The daily life of the vascular physician in Germany

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The situation in Germany is heterogeneous

We have:

- The full time non-invasive vascular physician
- The non-invasive and interventional vascular physician
- The pure interventionalist, mostly combined cardiologist / angiologist
- The radiologist performing vascular ultrasound and intervention
- The full time endovascular vascular surgeon
- The open surgical and endovascular surgeon
Depends on

Size of hospital
Size of city
Available skills
Patient access

Decisions made by hospital administration, depending on competition and market
Trend

- interventional radiology declines
- endovascular surgery increases
- endovascular angiology increases
- endovascular cardiology
  - remains in small hospitals,
  - separates in large hospitals from interventional cardiology to become interventional angiography
Why is this so?

- Referring doctors wish diagnostics and therapy in one hand, - by clinicians

- Most want to trust „endovascular first“ strategies, thus prefer referral to vascular physician, if they have the choice

- Cooperation in harmony with vascular surgery within vascular centers very helpful to attract patients
  - Common budget and goals helpful
So how is the daily life of angiologists in Germany?

Very different arrangements

Whatever works best for patient care and between personalities of available doctors in the local situation

- Yet, still many angiologists are hired by vascular surgeons or cardiologists to perform diagnostics only, however, there are more and more independent Angiology departments with and without access to cath labs

- If angiologists are available, usually Angiology is where the vascular patients comes in

We do NOT have enough vascular physicians!
So how is MY daily life?

- I do see my patients in the outpatient clinic for diagnostics
- I indicate myself both interventions and vascular surgery procedures
- I do the angio and intervention myself, from neck to toe including carotid stenting and aortic endoprostheses
- I take care of my patients on the ward, including their other internal medicine problems
- I see patients at follow-up in the outpatient clinic
- We are an interdisciplinary team WITHIN the Angiology Department including cardiologists, radiologists/neuroradiologist and vascular surgeon

EVERYTHING IN ONE HAND
Requirements change for angiologists

- Knowledge of all functional vascular tests

- Excellent ultrasound skills: MRA and CTA often not required for decision-making

- Optional: Endovascular skills – both ultrasound-guided and radiologic
Exchange of knowledge and skills across the European borders to meet those changing requirements
European Society for Vascular Medicine

1st Annual Congress

May 10–12, 2015,
Berlin-Potsdam,
Germany
<table>
<thead>
<tr>
<th>Event</th>
<th>Sunday, May 10th</th>
<th>Tuesday, May 12th</th>
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<tbody>
<tr>
<td>Transcranial Duplexsonography and Doppler course</td>
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<td>Contrast-enhanced ultrasound (CEUS) course (SGUM certified)</td>
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<td>Ultrasound refresher course (DEGUM and SGUM certified)</td>
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<td>Acute, subacute and chronic total occlusion of veins course</td>
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<td>Ultrasound-guided angioplasty of AV fistulas stenosis course</td>
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<td>Hemostaseology workshop</td>
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<td>Clinical microcirculation and the technique of capillaroscopy</td>
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<td>Non-invasive diagnostic methods and functional tests in vascular medicine</td>
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<td>Simulator training for intervention – peripheral arteries including carotid artery and aorta</td>
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<td>Aortic endoprosthesis workshop including simulator training</td>
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<td>First steps in peripheral intervention workshop</td>
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<td>MR and CT workshop for vascular physicians</td>
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<td>Workshop endovenous treatment of varicose veins</td>
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<td>Carotid stent implantation workshop including simulator training</td>
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<td>Arterial stiffness – detection and clinical use</td>
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Thank-you

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