Sidd Dalal** Mercer School of Medicine, Macon, GA, USA

**Alan Dardik** Section of Vascular Surgery, Yale University School of Medicine, New Haven, CT, USA

**Elvio Demicheli** Medico de planta del Servicio de Cirugìa Cardiovascular, Hospital Interzonal General de Agudos de Mar del Plata, Buenos Aires, Argentina

**Xueqiang Fan** Department of Cardiovascular Surgery, China-Japan Friendship Hospital, Beijing, China

**Alik Farber** Division of Vascular and Endovascular Surgery, Boston Medical Center, Boston University School of Medicine, Boston, MA, USA

**Peter L. Faries** Division of Vascular Surgery, Department of Surgery, Icahn School of Medicine at Mount Sinai, New York, NY, United States

**Luis Mariano Ferreira** Division of Vascular Surgery, Hospital de Clínicas and Clinica La Sagrada Familia, Ciudad de Buenos Aires, Argentina

**Alvaro Razuk-Filho** Department of Surgery, Faculdade de Ciencias Médicas Santa Casa de São Paulo, São Paulo, Brazil

**Carolina D.Q. Flumignan** Discipline of Vascular and Endovascular Surgery, Department of Surgery, Universidade Federal de São Paulo, Rua Borges Lagoa, São Paulo, São Paulo, Brazil

**Ronald L.G. Flumignan** Discipline of Vascular and Endovascular Surgery, Department of Surgery, Universidade Federal de São Paulo, Rua Borges Lagoa, São Paulo, São Paulo, Brazil

**Rafael Narciso Franklin** Coris Medicina Avançada, Florianópolis, Brazil

**Michael Frogel** BioGenCell, Ltd., Netanya, Israel Cohen's Children's Medical Center, New Hyde Park, NY, USA

NY Pediatric Disaster Coalition, Department of Pediatrics, Maimonides Infant and Children's Hospital of Brooklyn, Brooklyn, NY, USA

**Offer Galili** Hillel Yaffe Medical Center, Hadera, Israel

**Michael E. Gaunt** Consultant Vascular Surgeon, Spire Cambridge Lea Hospital, Cambridge, UK

**Triantafillos Giannakopoulos** Department of Vascular Surgery, Athens Naval and Veterans Hospital, Athens, Greece

**Prakash Goura** Sree Chitra Tirunal Institute for Medical Sciences and Technology, Thiruvananthapuram, India

**André Valença Guimarães** Department of Vascular Surgery, Federal University of Pernambuco, Recife, Brazil

Brazilian Society for Vascular and Endovascular Surgery, São Paulo, Brazil

**Eric S. Hager** Division of Vascular Surgery, University of Pittsburgh Medical Center, Pittsburgh, PA, USA

**Daniel K. Han** Division of Vascular Surgery, Department of Surgery, Icahn School of Medicine at Mount Sinai, New York, NY, United States

**Seon-Hee Heo** Division of Vascular Surgery, Heart, Stroke and Vascular Institute, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, South Korea

**Jackie Pei Ho** University Surgical Cluster, Yong Loo Lin School of Medicine, National University of Singapore, Singapore, Singapore

Department of Cardiac, Thoracic and Vascular Surgery, National University Health System, Singapore, Singapore

**P. Ho** Vascular Unit, Changi General Hospital, Singapore, Singapore

**Emad A. Hussein** Department of Vascular Surgery, Ain Shams University, Cairo, Egypt

**Niamh Hynes** Department of Vascular Surgery and Endovascular Surgery, Galway Clinic, Royal College of Surgeons in Ireland Affiliated Hospital, Doughiska, Galway, Ireland

**Raed M.A. Isayed** Department of Vascular Surgery, Al-Ahli Hospital, Hebron, Palestine

**Alireza Hamidian Jahromi** Division of Vascular and Endovascular Surgery, Louisiana State University Health Sciences Center, Shreveport, LA, USA

**Jin Hyun Joh** Department of Surgery, Kyung Hee University Hospital at Gangdong, Kyung Hee University School of Medicine, Seoul, South Korea

**Ronald Kabuye** Department of Surgery, Thoracic Surgery Unit, Mulago National Referral and Teaching Hospital Complex, Kampala, Uganda

