Colombia

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

In our hospital, there is a high prevalence of endovascular SFA treatment compared with an open approach—there are approximately eight endovascular procedures performed per one open procedure.

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

Colombia is a country with good access to new technologies and new endovascular tools from around the world. We have many industry distributors who provide support and facilities.

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

This is not applicable to our country.

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

Perhaps 15 years ago, we had some resistance to use of endovascular procedures because medical centers and older surgeons didn't trust the advantages of endovascular therapy.

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

Nowadays, our residents and surgeons have many scenarios for them to practice endovascular therapies in hospitals, as the development of cath labs in many medical centers is on the rise. Most surgeons, like myself, received training in other countries some years ago, then came back to our hospitals to share our experiences.

What is your personal strategy or algorithm for treating:

- **Short, focal lesions:** Balloon angioplasty
- **Long lesions:** Stenting if the patient has critical ischemia
- **Calcified lesions:** DES for lesions with a high risk of restenosis
- **CTOs:** DES if there is a highly calcified lesion or the patient is diabetic
- **In-stent restenosis:** Drug-coated balloon in all cases; stenting with DES if there is residual stenosis after angioplasty
- **Claudicants:** Medical treatment ■