HealthManagement
Promoting Management and Leadership

Volume 7 - Issue 2, 2007 - Country Focus:Sweden

Interventional Radiology in Sweden - Increasing Cooperation for Better Healthcare

Author

Prof. Lars Lönn

Associate Professor in

Interventional Radiology

Sahlgrenska University

Hospital

Gøteborg, Sweden

lars.lonn@vgregion.se

The three years residency in cardiology and one year residency in anaesthesiology that I completed during my medical training were essential ingredients for the clinical background of an interventional radiologist. Indeed, it highlights the fact that as an interventional radiology (IR), one must possess the widest possible range of skills, and yet how can one be a specialist in everything? Here in Sweden, we are promoting a culture of collaboration and teamwork to ensure the best possible results for the patient.

In my own case, I began with Percutaneous Coronary Interventions (PCI) from 1988 - 1992, before moving to peripheral interventional radiology in 1993 and Endovascular Abdominal Aortic Aneurysm (EVAR) repair. I also commenced research in CT and MR and my special interests today are atherosclerotic diseases, EVAR evaluations as well as virtual reality, endovascular simulations and IR curriculums. In 2005, I was awarded the CIRSE Educational Grant for research in vascular radiology, together with one of my PhD students, Max Berry. I have a keen interest in the future development of interventional radiology and am VicePresident of the Swedish Seldinger Vascular and Interventional Society (SSVIR).

Radiologists Not Just Photographers!

Professional understanding of interventional radiology leading large departments. If the Chairman of the radiology department or of a merger of a bigger unit consisting of vascular surgery/IR/cardiovascular surgery was a professional IR, we would ultimately play a more dominant role in the government of the hospital, as well as on a larger scale. However, the question remains: Are IRs willing to take this position of Increasing Role of Vascular Surgeons .

At the moment, 90% of endovascular procedures in Sweden are performed by IRs and the rest by vascular surgeons. I believe that these figures will reverse over the coming years. At present, endovascular procedures are the domain of the department of radiology. Up to twenty hospitals in Sweden offer daytime interventional services on a basic level. EVAR can be performed charge of this role. If this happens, endovascular procedures will certainly not remain under the leadership of across up to twelve hospitals and a full range of 24- hour services are available at seven hospitals. All hospitals in Sweden in the endovascular field are still under the direction of the radiology department, except for at Malmø, which is the most well-known centre in Sweden. In Malmø, they have a special unit, called the ‘Endovascular Centrum’, which is not a part of the radiology department. However, due to the lack of availability of the radiologist to the patient, it is thought that for this particular procedure the vascular surgeon is better placed to take more comprehensive charge of this role. If this happens, endovascular procedures will certainly not remain under the leadership of charge of this role. If this happens, endovascular procedures will certainly not remain under the leadership of the radiology department.

Turf Battles

As demonstrated by the way IRs have welcomed vascular surgeons into their domain, turf battles are not such a problem in Sweden. This high level of cooperative spirit is the ongoing work of both societies in Sweden, the Swedish Vascular Surgeons’ Society as well as the SSVIR. Since 2006, we collaborate on endovascular issues, have regular meetings, and both society’s annual meetings take place at the same time with the same local organisation. After the success in Stockholm 2006, we in the local organising committee in Gøteborg are looking forward to this ongoing work of better understanding and mutual education in this field. We need each other’s expertise, and the hospital environment seems to support us.

Educational Initiatives

In order to stay on top in the endovascular field you have to have some clinical background in it and also be able to discuss with patients, alternative interventions, as well as best medical treatment. We are working to get the whole field of IRs to understand and to approve this, which is not a problem. However, sometimes heads of radiology departments are reluctant to understand the new demands in this field.

There are two practical courses for vascular surgeons and radiologists annually in Sweden, one in Malmø and one in Gøteborg and both include endovascular simulations using machines from Mentice. I also work in collaboration with Mentice and Boston Scientific to organise four annual workshops in endovascular virtual reality training.

Vascular surgery is an entity of its own in Sweden, and in the programme for education endovascular training has a major role. This means that there is a demand from the vascular surgery community for education and training in these procedures. This obviously calls for discussions and probably new logistic pathways for patient referrals as well as a new way of thinking IRs, vascular surgeons and for the heads of their departments. We should not forget that an integration of interventional cardiology also calls for an open discussion.

Protecting the Profession of Radiology

Throughout Europe, there is concern that the profession of the radiologist is being eroded, due to the increasing handover of their traditional responsibilities, to other medical professionals. This is a worldwide debate, often discussed in Sweden. We must remember that the patients' wellbeing is the utmost goal for us and therefore, a mature collaboration is a must. To become an endovascular specialist you need:

• Clinical skills

• Imaging skills

• Anaesthesiology skills

• Endovascular skills

• Operative skills

Therefore, I believe that the group around the endovascular specialist must have these skills within the group, not necessarily within each and every person. The most fruitful environments are where you respect patients and know that opinions are just opinions.

Published on : Sun, 1 Apr 2007