

Dr D. Kettles  
President  
South African Society of Cardiovascular Intervention (SASCI)

Dear Dr Kettles

Re.: Boston Scientific RC Fraser International Fellowship in Cardiovascular Intervention

It is a privilege to provide feedback on the very instructive month (April 2015) that I spent as an RC Fraser International Fellow in the Department of Cardiology and Cardiac Surgery, St. Thomas' Hospital, Westminster, London, United Kingdom.

I found both the administrative and clinical staff to be welcoming and supportive, making my stay a pleasure.

Procedures to which I had limited exposure before, included: structural heart disease (transcatheter aortic valve implantation, cerebral protection device placement, balloon aortic valvuloplasty, septal ablation and patent foramen ovale closure), advanced coronary interventions (rotational atherectomy, biodegradable vascular scaffold placement and chronic total occlusion treatment), resuscitative technologies (mechanical chest compression) and research-related techniques (Doppler coronary guidewires, invasive pressure-volume determinations and bicycle-ergometry stress-haemodynamic studies).

I participated hands-on in a number of cases, and it was instructive to compare approaches to angiography and coronary intervention used at St Thomas' Hospital with those I was taught in South Africa. There is general agreement (e.g. the default vascular access route being radial), but there were also pertinent differences (e.g. physicians being second operators – assisting with preparing equipment/catheters and handing these to the first operator and the first operator managing the manifold and performing contrast injections manually; working by default in a monoplane laboratory; meticulous monitoring of activated clotting time during procedures; almost routine pre- and postdilatation of stents) and minor differences (e.g. intra-arterial contrast being kept at body temperature; aspiration/flushing of femoral sheaths in-between catheter exchanges; appropriately naming the radiographical projection as “postero-anterior” rather than “antero-posterior”; use of intra-arterial nitrate only for routine, radial vasodilatation – unless vasospasm occurs, in which case verapamil is added).

The accommodation in Gassiot House Lodge was comfortable and very conveniently located with respect to St. Thomas' Hospital and the city at large. In addition, I managed to do a fair amount of sightseeing on weekends.

I wish to thank to following individuals: Prof. A. Doubell from Stellenbosch University for supporting my application; Drs D. Kettles and F. Hellig and the SASCI executive committee for awarding me the fellowship; Mssrs R. Shaikh and A. Sartor from Boston Scientific for providing generous funding; Mr G. Nel from SASCI for facilitating the award and guiding me with the administrative aspects thereof; Mrs R. Dupratt from the Department of Cardiology and Cardiac Surgery, St. Thomas' Hospital for administrative arrangements in London; Sr K. Hodgson from the National Health Service for providing occupational health clearance; Mr D. Salad for processing my

General Medical Council application; Mrs S. Sunni for guidance with respect to IR(ME)R certification for radiography; Prof. S. Redwood from the Department of Cardiology and Cardiac Surgery, St. Thomas' Hospital for providing me the opportunity to work in his unit and his guidance throughout my stay.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'P. van der Bijl', with a stylized flourish extending from the bottom.

Dr P. van der Bijl (*Boston Scientific RC Fraser International Fellow in Cardiovascular Intervention 2014/5*)