SASCI

South African Society of Cardiovascular Intervention

SASCI Positioning Statement - Vascular Intervention

15 December 2017

In our country there is a widely accepted shortage of interventionally skilled vascular specialists, including interventional radiologists, vascular surgeons, and interventional cardiologists.

It is indisputable that interventionally trained cardiologists possess a skillset which is transferable to interventions in other vascular territories, although appropriate vascular region and disease specific clinical training may be lacking.

There are many parts of South Africa, where various vascular interventional skills are needed, but either no dedicated specialist exists, or access to such skills is completely inadequate. A contemporary example would be the need for neuro-interventionists to treat stroke in many South African cities, with even our major cities inadequately served.

There are useful established 'scope of practice' precedents in our country, for example, in the interventional treatment of peripheral arterial disease. In this field, a number of cardiologists are extremely skilled, experienced, and active – some are working where no interventional vascular surgeons are available. We have experienced good cooperation between our vascular surgical colleagues and SASCI members, for example in industry driven training for carotid stenting. This procedure has been widely and successfully practiced by colleagues from both disciplines, and of course also by interventional radiologists.

SASCI notes that even in better resourced European contexts, vascular interventional specialists may originate from within multiple vascular interventional specialties, including cardiology, interventional radiology, or vascular surgery. The 2016 European vascular interventional guidelines note that in the management of acute limb ischaemia (for example), patients should be rapidly evaluated by a vascular specialist. "Depending on local clinical expertise, the vascular specialist may be a vascular surgeon, interventional radiologist, cardiologist, or a general surgeon with specialized training and experience in treating PAD"

There is thus widespread international professional acceptance that vascular specialists may originate from within multiple parent disciplines.

Of further interest and relevance is the indication in the vascular literature that the catheter skills of experienced cardiologists compare well with those of other specialists for the safety and quality of non-coronary angiography.

SASCI is thus of the opinion that interventional cardiologists may be ideally suited to perform extracardiac vascular interventions and that such expertise is likely to be frequently required in our local context.

Ideally, such expertise will, as in the past, be gained particularly from cooperation with other appropriate specialists. For example, cardiologists may treat peripheral arterial disease in collaboration with a vascular surgeon. We would anticipate further that colleagues involved in such non-cardiac interventions would acquire the appropriate disease specific knowledge pertaining to their particular field of practice. Operators should be able to show adequate training in the pathophysiology and anatomy of the disease as well as indications for the intervention. Proctoring as needed must ensure a high standard of practice. Collegial cooperation with colleagues involved in managing other aspects of an interventional patient's particular disease in question would ensure a high standard of comprehensive care for our patients.

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SASCI thus supports interventional cardiology colleagues involved in non-cardiac vascular interventional work for which they can demonstrate adequate training, and we recognise this as part of international best practice. We urge our colleagues who do intervene in non-cardiac vascular procedures to hold themselves to the same rigorous standards of contemporary knowledge, appropriate training, and proctored experience as they would apply whilst building their knowledge and experience base in the coronary tree.

We are hopeful that our support and endorsement of the training of colleagues for the performance of non-cardiac vascular interventions may contribute to improving access for a number of South African patients in dire need of various interventional procedures, and increase the uptake of contemporary vascular interventional practice into routine care for the exploding clinical manifestations of many non-communicable diseases in our population.

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For SASCI Executive Committee

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