ISSUE
86
AUTUMN
2014

The Society for Vascular Technology of Great Britain and Ireland

This issue.

Welcome to the Autumn edition of the SVT Newsletter

Thank you to all contributors who sent in articles for this season's issue.

Remember the Newsletter is continually looking for original contributions, so please email me any case studies, reviews, your experiences or any comments that you think would be of interest to members of the society. I would also welcome any comments on articles published in this edition.

This month's issue includes the programme for this year's Annual Scientific Meeting and an interesting case study on splenic artery aneurysm.

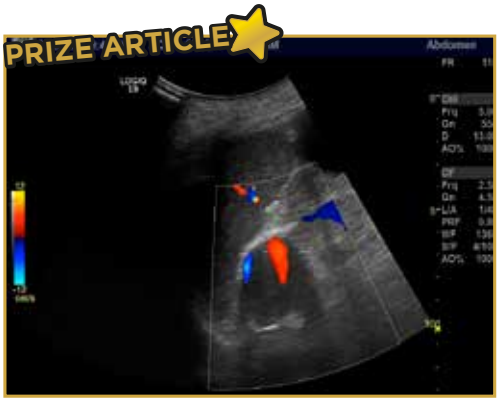
We are also looking for members of the SVT to volunteer for available positions within the executive committee and the education committee and further details of this can be found inside this issue.

As always a £25 prize is offered to the individual chosen for sending in the article or letter of the month.

The prize this issue is awarded to Kate Crawford.

The next Newsletter will be the Winter Issue, and the closing date for receiving articles will be **10th January 2015.**

Helen Dixon
Newsletter Editor
Email: newsletter@svtgbi.org.uk



Turn to Page 2 to read this month's Prize Article by Kate Crawford.

★ Prize-winning article

Case Study: In Search of a Splenic Artery Aneurysm

Kate Crawford, Clinical Vascular Scientist, Barts Health NHS Trust

PRIZE ARTICLE

A 91 year old male patient was referred to the Barts Health vascular laboratory with a splenic artery aneurysm found incidentally on CT. He was a patient with renal problems and could not be given contrast for a CTA, therefore the surgeon wanted us to use ultrasound to find out whether or not the aneurysm was patent.

On a first attempt, we were unable to locate the splenic artery or the aneurysm, in a range of patient positions.

The patient returned for a second time fasted. We asked a radiologist to come to the lab to aid the location of the splenic artery and in addition the previous CT images were scrutinised. The patient was scanned in a right lateral decubitus position with the left arm raised. Scanning from a slightly posterior approach, the spleen and the splenic artery were located. The splenic artery was aneurysmal distally, measuring approximately 3.8cm in diameter and had calcified walls aiding its identification (figure 1).

The calcification however made it difficult to assess patency. There appeared to be channels of monophasic flow (PSV ~60cm/sec) detected within the aneurysm sac suggesting at least partial patency, however there were incomplete views possibly due to the calcified walls (figures 2 and 3). We were unable to determine whether the aneurysm was fully patent or partially thrombosed.

As a result of our findings, the surgeon and patient decided to proceed with endovascular treatment due to the risk of rupture of the aneurysm. Because of the contrast burden, the patient was admitted as an inpatient for pre-treatment hydration and NAC therapy. The patient underwent several unsuccessful attempts at coiling/embolisation of the aneurysm. The angiogram did however confirm patency of the aneurysm (figure 4).

The subsequent plan was for the patient to be brought back several weeks later for a repeat procedure using thrombin or glue rather than coil embolization. However, the patient decided to opt for conservative management of the aneurysm and has now been placed on a duplex surveillance program with us.

Thanks to this unusual finding, we now feel more equipped to deal with splenic artery duplex requests in the future.

