

Education in Venous Disease

Explore the ways interventionists can pursue further expertise by expanding their knowledge and techniques.

BY STEVE ELIAS, MD, FACS, FACP^H

Today, it may seem as if every specialty—vascular surgery, interventional radiology, interventional cardiology, cardiology, cardiac surgery, obstetrics and gynecology, general surgery, dermatology, internal medicine, etc.—wants to have a slice of the venous pie. They are all, as Bob Dylan sings, “Trying to get to heaven before they close the door.”¹ However, the door to heaven is starting to close as societies, institutions, and insurers are formulating some rules and recommendations. If you want to treat venous disease, you need to understand that it is a separate, unique organ system. Much of what interventionists have learned in their nonvenous training cannot always be extrapolated to venous disease. A physician needs to be educated about venous disease to give patients the best care; after all, phlebology is a specialty, not an avocation.

First, assess your needs. Decide which aspect of venous disease you want to treat, whether it be small veins, large veins, acute disease, chronic disease, infrainguinal disease, suprainguinal disease, or any combination of these. Second, assess your knowledge base in the areas of venous disease you want to treat, and examine the ways in which you need improvement. Third, evaluate the best combination of options to attain your educational goals. Unless you were lucky enough to graduate from a program that had a large volume of venous disease training, you will need to educate yourself after the fact. Obviously, it is harder to re-educate yourself in a whole new area of expertise than to update yourself in your area of expertise. Hopefully, the various options discussed in this article will help you in your endeavor.

SOCIETAL PROGRAMS

The American Venous Forum (AVF) and the American College of Phlebology (ACP) are the only societies in the

United States that are solely dedicated to the advancement of venous education. Not only do they have annual meetings, the AVF in February and the ACP in November, but they sponsor additional programs throughout the year. The annual meetings are a great way to get an overall view of phlebology today. The meetings are cross-pollinated; many members belong to both, and each society participates in the others’ meeting. Attending one of these meetings along with the International Vein Congress (IVC) will certainly give you a comprehensive idea of managing vein disease.

Within each society, there are a few programs that deserve mention (see *Venous Education Options* sidebar). The AVF sponsors the Fellows Course in Venous Disease, a course I began 4 years ago with industry sponsorship. We have now brought this course under the auspices of the AVF. The intent is to educate finishing fellows—vascular, interventional radiology, etc.—in venous disease. Due to the popularity of this course, there was much interest from those who had finished their training to have a similar course. This year, the inaugural AVF Attendings Course in Venous Disease will be held in the fall at Englewood Hospital and Medical Center in Englewood, New Jersey to fulfill this need.

The ACP has the Preceptorship Program, which began in 2009. We structured this program to serve an individual’s educational needs with one-on-one training. Approved preceptors are listed on the ACP Web site. Each has certain areas of expertise, and trainees may choose a preceptor that can educate them in the particular area in which they feel they need more experience. The length of training is flexible and is determined after an assessment and conversation among the preceptor, trainee, and Preceptor Program Committee member. This is a good way to “fill in the blanks” for practitioners

who perceive a void in their venous knowledge. It is not intended to give someone new to venous disease “the big picture”—that is what a meeting is for.

Of course, many societies have sections within their programs that address venous disease. Unless an interventionist is already well educated in venous disease, I feel these programs serve to whet one’s appetite or address a specific topic (eg, deep vein thrombosis, filters, etc.). They do not serve as a substitute for an ACP, AVF, or IVC meeting if you want a broad overview of venous disease today. Many of us involved in venous education participate as faculty on these programs. I believe they serve a purpose and a need, just understand what these are.

NONSOCIETAL MEETINGS

There are also meetings not associated with a society. The only one solely dedicated to venous disease is the IVC, founded by Jose Almeida, MD. I have participated as faculty since its inception in 2003. The core of the course has remained stable over time: empower practitioners to give the best venous care. Each year, the topics change as venous disease management evolves and our understanding of disease entities increases. I suggest this meeting as one to attend either for a good overview if you have not had much training in venous disease or for the experienced practitioner as a meeting that highlights upcoming and new topics of venous disease.

