

SCIENTIFIC LETTER

IMPLEMENTATION OF A VASCULAR AND ENDOVASCULAR SURGERY SERVICE AT THE HOSPITAL NACIONAL DE CLÍNICAS IN CÓRDOBA

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This scientific letter presents the results of a new work program implemented for the treatment of peripheral vascular lesions at the Hospital Nacional de Clínicas in Córdoba. Patients began to receive assistance under this program in August 2014. The task force consisted of three vascular surgeons specialized in endovascular techniques. At the beginning of the program in 2014, the delay in outpatient appointments was 60 days. When the doctor requested an angiography, the patient needed to apply for the relevant authorization in order to get an appointment by referral to another institution. After the study, the patient needed to arrange a new appointment with the vascular surgeon, which represented a major delay for treatment.

The hospital has a room that works as a hybrid operating room which meets the radio-protection and asepsis standards and has Philips Allura FD10 equipment received as a donation. The new program allowed to increase the weekly time for outpatient assistance (four days per week) and to reduce the initial appointment delay from 60 to 12 days, with the consequent increase in vascular and endovascular therapeutic/diagnostic procedures (n = 420) (Figure 1.)

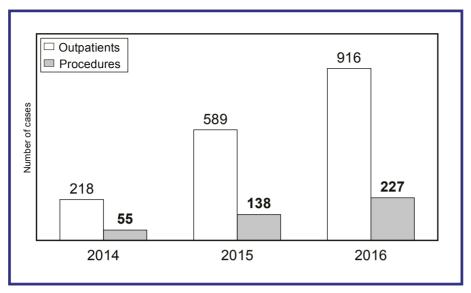


Figure 1. Distribution of the number of outpatient appointments and the number of procedures on a year basis (n = 1723).

In case a patient needed an angiography, the maximum time for its performance was reduced to less than 5 days; however, this must be improved. Once the diagnostic study is finished, the team decides on the therapeutic plan to follow, optimizing its implementation and reducing the delay.¹⁻² The number of peripheral angioplasties increased due to the possibility of rising the number of lower limb angiographies for the detection of new cases (Figure 2.)

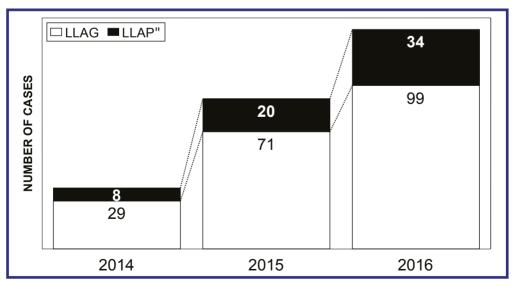


Figure 2. Distribution of cases according to lower-limb angiography (LLAG) / angioplasty (LLAP) (n = 261.)

Fourteen abdominal aortic aneurysms, two of them juxtarenal, were treated endovascularly, and the number of carotid angioplasties also rose (Figure 3.)

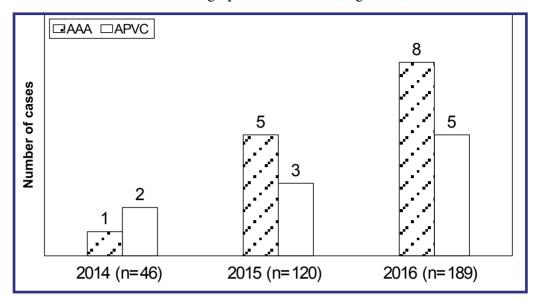


Figure 3. Abdominal aortic aneurysms (AAA) and angioplasties of neck vessels (ANV) treated (n = number of patients treated per year) (n = 355.)

Since the implementation of the program, the total number of open vascular surgeries has also increased (total 71; 44 of them in 2016) (Figure 4.)

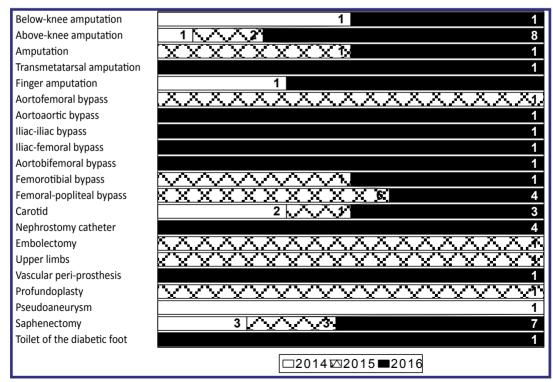


Figure 4. Distribution of cases by type of open surgical intervention in the sample analyzed (n = 71.)

Finally, a comparison was made of the major amputations performed in the Service; a decrease between 2014 and 2016 was noted, although so far the difference has not been significant (1/9 vs 2/44, p = 0.435) (Figure 5.)

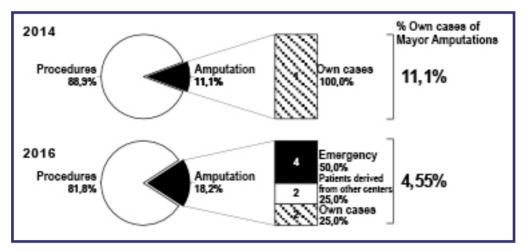


Figure 6. Comparative distribution of procedures according to cases of major amputation in 2014 (n = 9) and 2016 (n = 44.)

Given the increase of population aging and the high prevalence of the peripheral vascular disease, the assistance of seniors by a specialized team that provides them with solutions with vascular or endovascular techniques according to the need of the patient is of utmost importance.³

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