

Peripheral Embolic Protection

Embolic protection devices have been a terrific addition to the armamentarium of the vascular interventionist. Although there is consensus that these devices are beneficial during carotid and aortocoronary saphenous vein graft (SVG) interventions, there is uncertainty about the role these devices play during interventions in other vascular territories. There are also unanswered questions regarding the specific benefits of one device over another, and there is plenty of controversy regarding the advantages of proximal versus distal protection. In this issue of *Endovascular Today*, we will delve into the details regarding each of embolic devices and explore some of the issues related to their use in some of these other vascular territories (other than carotids).

Jeffrey A. Southard, MD, and Garrett B. Wong, MD, open our featured discussion of embolic protection devices with an article that provides a detailed overview of the currently available devices — from distal occlusion devices, distal filters, and proximal occlusion devices to covered stents—and the philosophies behind them. Jason H. Rogers, MD, and Reginald I. Low, MD, discuss embolic protection devices in SVGs, noting that the major adverse cardiac event rates have improved with this technology, but development and innovation are required to improve the safety and efficacy of the device designs.

While the use of distal embolic protection devices has improved outcomes in patients undergoing treatment for coronary and carotid artery disease, their use in treating femoral and popliteal disease has been less well studied. Hank J. Freeman, MD, and John H. Rundback, MD, discuss when to employ embolic protection devices in femoropopliteal interventions and conclude that employing them may be useful in high-risk patients and high-risk procedures, although there is insufficient evidence in the current literature to recommend embolic protection for routine femoropopliteal angioplasty or stent placement.

In our October sub-feature on Simulation, John McB. Hodgson, MD, FSCAI, and David L. Dawson, MD, weigh in with their expertise. Dr. Hodgson provides us with a nice

overview of the growth and applications of this technology, which has developed immensely since the Harvey Cardiology mannequin's first demonstration in 1968, into a valuable teaching tool and certification method. Dr. Dawson reviews for us some of the complex issues related to the use of simulation as a substitute for actual procedural experience. Dr. Dawson writes that validating specific applications and making the process cost-effective are the challenges that will need to be met to launch this technology into an integral part of graduate medical education.

In the remainder of the issue, Raymond Leung, MDCM, and Ted Feldman, MD, provide a nice review of the developing spectrum of methods to treat mitral regurgitation.

They remind us that recognition of the different pathoanatomy of mitral regurgitation in various patient groups requires a treatment method that employs a collaborative approach from surgical, diagnostic, and interventional cardiovascular specialists.

To conclude our October issue, *Endovascular Today* sat down with Barry T. Katzen, MD, a good friend, esteemed interventional radiologist, and one of my fellow Chief Medical Editors, to discuss his role as a pioneer of live case demonstrations. Barry provides a unique perspective on this controversial yet invaluable teaching tool that has grown to play such an important role during cardiovascular conferences worldwide. This interview also allows us the opportunity to highlight Barry's achievements, including his recent award recognitions at both the CIRSE and VIVA conferences.

We hope you find this issue of *Endovascular Today* to be both compelling and thought provoking. ■



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