

Application for Training Centre

BSET Fellowships

Institution:

St George's Vascular Institute, London, UK

Correspondence:

Professor Ian Loftus
St George's Vascular Institute
4th Floor St James Wing
St George's Hospital
London SW17 0QT

Tel: 44 208 725 3205

Fax:44 208 725 3495

Email: ian.loftus@stgeorges.nhs.uk

St George's Vascular Institute – Clinical Perspective.

The St George's Vascular Institute (SGVI) integrates clinical, research and educational activities within a single organisational structure across St George's Hospital Healthcare NHS Trust and St George's, University of London.

The clinical service is organised in a regionalised hub and spoke model. The Institute is responsible for delivering a range of arterial, venous and lymphatic services to a local population of 1.2 million and a tertiary referral service to a much wider area. St George's acts as the central hub in a clinical network that encompasses Kingston, Epsom and St Helier's, Croydon University, Ashford and St Peter's, and East Surrey Hospitals.

The St George's Vascular Institute has an international reputation for both the clinical treatment of aortic aneurysms and basic / translational research into the aneurysmal process. The Institute comprises 10 surgical consultants and associated staff. There is a collaboration with the interventional radiology department. We do daily 3-session endovascular procedures in a dedicated theatre hybrid suite. The St George's Vascular Institute has one of the largest aortic and lower limb endovascular practices in the UK and has an international clinical reputation in the treatment of aortic disease.

The Unit has a particular reputation for innovative and minimally invasive aneurysm repair. The clinical service underpins the research structure, which is completely integrated into both hospital and medical school.

Research within St George's Vascular Institute is integrated within both the NHS and University appointments and facilities. The Institute is a recognised environment for academic training in vascular surgery with an established allocation of NIHR funded Academic Clinical Fellows and Clinical Lecturers. Research facilities are located within the St George's campus, and may be divided into basic science and clinical investigations. There are four main research groups within the Institute; a clinical trials group, a health services outcomes group, a technology innovation collaboration and an endovascular group.

Applicants:

Prof Ian Loftus and Prof Peter Holt (vascular surgery);

Dr Rob Morgan and Dr Raj Das (interventional radiology)

Brief Description of Fellowship.

The Fellowship could concentrate primarily on the endovascular treatment of aortic disease and/or lower limb pathologies.

Objectives of Fellowship.

1. To gain an in-depth understanding of the pathological conditions affecting the aorta and/or lower limb.
2. To comprehend the pros and cons of endovascular treatment of aortic and/or lower limb pathology and to be conversant with the relative merits and disadvantages of open, endovascular and hybrid therapies.
3. To gain competence in the morphological assessment of the aorta with reference to the use of 3D workstations.
4. To become competent in planning endografts for the thoracic and thoracoabdominal aorta, with reference to standard, branched and fenestrated endografts.
5. To become competent (to the standard of sole operator) in performing elective infra-renal bifurcated endografts, and/or lower limb angioplasty.
6. To gain experience in the endovascular management of ruptured AAA.
7. To gain experience in the deployment of thoracic, fenestrated and branched endografts.
8. To become competent in the percutaneous approach for endovascular aneurysm repair using the pre-close technique.
9. To become competent in the post-operative management of patients undergoing endovascular aortic repair.
10. To participate in research projects pertaining to endovascular therapy

Statement of Collaboration.

Professor Loftus, Professor Holt, and Dr Morgan have established a close working relationship in the treatment of aortic aneurysms, and Paul Moxey and the rest of the team have similar close working relationships with regard to lower limb interventions. The initial treatment of aortic disease is primarily undertaken by the vascular surgical staff who will be able to train the Fellow in all aspects of this area including diagnosis, patient selection, planning, and intervention. The lower limb work is shared between IR and the surgical team. The entire vascular team participates in joint clinical governance, academic meetings, firm management, and patient management.

Record of Training In Endovascular Surgery.

St George's Vascular Institute has a strong record of endovascular training. The last three vascular surgical trainees performed approximately 80 endovascular aortic procedures in one year's training, and have gone to consultant posts where they have set up an endovascular service. Training includes performance of technical procedures and planning of endovascular cases. St George's Vascular Unit has extensive experience of running endovascular training courses.

Endovascular Procedures and Training Opportunities.

The Fellow will have access to a wide variety of training opportunities. The St George's Vascular Institute has 2 full-time senior SpR's, and has 5 3 session in-patient operating lists per week and 2 day case lists, plus daily 2 session vascular IR lists. The SGVI has accepted Fellows from the BSET scheme previously. Experience of these Fellows has been that they are the primary operator in 50% of the aortic endovascular cases in the Unit. The case load of the SGVI is approximately 150 aortic cases per year.

Endovascular Programme for Fellow.

The training offered will reflect the needs of the trainee, but if interested specifically in aortic disease, it will primarily concentrate on the endovascular techniques that can be applied to the thoracic and abdominal aorta. The trainee will be exposed to the full range of endovascular aortic repair as applied to the thoracic and abdominal aorta. In any 6 months, it is expected that the Fellow would perform at least 50 endovascular aortic procedures as one of the primary operators.

In addition to acquiring technical expertise in performing the endovascular procedures, the Fellow would be trained in endograft planning and sizing, with reference to abdominal, thoracic, branched and fenestrated endografts. The Fellow would be exposed to planning for different graft types from all the leading manufacturers.

Further training opportunities will be developed according to requirements. In particular, surgical trainees will be exposed to a significant number of hybrid procedures performed as adjuncts to endovascular aortic repair. The procedures will include ascending aorta to innominate bypass, carotid-carotid-L subclavian bypass, and retrograde visceral revascularisation of coeliac, superior mesenteric and renal arteries.

If more interested in lower limb interventions, the programme will be structured towards the lower limb lists and clinics and working closely within the lower limb multi-disciplinary team.