

Intercollegiate Specialty Examination in Vascular Surgery

Elective: Basic Principles and Interventional Radiology

Theme: Abdominal Aortic Aneurysm Repair

Scenario: 65 years old male infra-renal abdominal aortic aneurysm 5.5cms max diameter.

Introductory Question: (e.g. integration of information presented/application of basic principles to the situation described in the scenario/differential diagnosis)

Discuss the advantages / disadvantages re type of repair.

Key Points for Discussion:

What is the current status of EVAR (EndoVascular Aneurysm Repair)?

Question 2: (e.g. management, relevant applied pathophysiology, anatomy)

What would the UK Small aneurysm trial suggest for management of this patient?

Key Points for Discussion:

What factors would influence your decision re intervention?

Question 3: (complications of management)

Co-morbidity suggests a 10% predicted peri-operative mortality - discuss options.

Key Points for Discussion:

Natural history of a 5.5cm max diameter infra-renal AAA.

No exhibits

Intercollegiate Specialty Examination in Vascular Surgery

Emergency

Theme: Complication post thrombolysis

Scenario: A 59 year old man referred to you with critical ischaemia of the right leg and a previous history of claudication in this leg at 100m.

Introductory Question: (e.g. integration of information presented/application of basic principles to the situation described in the scenario/differential diagnosis)

How would you manage this patient?

Imaging shows a distal short SFA occlusion with proximal thrombus?

Key Points for Discussion:

History/examination.

Imaging.

Angiography and thrombolysis with a view to SFA angioplasty.

Question 2: (e.g. management, relevant applied pathophysiology, anatomy)

After 4 hours of treatment the patient becomes hypotensive (84/60), tachycardic (104 bpm). The leg is much improved. What is the most likely diagnosis?

How would you manage him?

Key Points for Discussion:

?bleeding ??MI

Check catheter site, bloods etc. Adequate resuscitation. HDU care.

Question 3: (complications of management)

No ECG changes. Catheter site OK, no groin haematoma.

What is the likely diagnosis?

How would you confirm this? How would you manage?

Key Points for Discussion:

Retroperitoneal haemorrhage

CT scan (shows large retroperitoneal haemorrhage)

Indications for intervention.

No exhibits

End of Item D35160

Intercollegiate Specialty Examination in Vascular Surgery

Elective: Basic Principles and Interventional Radiology

Theme: Tandem carotid disease

Scenario: A 76yr old man presents to the Stroke team with an episode of dysphasia and right arm weakness. Duplex scan reveals high grade (>90%) stenosis of his left internal carotid.

Introductory Question: (e.g. integration of information presented/application of basic principles to the situation described in the scenario/differential diagnosis)

What are your thoughts?

Key Points for Discussion:

Left hemisphere TIA or stroke with high grade stenosis in relevant carotid.
Candidate for left carotid endarterectomy.

Question 2: (e.g. management, relevant applied pathophysiology, anatomy)

How would you manage this?

Key Points for Discussion:

Ensure risk factor management, role of antiplatelet management peri-operatively.
Timeframe of management - ?48hrs ?14 days.
Is secondary imaging required?

Question 3: (complications of management)

Second imaging with CTA is performed which reveals tandem lesion at origin of left common carotid artery.

Does this change your treatment strategy?

Key Points for Discussion:

Options - perform conventional endarterectomy alone, endarterectomy combined with on-table retrograde stenting, endarterectomy combined with subclavian-carotid bypass.

How you go about a hybrid procedure?

No exhibits