Figure 1: Splenic artery aneurysm on ultrasound

Figure 2: Partial colour filling within the splenic artery aneurysm

Figure 3: Spectral Doppler trace within the splenic artery aneurysm

Figure 4: Angiogram showing patent splenic artery aneurysm

SVT 23rd Annual Scientific Meeting
Glasgow SECC Thursday 27th November 2014

***** RENAL ARTERY AND AVF ADVANCED WORKSHOP***
WEDNESDAY 26TH NOVEMBER 13:00 - 17:00 **

Closing date for registration is Monday 17th at Midnight
Go to http://www.svtgbi.org.uk/agm/ to register

SVT ASM Programme

Thursday 27th November 2014

REGISTRATION 08:00 - 08:45		
09:00	**President's Welcome**	**Vicky Davis, AVS** President of the SVT
SESSION 1: STUDENT SESSION AND UPDATE ON PROFESSIONAL ISSUES		
09:15	The benefit of ultrasound imaging prior to heart bypass surgery to prevent leg wound complications.	**Reshat Reshat, STP Trainee** University Hospitals Bristol NHS FT
09:22	A prospective, exploratory study using ultrasound to assess the distribution of volume flow in carotid arteries and evaluate its relationship with carotid disease	**Ming Yeung, STP Trainee** Portsmouth NHS Trust
09:29	Reperfusion of the digital vasculature after cold challenge and pre-stress radial and ulnar artery pulsatility index (PI) in healthy controls, primary Raynaud's phenomenon (pRP) and Raynaud's phenomenon secondary to systemic sclerosis (SSc).	**Matthew Adams, STP Trainee** Royal Free London NHS FT
09:36	Equivalence reviewed	**Matthew Bartlett (AVS),** Royal Free London NHS FT
09:55	A first hand experience of the pilot process	**Michelle Bonfield (AVS)** University Hospitals Bristol NHS FT
10:10	**Guest Lecture: IQIPS How, when and why?**	**Richard Pole (AVS)** IVS, University Hospital of South Manchester
10:35	**Guest Lecture: The American Way**	**Dale Cyr (CEO ARDMS)**
10:50 - 11:20 COFFEE AND EXHIBITION		
SESSION 2: JACQUI WALTON LECTURE AND ANNUAL GENERAL MEETING		
11:20	**Jacqui Walton Lecture:** **Endovascular Aortic aneurysm Sealing (EVAS) Nellix device**	**Mr Paul Hayes** **Consultant Vascular Surgeon** Addenbrooke's Hospital, Cambridge University Hospitals NHS FT
11:50	**AGM (and trainee break-out session)**	
12:40 – 13:40 LUNCH AND EXHIBITION		
SESSION 3: GUEST LECTURES AND SCIENTIFIC PROFFERED PAPERS		
13:40	**Guest Lecture:** **Emerging Stent and Balloon Technologies in the Femoro-Popliteal and Tibial Arteries**	**Mr Hany Zayed,** **Consultant Vascular Surgeon** Guy's and St Thomas' NHS FT

14:10	Development of an algorithm for the investigation of patients with suspected iliac artery endofibrosis	**Fabrizio D'Abate (AVS)** St Georges Healthcare NHS Trust
14:22	Sonographic appearance following endovascular aneurysm repair using the Nellix Endovascular sealing system (EVAS)	**Mark Young (AVS)** St Georges Healthcare NHS Trust
14:34	Analysis of TCD data collected from 943 children with sickle cell at Kings College Hospital since 2008 to determine the incidence of abnormal blood flow	**Simon Greenwood, STP Trainee** Kings College Hospital NHS FT
14:46	$TCPO_2$ and its role in a diabetic foot protection clinic	**Vanessa Mc Donald (AVS)** Tallaght Hospital, Dublin
14:58	Quantitative study to find if there is a significant statistical association between ABCD2 score and degree of carotid stenosis detected by Ultrasound	**Samuel Davis, Trainee** Royal United Hospital, Bath
15:10 - 15:40 TEA AND EXHIBITION		
SESSION 4: SCIENTIFIC PROFERRED PAPERS AND GUEST LECTURE		
15:40	Expanding the skills of the renal access specialist nurse	**Simon Daniel, Renal Access Specialist Nurse** North Bristol NHS Trust
15:52	**Guest Lecture: Exercise & Peripheral Arterial Disease: from theory to practice**	**Christopher Kellett** **Extended Scope Physiotherapist**
16:10	**AAA National Screening program update**	**Patrick Rankin** **National Training and Education Manager**
16:30 AWARDS AND PRIZES		
The Circulation Foundation research awards The Anne Donald award – Scientist of the Year Prizes: Best proffered scientific paper, best student proposal & trainee awards		
17:00 CLOSE		