**Arnoud V. Kamman** Thoracic Aortic Research Center, Policlinico San Donato IRCCS, University of Milan, Milan, Italy

**Edel P. Kavanagh** Department of Vascular Surgery and Endovascular Surgery, Galway Clinic, Royal College of Surgeons in Ireland Affiliated Hospital, Doughiska, Galway, Ireland

**Young-wook Kim** Division of Vascular Surgery, Heart, Stroke and Vascular Institute, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, South Korea

**Angela A. Kokkosis** Division of Vascular and Endovascular Surgery, Stony Brook Medicine, Stony Brook, NY, USA

**S. Kum** Vascular Unit, Changi General Hospital, Singapore, Singapore

**Christos D. Liapis** Athens University Medical School, Athens, Greece

**Nelson De Luccia** Department of Surgery, Professor of Vascular and Endovascular Surgery, University of São Paulo, São Paulo, Brazil

**Alex Makupe** Ndola Central Hospital, Postal Agency, Ndola, Copperbelt Province, Zambia

**Bernardo Massière** Department of Vascular and Endovascular Surgery, CENTERVASC-Rio, Pontifical Catholic University of Rio de Janeiro, Rio de Janeiro, Brazil

**J. May** Surgery, University of Sydney, Sydney, NSW, Australia

Division of Surgery, Royal Prince Alfred Hospital, Camperdown, NSW, Australia

**Rafaella B. de Melo Soares** Coris Medicina Avançada, Florianópolis, Brazil

**Matthew T. Menard** Division of Vascular Surgery, Brigham and Women's Hospital, Boston, MA, USA

**Luke Morgan-Rowe** UCL and Royal Free London NHS Foundation Trust, London, UK

**Alberto Muñoz** Department of Surgery, National University of Colombia, Bogotá, Colombia

Aorta and Vascular Surgery Unit, Clinica Palermo, Clinica Vascular de Bogota, Bogotá, Colombia

Vascular Surgery Service, Santafe de Bogota Foundation University Hospital, Bogotá, Colombia

**Tom P. Mwambu** Uganda Heart Institute, Mulango National Referral and teaching Hospital Complex, Kampala, Uganda

**Isuru Nammuni** Department of Vascular Surgery, Royal Prince Alfred Hospital, Sydney, NSW, Australia

**Gilberto do Nascimento Galego** Department of Vascular Surgery, University Federal of Santa Catarina (UFSC), Florianópolis, SC, Brazil

Coris Medicina Avançada, Florianópolis, Brazil

**Foeke J.H. Nauta** Thoracic Aortic Research Center, Policlinico San Donato IRCCS, University of Milan, Milan, Italy

**Tulio P. Navarro** Department of Vascular Surgery, University Hospital, Federal University of Minas Gerais—PanAmerican Circulation Institute, Belo Horizonte, Minas Gerais, Brazil

**A. Ross Naylor** Department of Vascular Surgery, Leicester Royal Infirmary, Leicester, UK

**Eugene Ng** Department of Vascular and Endovascular Surgery, Townsville Hospital, Townsville, QLD, Australia

**Toshiya Nishibe** Department of Cardiovascular Surgery, Tokyo Medical University, Tokyo, Japan

**Mark Niven** Department of Endocrinology and Diabetes, Sanz Medical Center, Laniado Hospital, Netanya, Israel

**Mike O'Meara** BARD Peripheral Vascular, Tempe, AZ, USA

**Michael Oketcho** Uganda Heart Institute, Mulango National Referral and teaching Hospital Complex, Kampala, Uganda

**Doruk Ozgediz** Section of Pediatric Surgery, Yale University Department of Surgery, New Haven, Connecticut, USA

**Sandeep Pandey** Department of Vascular and Endovascular Surgery, Norvic International Hospital, Kathmandu, Nepal

**Jong Hun Park** Department of Surgery, Faculdade de Ciencias Médicas Santa Casa de São Paulo, São Paulo, Brazil

**Juan Carlos Parodi** Universidad de Buenos Aires, Sanatorio Trinidad San Isidro, Buenos Aires, Argentina

**Jackie Ho Pei** Department of Cardiac, Thoracic and Vascular Surgery, National University Health System, National University of Singapore, Singapore, Singapore

**Isabel Figueiredo de Magalhães Pereira** Department of Vascular Surgery, University Hospital, Federal University of Minas Gerais, Belo Horizonte, Minas Gerais, Brazil

