

Dear Colleagues,

We had our first and very constructive virtual Zoom meeting between representatives of the Vascular Society and the British Society of Interventional Radiologists on 22nd April. This is part of our ongoing informal discussions between the two societies.

We discussed a number of issues including the:

Impact of Covid 19 on vascular patients (both surgery and IR)

CV19 has impacted on all of us, with variable consequences. In particular the late presentation, the change in emergency interventions, the apparent CV19 pro-thrombotic state and the strong push to towards endovascular treatments were discussed. The variable incidence across the UK has impacted different units accordingly, some limiting vascular intervention to only the most seriously ill, whilst other units have been able to continue with restricted services. London and the West Midlands have reported the highest incidence of CV19 thus far.

We went on to discuss the likely return towards performing urgent and some elective work over and above just emergencies, and the possible processes involved.

Vascular curriculum

We talked about the ongoing discussions between the VS and BSIR with regards to the submission of the updated vascular surgical curriculum to the GMC. To date this has had a somewhat protracted course. However, with important input from the BSIR, the final draft is close to submission. We all agreed we should work together to agree this and show a united front for the GMC and our respective colleges.

Cover Study

The Cover Study is a trainee led observational study that is assessing the impact CV19 is having on the delivery of vascular interventions. The study is being rolled out worldwide.

<https://vascular-research.net/projects/cover-study-covid-19-vascular-service-study/>

There appears to be a marked increase in late presentation of patients, often with unsalvageable occlusive pathology. In many units, only larger asymptomatic AAA (>7cm) are being considered for intervention. It also seems that more minimally invasive endovascular techniques are being used, probably to limit length of stay in hospital and avoid critical care use.

We discussed the study in some detail and the VS and VERN (Vascular and Endovascular Research Network) are very keen that this is a collaborative study including with BSIR and BSIRT (British Society of Interventional radiology Trainees & Fellows). There was strong support this approach.

Collaborations

We talked about showcasing good collaborative working between vascular surgery and interventional radiology, feeling that this was an important opportunity to strengthen relations. There will be a session at the Vascular Society Annual Scientific Meeting in November highlighting unit, and in particular trainee collaborations.

Next meeting

We plan to meet (probably virtually) again in 6-8 weeks' time and would be happy to discuss ideas and issues from either society's membership.

Attendees:

Chris Imray	VS
Mike Jenkins	VS
Ian McCafferty	BSIR
Phil Haslam	BSIR