AN INTERVIEW WITH...

Deepak Sudheendra, MD, FSIR, RPVI

Dr. Sudheendra offers his insight into physician education of the venous system, creating and maintaining a website for patient education, and details on the upcoming New Cardiovascular Horizons Philadelphia meeting.

You've said that in medical school, there continues to be a lack of emphasis and education on the venous system. Why do you think this has been the case?

Major health conditions such as heart disease and stroke are secondary to arterial disease. Most venous disease is not life threatening (excluding pulmonary embolism) but can lead to a significant decrease in quality of life. The emphasis on educating students about arterial disease is well founded and important to learn. In addition, the arterial system is constant with little variation compared with the venous system. Given these factors, I can understand why the emphasis has been placed on arterial disease.

I am very excited for the future of venous disease and developing venous therapies. Venous disease is where arterial disease was 30 years ago in terms of our understanding of the pathophysiology of the venous system. Given that venous disease is five to six times more prevalent than arterial disease, I strongly believe that the emphasis on venous disease from the medical community, biotech industry, and patient community will skyrocket over the next 10 years.

Given this lack of venous education in medical school, how did you develop an interest in venous disease?

My interest in venous disease began during my interventional radiology (IR) fellowship at the George Washington University Medical Center under Anthony C. Venbrux, MD. Dr. Venbrux had a loyal following of deep vein thrombosis (DVT) patients from Baltimore that he had treated during his tenure as Chief of IR at The Johns Hopkins Hospital. Because venous disease is often ignored by many physicians, including vascular specialists, Dr. Venbrux impressed upon me that there was an opportunity to have a great impact in an area of medicine that affects so many people (five to six times that of arterial disease) and yet is hardly known. Furthermore, because venous disease is generally not life threatening, venous interventions can often be done electively, carry a low complication rate, and result in tremendous patient satisfaction.

One venous topic under scrutiny is the placement of retrievable inferior vena cava (IVC) filters. In your practice, which patients are the most viable candidates for IVC filters, and what is your protocol for ensuring timely retrieval? Do you have advice for institutions that wish to develop their own IVC filter retrieval program?

At the University of Pennsylvania, IRs place retrievable IVC filters for two indications. The first indication is patients with DVT who cannot receive anticoagulation. This may be due to active bleeding or contraindications/complications from anticoagulation. The second instance in which we place filters is in patients with recurrent DVT/pulmonary embolism despite being therapeutically anticoagulated.

There are other indications for which we are asked to place filters. However, my colleagues and I take these opportunities to educate other physicians and health care providers regarding the indications for filter placement and the complications associated with IVC filters. Every filter that is placed by a University of Pennsylvania IR is tracked in a database, and the patient is immediately scheduled for a 3-month follow-up visit in our outpatient clinic by the attending who placed the filter. If a filter is needed beyond 3 months, the patient is reevaluated at a specified time interval for possible filter removal. We only deviate from this protocol and discontinue filter surveillance if a patient has died or it is determined that

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permanent filtration is needed. This protocol allows for continuity of care and enables an attending to get credit for both placing and removing the filter.

I strongly believe that all institutions should have an IVC filter clinic and/or retrieval program. Not only is it good medical practice, but the lack of a surveillance program for IVC filters raises an ethical issue given the complications that we know filters can cause. Starting an IVC filter program is easy to do, does not require capital expenditure, and makes for a great quality improvement initiative for the institution.

You are active on social media and have created your own blog (www.drsudi.com) on cancer and venous disease. Why did you create this blog, and is there anything that you have learned from creating the blog that you can share?

My practice consists of interventional oncology and venous disease. When I see patients in the clinic, I take the opportunity to briefly educate the patient and their family about the field of IR, the procedure(s) I can offer them, and their treatment alternatives. Over the years, patients and their family members who were not present during the office visit would call with questions about the procedure, which became repetitive and extremely time consuming. I thought that a good way to educate patients and their family members about the procedures I perform would be to have my own website that they could refer to in the comfort of their own home, and that's how the blog was born.

It has been fun creating the blog, and there are several things I have learned in the process. First, make the website user-friendly, with the information written clearly at a sixth-grade level with large and easy-to-read font. Second, update the blog/website often, as this will keep your site relevant in search engines. Finally, have fun with it; creating a website is a way to personalize your message to the world.

As Chairman of the inaugural New Cardiovascular Horizons (NCVH) Philadelphia meeting "Contemporary Topics in Vascular Disease, Thromboembolism, and Wound Care: A Clinical Update for Primary Care Providers and Specialists," what do you hope attendees gain from this experience?

Attendees will learn about cutting-edge therapies in peripheral artery disease, venous disease, venous thromboembolism management, and wound care from top faculty at the University of Pennsylvania, Thomas Jefferson University, and other surrounding institutions. Because this is a regional NCVH meeting, attendees will be able to more closely interact with faculty and network with colleagues in the region, which is an opportunity that is difficult to achieve at many national meetings. Attendees will also obtain 6.5 continuing medical education credits (American Medical Association category 1), nursing credits (American Nurses Credentialing Center), or radiology technologists credits (American Society of Radiologic Technologists).

There are many meetings in the vascular arena. What makes this meeting different, and who should consider attending this meeting?

Most endovascular meetings consist of specialists lecturing to other specialists. Endovascular specialists often say more education and outreach about vascular disease and wound management is needed for primary care providers. However, there is no meeting in which specialists actually educate primary providers. The planning committee has really made an effort to ensure that this meeting covers the fundamentals of vascular disease and wound management. NCVH Philadelphia will have something for everyone, including vascular specialists, primary care physicians, podiatrists, residents/fellows, nurses and advanced practice nursing providers, physician assistants, cath lab technologists, and health care administrators.

At NCVH Philadelphia, there will be a special session on venous thromboembolism management led by Adam Cuker, MD, a hematologist and Director of the Penn Thrombosis Center. This is sure to be a great learning opportunity on a subject that continues to cause confusion for many specialists, primary care physicians, and other health care providers. Other notable features of the conference will be a session on wound management with lectures on how to manage arterial and venous ulcers, as well as the role of hyperbaric oxygen therapy in wound management, which will be useful to any vascular specialist or primary care provider. Please visit www.ncvh.org/meetings/philadelphia for more information about NCVH Philadelphia. ■

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