# Argentina

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### Prevalence of endovascular SFA therapy as compared to surgical:

Moderate, with a growing trend toward endovascular treatment. I think that is because patients are more informed and because vascular surgeons are now more involved in endovascular therapy.

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

We have many devices—drug-coated balloons, drug-eluting stents, cutting balloons, reentry devices, etc. We have access to almost all of the American and European device companies in our country.

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

The government pays for the implantable devices, but it is not common for them to pay for chronic total occlusion devices.

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

No, there has not been anything that has prevented the uptake of endovascular therapy. However, this tendency we have toward endovascular therapies may be credited to the very important school of great pioneers in our country, such as Drs. Julio Palmaz and Juan Carlos Parodi.

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

Cardiologists have a 3-year superior course endorsed by the College of Interventional Cardiologists and the University of Buenos Aires. It is the "official" career path that enables professionals to perform these procedures all over the country. Surgeons have an annual course. There are several hospitals that perform different procedures and have educational programs to train other physicians.

### What is your personal strategy or algorithm for treating:

- **Short, focal lesions:** Angioplasty with provisional stent
- **Long lesions:** Angioplasty with stent, usually
- **Calcified lesions:** No modifications in practice. I use the same techniques and devices that I use in noncalcified lesions. I do not use dedicated mechanical devices for these lesions
- **CTOs:** Cross with a 0.035-inch hydrophilic guidewire, through the true lumen or subintimally, and then stent
- **In-stent restenosis:** Drug-coated balloon or drug-eluting stent
- **Claudicants:** Medical treatment first, then angioplasty if possible ■