

Exploring Vascular Pearls and Pitfalls



The variables of endovascular procedures are many. They can be simple or complex, standard or novel, require a short or long procedural time, and involve the head, the foot, and everything in between—just to name a few. This issue of *Endovascular Today* brings to the forefront the experi-

ences of academic clinicians to provide tips and tricks to the care of patients through procedures. Their wisdom is shared by addressing the tips and tricks or pearls and pitfalls that often separate success from failure. This general topic reminds me of a book of aphorisms written by Nassim Nicholas Taleb, entitled *The Bed of Procrustes*,¹ which tells of a Greek myth in which Polyphemus would lure unsuspecting travelers to his bed and breakfast estate. Those visitors who were too tall would have their heads cut off to fit the bed size, whereas those who were too short would be “stretched” to fit. He was thus given the nickname Procrustes (“the stretcher”). This “Procrustean method” is common throughout society, not just in medicine. Our expert authors offer the opposite, in that they attempt to fit the bed to the traveler/patient.

Our Pearls & Pitfalls in Vascular Intervention issue opens with Matthew J. McPheeters, MD; Kunal Vakharia, MD; Stephan A. Munich, MD; Jason M. Davies, MD; Adnan H. Siddiqui, MD; Kenneth V. Snyder, MD; and Elad I. Levy, MD, sharing advanced imaging techniques, arterial access and support, and mechanical thrombectomy techniques for managing and maintaining quality stroke care.

Next, Graeme E. McFarland, MD, and Adam W. Beck, MD, advise us on acute aortic syndrome and symptomatic aneurysms, covering everything from accurate initial diagnosis to long-term management. Anna Prent, MD, and Tara M. Mastracci, MD, then discuss optimal imaging protocols and treatment techniques for detecting and repairing the rare type III endoleak after endovascular aneurysm repair.

Jean Bismuth, MD, provides an overview of proper stent selection and technique for treating aortoiliac occlusive disease. Mark W. Burket, MD, asks what to leave behind when treating superficial femoral artery disease, evaluating the value of drug delivery and the role of permanent implants.

How do we optimize wound perfusion and allow rapid wound healing and limb salvage? Ahmad Younes, MD, and Mehdi H. Shishehbor, DO, look at these key questions regarding revascularization options for patients with critical limb ischemia and below-knee disease. Then, Timothy M. Sullivan, MD, discusses the eversion approach to carotid endarterectomy, questioning when it's the best option and providing tips and available data. Next, Russell P. Woda, DO, shares his anesthesiologist perspective on patient factors, techniques, and current recommendations for anesthesia selection based on the individual patient; and John A. Kaufman, MD, assesses the advantages and disadvantages of various venous access sites for deep vein thrombosis intervention.

To close out our feature articles, I provide an interactive case study that emphasizes the basics of medical diagnosis and the importance of identifying the right diagnosis at the right time.

In our coding and reimbursement update, Katharine L. Krol, MD, outlines the 2019 changes to the interventional CPT codes and how they will affect your practice.

Finally, we interviewed Kathleen Gibson, MD, who provides updates on the International Pelvic Venous Work Group, the SeCure and CREST-2 trials, and more.

I hope you will find these insights both thoughtful and “fitting” for your practice. ■

1. Taleb NN. *The Bed of Procrustes*. New York, NY: Penguin Random House; 2016.

Bruce H. Gray, DO, FSCAI, MSVM
Guest Chief Medical Editor