



LETTER FROM PRES. OF ARG. COLLEGE OF CARDIOVASCULAR SURGEONS

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DEAR COLLEAGUES:

This 2016 gathers us together to celebrate the 200th anniversary of the declaration of independence of our country. This unique event must makes us reflect on the worth of being independent to, among other things, make our own decisions, create projects, resolve conflicts the best way possible, and work for the common good.

The Executive Committee over which I preside has made these premises its own, in the understanding that, although our institution has celebrated its 40th anniversary, it still has some debts outstanding towards its members; for example, to strengthen academic offerings, to promote the harmonization of training criteria, to suggest the number of professionals to be trained in proportion to the population, to establish aid mechanisms for job stability, and to mediate conflicts, protecting our colleagues, just to mention a few of the most important. Our official publication, the American Journal of Cardiovascular Surgery, has clearly undergone significant changes in its organization as well as governance, ensuring both continuity and academic excellence.

The paradigm of the technical-surgical formation of surgeons, which is changing from the classic open surgery approach to the catheter-guided endovascular technique with radiosopic

visualization, deserves a separate mention. This singular event, which is based on the use of a minimally-invasive technique, generated by a technological revolution as far as material alloys (nickel titanium, for example) are concerned, and the reduction of introducer profile and prosthesis, makes it necessary to reconsider the type of training a cardiovascular surgeon needs. The catheter-guided technique is used by interventional cardiologists, radiologists and surgeons, but the major complications relating to these practices can only be solved by us. However, regardless of what this kind of intervention can offer, we must continue using open surgery, not forcing indications and taking all cases to the endovascular field.

There is a reason of social logic, of innate and business skills to understand that the endovascular technique is gaining ground. In the first place, for patients the procedure is less morbid and, in general, less painful. In the second place, for colleagues the learning curve is much lower and easier to reproduce. Finally, medical technology companies always need to impose new products.

Therefore, the Executive Board summons all colleagues to develop strategies aimed at maintaining and improving the training standards of those who will follow us in the steep path of solving cardiovascular system diseases through surgery. ■