The other nonsocietal meeting that has recently developed into a full day of venous disease is the VEITHsymposium. Most of us have experienced this meeting from an arterial viewpoint. Now, there is a separate day specifically for venous disease. Although each talk may be relatively short, as most VEITHsymposium talks are, the subjects covered are all inclusive of venous disease today. It is a very worthwhile session to attend for those who want an overview or for those with some experience who wish to check in on upcoming venous issues that they can address in-depth on their own.

PUBLICATIONS

This brings us to publications such as textbooks and journals. The two most recent textbooks are *The Handbook of Venous Disorders*² and *The Vein Book*.³ Many of the topics covered overlap, with several of the same authors included in both. These were published during the last few years and are relatively current. They certainly serve as a good resource for core knowledge and give you a good idea where vein disease management has been from 2005 onward. The only journal solely dedicated to venous disease is *Phlebology*. Recently, the format has changed, and both new articles and review-type arti-

VENOUS EDUCATION OPTIONS

Societal Meetings

American Venous Forum

- Fellows Course in Venous Disease

Course Director: Steve Elias, MD

www.veinform.org

- Attendings Course in Venous Disease

Course Director: Antonios Gasparis, MD

www.veinform.org

American College of Phlebology

- Preceptorship Program in Venous Disease

Chairman: Steve Elias, MD

www.phlebology.org

Nonsocietal Meetings

- International Vein Congress

Course Director: Jose Almeida, MD

www.ivcmiami.com

- VEITHsymposium

Course Directors: Jose Almeida, MD,

and Lowell Kabnick, MD

www.veithsymposium.org

Publications

- *Handbook of Venous Disorders*

- *The Vein Book*

- *Phlebology*

cles appear. This mix serves both neophytes and old masters. Other journals, such as the *Journal of Vascular Surgery* and the *Journal of Vascular and Interventional Radiology*, contain articles about venous disease and are also of high quality. Many of these articles have been presented at society meetings. Most *Endovascular Today* readers likely already receive journals on their specialty. However, I suggest adding *Phlebology* to those subscriptions.

INDUSTRY

Industry is intimately involved with venous education. Of course, each company would like us to use their products. Many have taken a more global approach to venous education. Industry realizes that only selling or advocating their technologies or technique is not what the venous specialist needs. The potential phlebologist needs to be educated as to where a particular company’s product fits into the big scheme of venous disease. Most

industry "courses" highlight other aspects of venous disease (diagnosis, treatment, practice management, etc.). Many courses and training sessions/videos are given by thought leaders in the venous field. A physician should use industry's knowledge and experience, and with an appropriate perspective, this interaction can further a practitioner's knowledge base. Industry should be commended for their support not only with its own courses but also with its committed involvement to the main venous societies, PVF and ACP. Without industry's help, many of the societal venous initiatives would not be as successful as they are.

INTERVENTIONISTS

I suggest that anyone interested in learning more about treating venous disease talk to those of us who have been involved and have specialized in the field. Many of us treat venous disease exclusively; other thought leaders have vein disease treatment as a large part of their practice. We enjoy teaching the educational process and want to help. Realize that this process takes time, effort, and commitment. Even though veins and arteries both carry blood, that is about where the similarity ends. Most of us were not lucky enough to get a lot of training in venous disease during residency or fellowship; we learned on the job. In 2010, I think we have created a number of good educational pathways for others. Realize that your education in a new specialty, phlebology, will take more time and effort than continuing education in your present specialty.

CONCLUSION

If there is something you did not learn during your academic training, it is much harder to learn once you are practicing. Know your options and areas of need, as well as the time, effort, and money needed to pursue further venous education. I feel that in 2010, there are a multitude of options that we have developed so that you can find what is best for you. If I can be of any help, feel free to contact me directly. ■

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evaluated with the same skill and resources from which clinical studies of conventional pharmacological interventions routinely benefit. ■

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