



Interventional radiology in Europe



Interventional radiology (IR) helps provide new, not previously, feasible treatments for patients. An **IR** approach is less invasive to the patient, such that many surgical procedures have been replaced or enhanced by the provision of IR services.

To learn more about the current practice of IR throughout Europe, the European Society of Radiology (**ESR**) and the Cardiovascular and Interventional Radiological Society of Europe (**CIRSE**) developed an online survey with questions that addressed the organisation of IR within radiology departments. The survey, which consisted of 30 questions, was sent to **1,180** addresses of department heads throughout Europe.

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Interventional radiologists are **radiologists** who have undergone additional **specialist training** in the practical elements of IR. For the purposes of this survey, IR is defined as those radiologists who can perform “**therapeutic procedures**” more complex than just **biopsies** and **drainages**.

The survey elicited 98 answers (response rate 8.3%) from many European nations. While this figure is in line with the response rates to this type of survey, it is still considerably low. The many commitments of department head could explain the lack of more answers, study authors say, rather than a low interest for the activities of the two societies that launched the survey.

After analysis of this survey, the two societies would like to underline a few specific points aimed at improving the availability of IR services.

1) There is a need to assure 24-hour IR service in all radiological departments. Services consisting of six or more interventional radiologists will usually be able to provide an effective and sustainable service. Networking among hospitals can be the solution in case staffing problems arise.

2) To attract more radiologists for IR, it must be recognised early as a career option. Although IR is included in the ESR Curriculum for Undergraduate Radiological Education, this is not the case everywhere, and it must be.

3) There is an imbalance between male and female interventional radiologists. The majority of specialists are male. The lack of role models is probably the main reason why women do not pursue an interventional career. It is, therefore, necessary to increase the number of women in faculty and chair positions to provide a well-balanced

leadership team.

4) IR should be recognised as a clinical part in the entire process of patient care. The field of radiology should work towards recognition of the full clinical role of IR, making efforts to also take into account the “administrative” responsibility throughout the entire process of care for each patient treated by interventional radiologists.

5) Radiologists who perform only diagnostic tasks must take an active role in IR. When a situation is encountered which could be amenable to therapy with IR, the radiological report should suggest this form of therapy and the patient should be referred to colleagues in IR.

Source: Insights into Imaging

Image credit: pixabay

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