Indications in vascular and endovascular surgery

R.M. Greenhalgh; Philadelphia; 1998; W.B. Saunders; 480 pages; $125.00.

This volume represents the proceedings of the 1998 Annual Charing Cross Symposium in London. The intention of the book is two-fold: (1) to discuss indications in vascular surgery in comparison with the background of the more readily available endovascular technology (after a successful publication 10 years ago, R. Greenhalgh and his group of international collaborators are now delivering an update); and (2) to test an innovative form of book editing, with instructions to be adhered to strictly by the contributors. Each contributor was asked to elaborate on a particular procedure, to discuss the indications for the conventional open or the endovascular approach, to argue for their preferred procedure, to discuss therapeutic alternatives, to clarify what trials were in agreement and which were in disagreement with the author’s view, and finally to discuss trials that might be considered worthwhile in the future. The following contentious areas with current controversies were selected: carotid, renal aortic, femorodistal, and venous territories. Not surprisingly, various issues related to aortic aneurysm repair and stent graft techniques compose a major part of the book. Each contribution is followed by an editorial comment, written by P. Bell, R. Greenhalgh, B. Hopkinson, or V. Ruckley.

An interesting chapter assesses the value of a national Registry for Endovascular Treatment of Aneurysms, as newly instituted in Great Britain and Ireland under the auspices of the corresponding Vascular Surgical Society. P.L. Harris and J. Brennan discuss the question “is there a case for limiting endovascular repair of abdominal aortic aneurysms to commercially available devices?” and use their experience gained within the Eurostar Registry (EUROopean collaborators on Stent Graft Techniques for abdominal aortic Aneurysm Repair).

The chapter on aortic questions and indications discusses mostly issues related to the endovascular management of aortic aneurysms, the management of aortic and arterial dissections, and the potential necessity of intensive care support in the surgical treatment of abdominal aortic aneurysms. The problem of how to deal with small aortic aneurysms with diameters of less than 5.0 cm is discussed, especially the case for endoluminal repair. The authors claim excellent results and no sexual dysfunction. Nobody has asked for the long-term results of stent graft repair, which might be an argument against the procedure in younger patients.

In the second largest chapter, pending questions concerning carotid surgery are discussed. The problem of choosing the most appropriate method of anesthesia, general versus local, is addressed with a single-center clinical trial that has enrolled only 80 patients. Not surprisingly, it is impossible to answer the basic question in a trial of that limited size. The chapters that deal with the problems of the distal arterial tree evaluate the need for open surgery in the pelvic region now that endoluminal methods are routinely available, including indications for intervention in claudicants, the use of endoscopic femoropopliteal vein bypass grafting surgery, and the value of intravascular ultrasound scanning for femoropopliteal angioplasty and stenting. The deep femoral angioplasty (profundaplasty) is thoroughly discussed. Finally, the justification of percutaneous transluminal angioplasty and stenting in the superficial femoral region is questioned. In the femorodistal region, the following issues are discussed: balloon angioplasty in the infrapopliteal area, endovascular procedures below the knee, and the use of cuffs when prosthetics are used in the below-knee position.

Regarding venous problems, the value of duplex scanning is discussed and the problem of endoscopic perforator surgery is brought to our attention, but the method of pretibial fasciotomy is curiously never mentioned by the author nor in the accompanying editorial comment. Finally, the problem of venous thrombectomy is discussed. Noteworthy, the indication for thrombectomy in patients with phlegmasia coerulea dolens is questioned, which seems to be in line with this reviewer’s experience.

Professor Greenhalgh and his collaborators are to be congratulated for providing us with an excellent book that discusses the current controversies in vascular and endovascular surgery.

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Mayo Clinic vascular and endovascular surgeons work closely with specialists in vascular medicine, heart conditions (cardiovascular medicine), nervous system conditions (neurology), physical medicine and rehabilitation, and imaging (radiology). This tradition of working together is why at Mayo Clinic you get the right solution the first time. See a list of publications on vascular and endovascular surgery by Mayo Clinic doctors on PubMed, a service of the National Library of Medicine. Active clinical studies. Mayo Clinic researchers are involved in studies to evaluate potential treatments (clinical trials) for many conditions. "Welcome to Stanford Vascular and Endovascular Surgery. We are dedicated to the highest levels of patient care, professional education, and clinical and translational research." Ronald L. Dalman, MD Chidester Professor and Division Chief of Vascular Surgery. The Division works continually to improve quality of life for patients with vascular diseases. Dr Ronald L Dalman (Stanford Medicine, US) discusses the impact of diabetes on patients with abdominal aortic aneurysm (AAA) disease and the different indications and treatment strategies compared to non-diabetic patients. Open Job Position. Vascular Surgery: BE/BC Vascular Surgeon located at Palo Alto VA. Vascular and Endovascular Surgery (Vasc Endovasc Surg). Publisher: SAGE Publications. Journal description. Advances in vascular intervention and diagnostics require information to be at the fingertips of the vascular surgeon. Each issue of Vascular & Endovascular Surgery (VES) brings together the most recent peer-reviewed information to guide vascular specialists in endovascular, surgical, and medical treatment of vascular disease.