

Brazil



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He has disclosed that he has served as proctor for Cook Medical in helping planning and execute aortic and peripheral cases.

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What is the prevalence of endovascular SFA therapy as compared to surgical?

Very high. Doctors are getting more informed and better trained. The published results are very good. Patients are also becoming more informed about less-invasive procedures.

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

Basically, all balloons and stents, including drug-coated balloons and drug-eluting stents (DES), are available in Brazil, as long as they have CE Mark or FDA approval. Most companies distribute devices by means of representatives or dealers.

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

All devices, including balloons, stents, and wires, are very limited and need to be approved by both the government and private insurance companies. The doctors in Brazil have to do a lot of reports, both pre- and post-operatively, to acquire and justify the devices needed. It affects the patients because it takes time, delays the procedures, and sometimes the best option for the patient is denied because of unfair rules within the insurance companies' contracts or government refusal

to cover devices or procedures, all without completely informing the patient or a justified reason.

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

At the beginning, surgeons were very opposed to endovascular therapy. With time, they realized that they could not be opposed to scientific evidence. Now, at least in Brazil, surgeons are in the vanguard of endovascular procedures in general.

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

They receive training in many ways, but mostly through national courses.

What is your personal strategy or algorithm for treating:

- **Short, focal lesions:** Mostly clinical therapy and exercises
- **Long lesions:** If symptomatic, balloon angioplasty + DES
- **Calcified lesions:** If symptomatic, balloon angioplasty + DES
- **CTOs:** If symptomatic, balloon angioplasty + DES
- **In-stent restenosis:** Redo balloon angioplasty + DES
- **Claudicans:** Mostly clinical therapy and exercises ■