Trainee breakout session:

Thursday 27th November 2014 11.50

At this year's AGM the education committee has organised a break out session during the business meeting aimed at all trainees. There will be a talk on preparing for the SVT practical exam by Thomas Cranfield, vascular technology exam officer, and feedback from the OFSA's from Theresa Fail, programme lead for the vascular Scientist Training Pathway. Matt Bartlett, the physics exam officer will be giving a presentation on unusual waveform analysis and there will also be opportunity to get answers to any burning questions about training you may have

Registration for the Vascular Society meeting via the VS website:

https://vascularsociety.eventhq.co.uk/vascular-society-2014-agm-glasgow

SVT Evening Drinks Reception
Wednesday 26th November

Come and join the SVT at Citation restaurant for some of Scotland's finest in season cuisine as you unwind and catch up with friends and colleagues. Cocktails and nibbles will be available from 7:30pm to 9:30pm on a first come first served basis.

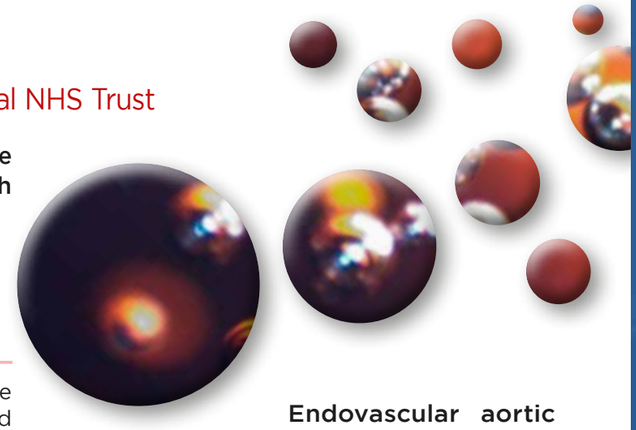
Anyone who would like to dine at citation can view the menu and book a table go online to http://citation-glasgow.com

And don't forget **The Vascular Society Annual Dinner** on Thursday 27th November

Dinner tickets cost £75 for VS Members and Guests, with a reduced rate for SVN and SVT members of £55. The ticket price includes the cost of a drinks reception, three course meal, and entertainment.

Bubbles

Mel Williams, Worcester Royal Hospital NHS Trust



Impact of psychological factors on objective ambulatory measures in patients with intermittent claudication

Torrent, D. J., Maness, M.R., Capps, T.C., Sears, S.F., Whited, A.L., Yamaguchi, D.J., Parker, F.M. and Stoner, M.C., 2014.Journal of Vascular Surgery, 60(3), pp.708-713.

This American study evaluated the difference in objective measures of ambulation and psychosocial factors in patients with intermittent claudication (IC) stratified by type D personality (or 'distressed'); this is a personality type which incorporates elements of social inhibition and negative affectivity introduced in 1995 by Denollet et al. During a 1-year period, routine history and physical examination, ankle-brachial index, and pulse volume recording were performed on IC patients. Questionnaires assessing type D personality and psychosocial factors were also collected. A 6-minute walk test (6MWT) was carried out; patients walked in a flat hallway for 6 minutes at their own pace or until their symptoms stopped them from exercising. Symptoms were assessed and distance walked was recorded. The association between ambulation and type D personality was assessed.

