

Renal Artery Therapy

It is hard to believe it has already been 2 years since we addressed one of the most important endovascular procedures, PTRAs and stenting. At that time, our early experience with using embolic protection for angioplasty and stenting was being reported, and there is some regret that relatively little has been done in the interval to assess the potential benefit of this important technology.

Prospective, controlled clinical trials using embolic protection should be performed, and patient populations with chronic renal insufficiency would seem one of the best populations to evaluate.

To highlight this point, Rajesh M. Dave, MD, provides an excellent overview of his own experience and improvements in renal artery stenting, but emphasizes the need for more specific protection devices to be utilized for renal applications. Detection of renal artery stenosis remains a challenge, and Kevin W. Mennitt, MD, and John H. Rundback, MD, delineate the benefits of MRA as well as consideration of stent technology that may be more visible on MRA, such as cobalt-chromium stents. A practical description of one operator's "tool kit" for renal artery stenting may also be use-

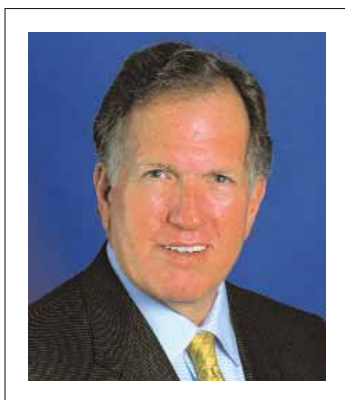
ful for the reader and has been provided by James A.M. Smith, DO. Thomas A. Sos, MD, one of the pioneers of renal angioplasty and stenting, contributes an editorial regarding the shifting paradigm surrounding patient selection.

Other excellent contributions for your review include Dr. Robert L. Worthington-Kirsch's description of the Essure device, an interesting nonsurgical approach to contraception. This is an interesting application and development of interventional solutions for nonvascular applications. In a semiregular feature of our publication, Katharine L. Krol, MD, describes the latest CMS codes approved for mechanical thrombectomy.

On a final note, we provide an interview with Anthony C. Venbrux, MD,

who shares the experience he and I had in treating Vice President Cheney, as well as the effect of endovascular therapies on DVT treatment and the challenges endovascular specialists will likely face in the coming year.

We hope this issue of *Endovascular Today* proves informative and talk provoking, and helps elevate your standard of care with renal artery intervention. Best wishes for a safe and healthy 2006. ■



A handwritten signature in black ink that reads "Barry T. Katzen MD". The signature is written in a cursive, flowing style.

Barry T. Katzen, MD
Chief Medical Editor