

# Decisions in Embolization

**T**he use of embolization to treat vascular disease has grown by leaps and bounds with the advancement of new technologies, materials, delivery devices, and techniques. In this issue of *Endovascular Today*, we offer a compendium of the current clinical utilization of these methods and objectives for future progress.

In the setting of emergent vascular injury, there are specific imaging and technical aspects interventionists must consider—and do so quickly. Jason Salsamendi, MD; David Quintana, MD; Issam Kably, MD; and Govindarajan Narayanan, MD, review the available options for the diagnosis, management, and treatment of abdominal and pelvic trauma. Next, Aaron M. Fischman, MD, and Rahul S. Patel, MD, describe the use of transradial access for interventional radiology and oncology procedures, which has the potential benefits of superficial arterial access and easier compressibility, as well as increased patient satisfaction due to earlier ambulation.

Interventional treatment of vascular malformations has gained wider acceptance in recent years and is even considered a first-line therapy at many centers. Although there are several different techniques and agents that can be used to treat these lesions, Guilherme Dabus, MD, and James F. Benenati, MD, discuss some of the approaches, techniques, and sclerosing and embolic agents that they have used for years with successful outcomes.

The role of embolic therapy in treating gynecologic issues also continues to rise. We spoke with John H. Fischer II, MD, about the current climate of the referral partnership between gynecologists and interventionists and tips for successfully developing a referral network.

Finally, we have a two-sided discussion that highlights the use of particulate and liquid embolics. Marcelo Guimaraes, MD; David Arrington, MD; Timothy MacFall, MD; Ricardo Yamada, MD; and Claudio Schonholz, MD, explain when and how they use particulate embolics,

and Wayne F. Yakes, MD, FSIR, FCIRSE, shares his experience with liquid (absolute ethanol) embolization. These articles serve as a comparison of the specific characteristics of each agent's use in microcatheter embolization procedures.

Outside of this month's focus on embolization procedures, we also have current perspectives on superficial venous therapies. Jose I. Almeida, MD, FACS, RPVI, RVT, offers advice on venous imaging for chronic venous disease management from patient selection to postprocedural follow-up. Next, Steve Elias, MD, FACS, reviews some of the areas for improvement in varicose vein treatment, such as shortened procedure times, less-invasive techniques, and improved sclerotherapy results, in order to inspire the next generation of superficial venous disease therapies.

In addition, Sean O'Neill, MD; Issam Kably, MD; and Govindarajan Narayanan, MD, describe a novel single-incision technique for endovascular treatment of

superior vena cava syndrome, which has several potential advantages compared to dual-access procedures.

Also, as many of you know, the AMA is currently evaluating and adjusting its coding and reimbursement protocols in accordance with the Affordable Care Act. Coding and reimbursement expert Katharine L. Krol, MD, FSIR, FACR, outlines the latest coding changes for endovascular procedures that have gone into effect this year.

Finally, we interview vascular surgeon Frans L. Moll, MD, PhD, who details his approach to managing type II endoleaks and asymptomatic carotid artery stenosis and shares his thoughts on the future of stem cell therapy for chronic limb ischemia.

We hope that this issue of *Endovascular Today* provides valuable insight into the current clinical use of embolic therapies and sparks conversation among our colleagues as to how we can continue refining and improving these techniques for superior outcomes and a wider scope of disease treatment in the future. ■



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