Seventy-one patients were enrolled with a mean age of 62.5 years and mean ankle-brachial index 0.55. Mean distance to symptoms was 83.7 m and a mean total distance of 206.5 m was recorded. Type D personality was present in 29.6% of the population (n = 21). On 6MWT, 83.1% of all patients developed symptoms, and 57.4% quit because of symptoms.

Analysis of objective measures of ambulation demonstrated lower distance to symptoms in the type D group and trends toward lower total distance walked and quitting the 6MWT. Results also showed increased odds of quitting the 6MWT and less total distance walked by an average of 33.2 m for the type D group.

It was concluded that despite equivalent demographic, medical, and psychosocial factors, the type D group was limited in ambulation, suggesting that type D personality is a strong predictor of disease impact in patients with intermittent claudication.

Reference: Denolett, J., Sys, S.U. and Brutsaert, D.L., 1995. Personality and mortality after myocardial infarction. Psychosomatic Medicine, 57, pp. 582-589.

Endovascular aortic aneurysm repair surveillance may not be necessary for the first 3 years after an initially normal duplex postoperative study.

Troutman, D.A., Chaudry, M., Dougherty, M.J., Calligaro, K.D., 2014.Journal of Vascular Surgery. 60(3), pp. 558-562.

Karthikesalingam et al (2012) has previously shown that duplex ultrasonography (DU) may replace computed tomography angiography (CTA) as the primary surveillance tool for endovascular aortic aneurysm repair (EVAR). Current Society for Vascular Surgery practice guidelines suggest that if CTA does not document endoleak, aneurysm sac enlargement, or limb stenosis by 12 months after EVAR, surveillance studies may be performed annually. The purpose of this study was to determine whether the time to the second surveillance DU study can be safely postponed to 3 years after EVAR if the initial study finding is normal. Between 1998 and 2013, DU surveillance was performed in an accredited vascular laboratory at 1 week, 6 months, and annually after 410 EVARs. Duplex ultrasound was used to measure sac diameter, intrasacendoleak peak systolic velocities (PSVs), and PSVs within endograft limbs. If an endoleak, limb stenosis, or increase in sac size was documented, DU surveillance was performed more frequently or CTA was performed, followed by intervention if appropriate.

Results from DU surveillance found 113 patients (28%) diagnosed with either endoleak or graft limb stenosis during the follow-up period. There were 95 patients (23%) with 118 endoleaks, of which 76% were type II. There were 18 (4%) patients with limb stenosis defined as PSV >300 cm/s. Intervention was performed in 32 (28%) of the 113 patients with endoleak or limb stenosis, or in 8% of the total group (32 of 410), during the follow-up period of 0.5 to 151 months. Only 2.2% of the patients (7 of 325) with an initially

normal finding on post-EVAR DU went on to develop endoleak or limb stenosis that required intervention during 3-year follow-up compared with 25% of patients (21 of 85) with an initially abnormal finding on post-EVAR DU.

Based on findings researchers suggest that follow-up DU surveillance can be postponed until 3 years after EVAR if the initial result of surveillance DU is normal (no endoleak, sac enlargement, stenosis), with minimal risk of an adverse clinical event.

Reference: Karthikesalingam, A., Al-Jundi, W., Jackson, D., Boyle, J.R., Beard, J.D., Holt, P.J.E. and Thompson, M.M. 2012. Systematic review and meta-analysis of duplex ultrasonography, contrast-enhanced ultrasonography or cuputed tomography for surveillance after endovascular aneurysm repair. British Journal of Surgery, 99(11), pp. 1514-1523.

Urgent carotid duplex and head computed tomography versus ABCD2 score for risk stratification of patients with transient ischemic attack

Ottaviani, M., Vanni, S., Moroni, F., Peiman, N., Boddi, M., Grifoni, S. 2014. European Journal of Emergency Medicine. [PDF online only] Available at: http://www.ncbi.nlm.nih.gov/pubmed/24849610.

