Technology for Doctors

Reprinted from *Technology for Doctors*, January 2008 issue.

NEWS

Interventional radiologists can reduce wait times

Minimally invasive treatments decrease surgical complications.

BY MARK OTTO BAERLOCHER, MD, MARIE-FRANCE GIROUX, MD, BRIAN HARDY, MD, AND PETER COLLINGWOOD, MD.

Interventional Radiologists (IRs) are radiologists who undergo additional training, during which they combine their diagnostic skills with clinical as well as procedural knowledge and skills, to become experts of minimally invasive treatments. The subspecialty has evolved rapidly since its inception approximately 40 years ago.

Currently, IRs offer a wide variety of treatment options for a widening array of disease processes. These possibilities include vascular and gastrointestinal angioplasty/stenting, embolization, vertebroplasty, sclerotherapy, vascular accesses, and many more.

The Clinical Interventional Radiologist: Relatively recently, there has been a paradigm shift within the field of Interventional Radiology. In the past, IRs acted more as 'hired guns' who were asked to perform a specific procedure.

Today, the field has evolved into a full clinical specialty, with IRs seeing patients in outpatient clinics as well as on hospital wards, working them up, evaluating and proposing the most appropriate treatment to the patient. They also refer patients when necessary, admit patients as needed, and follow them afterwards, as any other clinical specialist does.

This means that today's IRs have become clinical experts on all diseases that could possibly benefit from a minimally invasive treatment. They have the most expertise in their areas of focus.

This clinical aspect to the field has been fully embraced by IR societies and national medical colleges worldwide, and remains one of the foremost priorities.

Diagnoses and Treatments Without the Blood – Decreased Complications, Recovery Times, and Costs: Interventional Radiologists diagnose and treat many diseases that were not previously treatable, or were addressed surgically.

In the former cases, the benefits are obvious. These include patients with venous, lymphatic and arterio-venous malformations. In the past, these could not be treated. Today, however, they can – by IRs.

In the latter cases, surgery is avoided and the advantages to the patient are equally enormous: if you could choose between undergoing surgery or an IR procedure at least as effective and walk out of the hospital within 24 hours with a small band-aid, which one would you pick?

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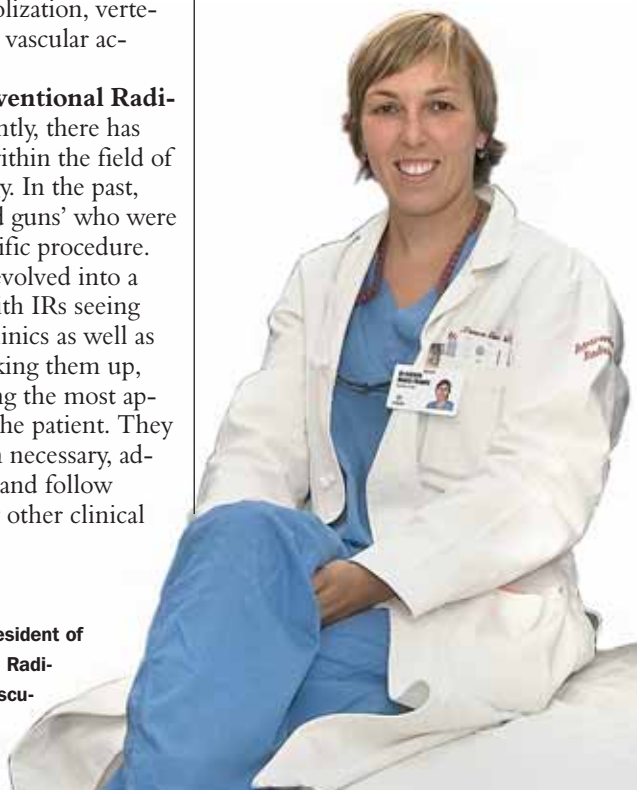
Most IR procedures involve a 3-mm skin nick instead of a large surgical scar. Most patients are discharged the same day, and can return to work the following day.

Because of the innate differences between an IR procedure and surgery, the former is associated with decreased complications, shortened recovery times, and decreased costs (to the healthcare system, and to the patient), and yet it is at least as effective in most cases.

Canada slow to take advantage of IR : Unfortunately, a recent 209-page report by the Millennium Research Group (www.mrg.net) showed that Canada performs the fewest IR procedures per capita among the G7 nations. Too many Canadian patients are still being kept away from these safe, innovative treatments. MRG estimated that over $180 million, 98,000 patient-bed days, and 402 lives are lost annually because of this (and they only looked at eight major diseases!) One of the reasons for this is that there is simply a lack of awareness among both patients and referring physicians.

Examples of IR treatments available in Canada: We do not have the



Dr. Marie-France Giroux, President of the Canadian Interventional Radiology Association, and a vascular IR specialist at the Centre Hospitalier de l'Université de Montréal (CHUM).

space to list all of the treatments IRs are offering today; however, we include a short list below.

• Uterine Artery/Fibroid Embolization may be used to treat women with symptomatic fibroids. The recovery time is much quicker, complication rates lower, and the procedure is as successful as hysterectomy for most women. Many centres now perform the procedure on an outpatient basis.

• Vertebroplasty may be used to treat patients with acute compression fracture.

• PICCs, ports, and a variety of other options may be used to provide vascular access.

• Angioplasty Stenting is used to treat peripheral vascular disease, mostly from but not limited to atheroma.

• Sclerotherapy has been shown to be a very effective and safe treatment for varicose veins, and vascular malformations.

• Gastrointestinal Stents have been shown to be cost-effective and safe in the treatment of patients presenting with obstruction due to malignancy (palliative or as a 'bridge-to-surgery').

• Embolizations are performed in order to treat aneurysms and many types of bleeding, most commonly gastrointestinal hemorrhage.

For more information about interventional radiology and what it may offer your patients, there are excellent websites which include patient information sections, for example www.sirweb.org, www.car.ca/cira, and www.radiologyinfo.ca. For help contacting an interventional radiologist in a specific region, contact the Canadian Interventional Radiology Association via cira@car.ca or the CIRA website (www.car.ca/cira).

The authors are all members or executives with the Canadian Interventional Radiology Association.

Canada slow on IR uptake

Canada is in danger of missing the boat when it comes to Interventional Radiology. Already, we perform the fewest number of procedures, per capita, of the G7 nations.

Yet, according to a recent MRG report, increased adoption of IR in Canada could eliminate 98,000 days that patients are currently spending in the hospital. That's a total of 268.5 patient years that could be eliminated. The MRG study notes that major stumbling blocks are funding, a perpetual problem in Canada, and also physician referral patterns. Unfortunately, many GPs and specialists don't yet know about the availability of IR procedures.