**A.V. Pokrovsky** Department of Vascular Surgery, A.V. Vishnevsky Institute of Surgery, Moscow, Russia

**R. Popa** Department of Vascular Surgery, University of Medicine Gr. T. Popa, Iasi, N. Balcescu, Iasi, Romania

**Yael Porat** BioGenCell, Ltd., Netanya, Israel

Hematology Stem Cell Research Center, Sanz Medical Center, Laniado Hospital, Netanya, Israel

**Mark Portou** UCL and Royal Free London NHS Foundation Trust, London, UK

**Ricardo Jayme Procópio** Department of Vascular Surgery, University Hospital, Federal University of Minas Gerais, Minas Gerais, Brazil

**Kumud M. Rai** Max Superspeciality Hospital Saket, New Delhi, India

**Anantha K. Ramanathan** University of Newcastle, University Drive, Callaghan, NSW, Australia

Surgical Angiology Institute, Wyong, NSW, Australia

**Arno von Ristow** Department of Vascular and Endovascular Surgery, CENTERVASC-Rio, National Academy of Medicine—Brazil, Pontifical Catholic University of Rio de Janeiro, Rio de Janeiro, Brazil

**D.A. Robinson** Division of Surgery, Royal Prince Alfred Hospital, Camperdown, NSW, Australia

**Nirvana Sadaghianloo** Department of Vascular Surgery, University Hospital of Nice, Nice, France

**Ajay Savlania** Sree Chitra Tirunal Institute for Medical Sciences and Technology, Thiruvananthapuram, India

**Karina Rosa Schneidwind** Department of Surgery, Vascular and Endovascular Surgeon, University of São Paulo, São Paulo, Brazil

**Samir K. Shah** Division of Vascular Surgery, Brigham and Women's Hospital, Boston, MA, USA

**Faisal M. Shaikh** Department of Vascular Surgery, Galway University Hospital, Galway, Ireland

**Sherif Y. Shalaby** Section of Vascular Surgery, Yale School of Medicine, New Haven, CT, USA

**Pierre Galvagni Silveira** Department of Vascular Surgery, University Federal of Santa Catarina (UFSC), Florianópolis, SC, Brazil

Coris Medicina Avançada, Florianópolis, Brazil

**Michael J. Singh** Division of Vascular Surgery, University of Pittsburgh Medical Center, Pittsburgh, PA, USA

**Jeffrey J. Siracuse** Division of Vascular and Endovascular Surgery, Boston Medical Center, Boston University School of Medicine, Boston, MA, USA

**Sherif Sultan** Department of Vascular and Endovascular Surgery, Western Vascular Institute, University Hospital Galway, National University of Ireland, Galway, Ireland

Department of Vascular Surgery and Endovascular Surgery, Galway Clinic, Royal College of Surgeons in Ireland Affiliated Hospital, Doughiska, Galway, Ireland

**Tze-Woei Tan** Division of Vascular and Endovascular Surgery, Louisiana State University Health Sciences Center, Shreveport, LA, USA

**Y.K. Tan** Vascular Unit, Changi General Hospital, Singapore, Singapore

**T.Y. Tang** Vascular Unit, Changi General Hospital, Singapore, Singapore

**Santi Trimarchi** Thoracic Aortic Research Center, Policlinico San Donato IRCCS, University of Milan, Milan, Italy

**Ramesh K. Tripathi** Narayana Institute of Cardiac Sciences, Bangalore, India

**Janice Tsui** UCL and Royal Free London NHS Foundation Trust, London, UK

**Madathipat Unnikrishnan** Sree Chitra Tirunal Institute for Medical Sciences and Technology, Thiruvananthapuram, India

**Karen Utsunomia** Department of Surgery, Vascular and Endovascular Surgeon, University of São Paulo, São Paulo, Brazil

**David M. Vanderpool** Texas A&M Health Science Center College of Medicine, Bryan, TX, USA

LiveBeyond, Nashville, TN, USA

**Ramon L. Varcoe** Department of Surgery, Prince of Wales Hospital, Randwick, NSW, Australia

University of New South Wales, Randwick, NSW, Australia

The Vascular Institute, Prince of Wales Hospital, Randwick, NSW, Australia

**Martin Veller** Department of Surgery, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa

**Ramesh B. Velu** Department of Vascular and Endovascular Surgery, Townsville Hospital, Townsville, QLD, Australia