The aim of this study was to prospectively compare the prognostic value of ABCD2 score, urgent carotid ultrasound (CUS), and unenhanced head computed tomography (UHCT) in patients presenting to the emergency department with transient ischemic attack (TIA). Ottaviani et al (2014) conducted a prospective observational study including consecutive adult patients with TIA. Each patient underwent ABCD2 score assessment, urgent CUS, and UHCT within 24 h from presentation. The primary outcome was the occurrence of ischemic stroke within 30 days.

The study included 186 patients with a median age of 75 years and a prevalent male sex (57.5%). During follow-up, 12 ischemic strokes (6.5%) occurred, four (7.1%) in patients with ABCD2 score less than 4 and 8 (6.2%) in those with a score of at least 4. An internal carotid stenosis of at least 50% consistent with the neurological deficit was found in 15 patients (8.1%), and it was associated with a high risk for stroke. An acute ischemic lesion consistent with the neurological deficit was revealed by UHCT in 15 patients (8.1%), and it was associated with a trend of increasing stroke risk. Patients without, with at least one, or with both positive imaging tests showed incremental stroke risk at both 7 and 30 days.

Researchers concluded that these simple imaging tests showed added prognostic value to ABCD2 score in TIA patients. It has been recommended that urgent carotid ultrasound together with unenhanced head computed tomography should be performed in all TIA patients regardless of ABCD2 score.

Forthcoming Study Days...

Fundamentals Of Vascular Ultrasound

The popular two day Fundamentals of Vascular Ultrasound study days will take place at Addenbrookes hospital, Cambridge, in January 2015. With presentations on the three basic modalities of vascular ultrasound, carotid, venous and arterial duplex plus lectures on ultrasound physics this two day event is aimed at trainees at the beginning of a career in vascular ultrasound but more advanced trainees hoping to sit the SVT theory exams in May 2015 may also find them a useful refresher or a kick start to exam revision. Registration will open on the SVT website at the beginning of November.

Theory Exam Preparation Days

The tutorial style theory exam preparation days will take place in March 2015, venue tbc. Using a format of small groups rotating around AVS tutors, covering all the segments of the syllabus, this well attended 2 day exam preparation course offers a chance to practice lots of sample questions. If you only plan to sit one of the exams in 2015 it is possible to register for just one of the revision days. Registration for these study days will open with exam registration on the SVT website in January 2015.

CPD Questions

Autumn 2014

The questions are from: Randomized Clinical Trial of Cutting Balloon Angioplasty versus High-Pressure Balloon Angioplasty in Hemodialysis Arteriovenous Fistula Stenoses Resistant to Conventional Balloon Angioplasty. Arafat Aftab et al. Journal of Vascular and Interventional Radiology.Volume 25, Issue 2, Pages 190-198

Questions

1. **Why are some venous stenoses resistant to conventional PTA?**
2. **How was suboptimal conventional PTA defined?**
3. **How many patients in each arm of the study (CBA and HPBA) were included in the final data analysis?**
4. **How many patients returned for their 6 month AV fistulogram?**
5. **Please supply a multiple choice question in relation to the Haemodynamics, Physiology and Fluid Dynamics part of the physics syllubus. The question must have 5 possible answers, the correct answer identified together with the source of the question (journal, book and page reference).**

Two CPD points will be awarded for answering questions 1-4 correctly AND for supplying a multiple choice question for the theory exams.

This journal article can be accessed from science direct using an Athens password.

Article reference: Journal of Vascular and Interventional Radiology.Volume 25, Issue 2, Pages 190-198

Please forward answers to:

Miss Siobhan Meagher,
Vascular Lab OPD3,
Royal Infirmary of Edinburgh,
51 Little France Crescent
EH16 4SA

Or: siobhan.meagher@luht.scot.nhs.uk. Emailed answers can be acknowledged at your request.

