

November 8/9, 2018

Madrid

HOTEL EUROSTARS SUITES MIRASIERRA



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MEDICAL INNOVATION
TECHNOLOGIES

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Front page

For the first time, live surgery from three international hospitals

Our Congress makes history with live broadcasts from the hospitals of AZ Sint Blasius Dendermonde, of Belgium, Sankt Gertrauden-Krankenhaus GmbH Berlin, of Germany, and The University of Chicago Medicine, of the United States

Years ago nobody would have believed that it would be possible. The retransmission of live surgery was a novelty that all the members of the Chapter valued in an extraordinary way. After all, it is true that you learn by doing and the closest thing to do is to see how others do it. For the first time in the history of our Symposium, we will attend retransmissions made from hospitals outside of Spain, specifically from Dendermonde, Berlin and Chicago. Although it will be also interesting to see the clinical cases that will show us from the University Hospitals of Basurto, Granada, Burgos and La Fe of Valencia. In

total, we will attend ten live surgery interventions.

The international opening of the Congress is reinforced by the presence of accredited specialists from other countries. In the first round table, we will count on Dr. Konstantinos Spanos, who comes from Hamburg to talk on technical issues and results of branched endografts for aortic arch aneurysms; in the second panel, Dr. Joep Teijink, who comes from Eindhoven, and Dr. Martin Maresch, who comes from Bratislava, will lecture respectively on Paget-Schroetter and Nutcracker Syndromes. In the third panel, Dr. Marwan Youssef, from Mainz, and Michel Reijnen, from Arnhem, will address complications in the endovascular treatment of complex aortic pathology. Doctors Eugenio Stabile (Naples) and Yann Gouëfic (Nantes) will participate in the update on endovascular therapy of the superficial femoral artery. Finally, Dr. Kahlber (Milan) will close the

Symposium with the panel on results of carotid angioplasty with latest generation stenting.

The presence of these international experts, as well as the retransmission of live surgery performed in hospitals abroad, is a great opportunity not only to learn, but also to project Spanish endovascular surgery internationally, making clear the quality of the research and the high level of training of its professionals, which is of course parallel to the level of healthcare practice that takes place in our country. The endovascular surgery performed in Spain is comparable or even better than other developed in some centers beyond our borders, which is a stimulus to show us more internationally and is not an obstacle to recognize that we can improve learning from the best.

Some of them (international and also national) will be in Madrid between November 8-9. It is an event not to be missed!



The University of Chicago Medicine

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Editorial

To be up-to-date

It is not easy to be up to date. And less in a specialty like ours, where technology has imposed a fast-paced update, which is even stressful in the incorporation of new endovascular techniques. We can strongly affirm that these new techniques have meant a substantial transformation in the management of vascular diseases, and Spanish specialists have been up to this challenge by making great effort of research and training.

We cannot affirm in any case that this is a challenge that has already been completely overcome, because in fact it is a challenge that is never exhausted and that also presents a double face: there is a challenge that we could define as “super specialization”, and that resides in the knowledge of new techniques and materials that are incorporated to prove their cost-effectiveness; and there is a second challenge, not less relevant, that is of knowledge of the general map of endovascular techniques. Certainly, the super specialization associated with accelerated technological progress carries the risk of parcelling or disintegrating knowledge.

And this is a certain danger, that we should not allow ourselves. We cannot afford to be unaware of the new developments, nor can we allow them to be detrimental to general training. Our Congresses respond to both challenges. On the one hand, they take us into the deep knowledge of new techniques and the most current endovascular surgery issues, addressing very specific problems. On the other hand, however, the great variety of proposed topics, and their renewal year after year, allows the assiduous to these meetings to get a very clear idea of the state-of-the-art of the specialty. To put it photographically, these meetings are at the same time a zoom and a wide angle, to look at the detail and / or the general perspective. And each one chooses the angle that is most interesting.

Less than a month to celebrate our Congress, we encourage everyone to come to Madrid. To those who already come assiduously and to those who do not. It is a great opportunity for training, as well as for debate and meeting with the best professionals in the specialty.

Interview

MERCEDES GUERRA: “We have not seen the limits of endovascular techniques yet, the potential for development is still huge”

Very briefly, why should we release the agenda and go to Madrid on November 8 - 9 at the VI International Symposium of Endovascular Surgery?

First, because it is a great opportunity for the specialty to bring together, with a high level of participation and attendance. Second, because it is a great opportunity to train and keep up to date with the latest developments in the specialty. Third, because in this edition will be treated current specialty topics. Fourth, because we have great national and international speakers. And fifth, because there will be ten live surgery interventions, several of them will be from foreign hospitals for the first time. There are many reasons, but I have tried to expose them as briefly as possible.

How did you reach three hospitals in Chicago, Berlin and Dendermonde to share three complex live surgery interventions with Spanish specialists?

In fact, it was easy because they received our invitation with open arms. The symposium is reached a high level of prestige and international scope because of the level of the specialty in Spain. A level that is already recognized and valued outside our borders, perhaps even more than here.

In what situation does Spanish endovascular surgery come to this congress?

With a high level of excellence, I think, which does not mean that we recognize that we have exciting challenges ahead. Precisely we have seen a lot of progress made in recent years, so now it is necessary to put a bit of order in this development, make a clear picture of the situation in which we



are, define the roadmap and propose the coming objectives.

You are talking about the great challenge of doing the white paper on endovascular surgery ...

Yes, indeed. Fortunately, the vast majority of endovascular techniques are part of the service portfolio of the Angiology and Vascular Surgery teams, and that is something very meritorious because the situation was almost the opposite over 10 years ago: few knew the techniques and the means were very different. However, this wide and evident improvement should not cover some problems that we still have in some services.

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What problems are we talking about?

Fundamentally related to the lack of technological endowment, conflicts of competences, and others that it is necessary to put black on white and face in the best possible way. Without a clear diagnosis, it cannot be treated. We need the diagnosis to improve.

Have endovascular techniques hit the ceiling?

This is a difficult question to answer for the vast casuistry that we are talking about, but answering in a general way, the reality is that did not. We have not seen the limits of endovascular techniques yet, the potential for development is still huge. Ten years ago, survival rates for ruptured abdominal aortic aneurysm were 5% and today with endovascular techniques reach 80%.

In other words, things that today seem unthinkable will be possible within ten years.

I do not have the slightest doubt, it is not even possible to set goals. The fast-paced reality of

“The reception of our invitation from the international hospitals from which some of the live surgery will be performed has been fabulous. Spanish professionals have great prestige,,

the technological advance causes that goals expire immediately.

Going back to the Congress, what will be the main issues that will be addressed?

We are going to deal with very topical issues, such as such as endovascular surgery of the supraceliac trunks, venous and superficial femoral sector, and new advances in the aortic arch and aorta ascending. We will also address the complications in the application of endovascular techniques in the complex aorta.

Finally, tell us something about the contributions received

In total we have received oral communications and videos, most of a great quality, so it has been a high-effort selection. We must be very grateful for the participation, which reveals the enormous dynamism of the profession. Without a doubt, it is another reason to not miss the meeting we all have in Madrid from November 8 to 9.

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