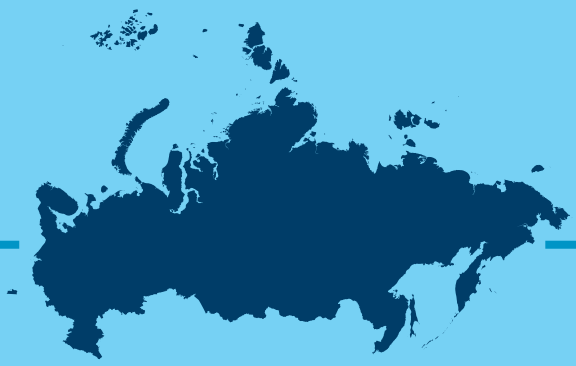
Russia



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He has stated that he has no financial interests related to this article.
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What is the prevalence of endovascular SFA therapy as compared to surgical?

The prevalence of endovascular SFA therapy in Russia is still low and low to rise. The main reason for this trend is a lack of insurance reimbursement of endovascular therapy for infrainguinal lesions both for claudicants and critical limb ischemia patients.

How would you describe device availability in your country, both in types of devices and different vendors within each class?

In Russia, all of the company manufacturers are represented, but they have different levels of activity. There has been some very good work by Medtronic, Boston Scientific Corporation, and Abbott Vascular. We have also had good relationships with Cook Medical and Cordis Corporation.

In what ways does reimbursement (both government and private if applicable) affect device use? Which device classes are most affected?

As I previously stated, there is not enough government reimbursement at the present time for endovascular treatment of SFA lesions. We can only use this therapy in patients with private insurance. The main techniques in use today in treating the SFA are stents and drug-coated balloons. Debulking devices are poorly distributed because of the price and the lack of insurance reimbursement.

Are there any historic or cultural forces unique to your country that have affected the penetration of endovascular options?

No, I do not think so.

How do most physicians receive training in endovascular therapies in your country?

We have a 2-year residency training program for endovascular surgery.

What is your personal strategy or algorithm for treating (in brief):

My algorithm is very simple: in all cases (intermittent claudication, critical limb ischemia, or acute arterial obstruction) the first line of treatment is endovascular surgery, if technically possible. ■