Closing Date: December 31st 2014

Answers to Questions for the Spring 2014 Newsletter

1. **Vibration Elastography, Acoustic Radiation force impulse imaging.**
2. **The samples allowed for appreciable visual contrast of the HIFU lesion in photographs.**
3. **The ASSE imaging technique is only sensitive to shear strains at boundaries, all other areas are suppressed and there tends to be an increase in the contrast visualization of these boundaries in the ASSE under these conditions.**
4. **ASE imaging contrasts the lesions core from the surrounding tissue.**

Spring 2014 Trainee Competition Results!

Congratulations to Jeny Anton from West Hertfordshire Hospitals NHS Trust for sending in the winning answer to the Spring newsletter trainee competition. A £25 book voucher is on its way to you!

Questions

A doctor reports hearing a bruit in the neck of a patient who has had a possible TIA:

1. Define what a bruit is and explain the type of flow that causes it.
2. You examine the patient with ultrasound and find that there is only mild disease in the carotid arteries. What might explain the bruit and what would you look for to show if your possible explanations were right?
3. Given that the density of blood is 1060kgm^{-3} and its viscosity is 4mPas, you measure the diameter of the common carotid artery and find it is 6mm. At what velocity might you expect the blood flow to become turbulent?

   Reynolds number $Re = \frac{2rpv}{\mu}$

Answers

Provided by Jeny Anton, Trainee Vascular Scientist , West Hertfordshire Hospitals NHS Trust

1. A bruit is a flow disturbance caused by the dissipation of the kinetic energy stored within high velocity jets which through very tight stenosis can set up vibrations in the adjacent soft tissue and produce an audible bruit.

   In simpler terms, a bruit is an unusual sound that is heard when blood passes past an obstruction and is therefore associated with turbulent flow.

2. The bruit could be explained by the tortuosity, coils and kinks of the carotid arteries which can cause turbulent flow. For this you would look at the anatomy of the carotid arteries in B-mode and could examine the flow with colour Doppler. In patients post endarterectomy a bruit might be heard due to the dilation of the artery after plaque removal.
   Similarly an aneurysm of the carotid arteries could produce an audible bruit due to the dilation of the artery. True carotid aneurysms however are extremely rare and the most frequently reported site of aneurysmal formation is the CCA. Less are found in the ICA and ECA.

   An arteriovenous malformation of the carotid arteries or external compression of the subclavian artery from thoracic outlet syndrome could also explain the bruit as they press on the artery causing a diameter reduction and so turbulent flow.
   The auscultatory sounds associated with the bruit may also originate in the heart (e.g. a murmur from a stenosed aortic valve could radiate to the neck). This could be checked with a stethoscope by a doctor or asking the patient about his medical history. Abnormal waveforms in the carotid arteries could also give an indication of heart problems.

   Interestingly a carotid body tumour located between the external and internal artery doesn't normally cause flow disturbances within the carotid vessels unless they grow so large as to cause severe compression of the carotid arteries and so might result in bruit to be heard.

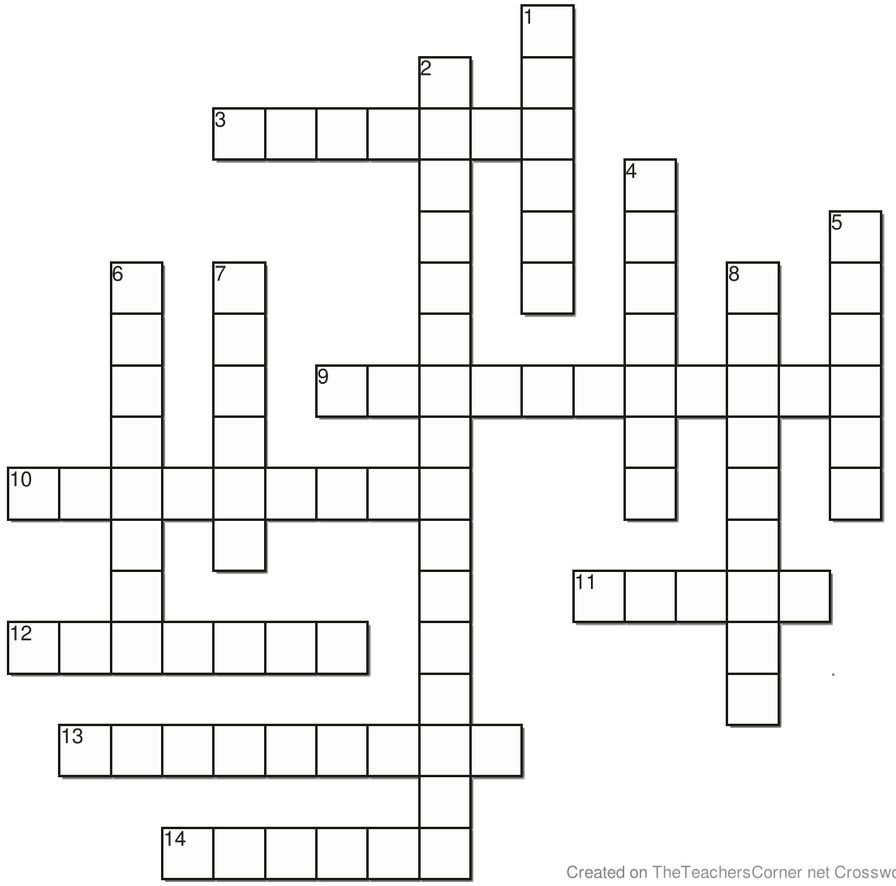
   External carotid artery disease can also cause a bruit.

3. 1.26 m/s

Famous Names

All the answers are 'famous' medical surnames.

There are no hyphens or spaces in the answers.



Created on TheTeachersCorner net Crossword Maker

Across

3. Austrian physicist proposed this effect in 1842.
9. Cholesterol rich plaque in opthalmic artery named after American opthalmologist.
10. Swedish radiologist who introduced a technique of safely accessing blood vessels using a guidewire in 1953.
11. This person performed the first cerebral angiogram in Lisbon in 1927.
12. American surgeon intorduced this embolectomy catheter in 1961.
13. The communicant vein between the GSV and SSV is named after this Italian anatomist.
14. English physician, 1578-1657, known for describing the circulatory system.

Down

1. French pediatrician first described this connective tissue disorder in 1896
2. French doctors first described this condition in 1900 using the term 'naevus vasculosis osteohypertrophicus'.
4. German physician after whom the triad of pathogenesis of venous thrombosis is named.
5. Scottish, made surgeon to King George III in 1776.
6. English physiologist known for his hypothesis descrining fluid movement across capillary walls.
7. English physician, 1621-1675, known for his research into the anatomy of the brain
8. Belgian anatomist often referred to as founder of modern human anatomy 1514-1564.

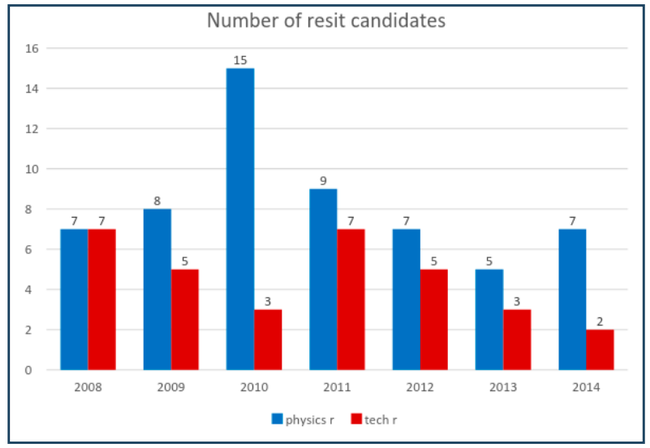
Autumn Trainee Competition!

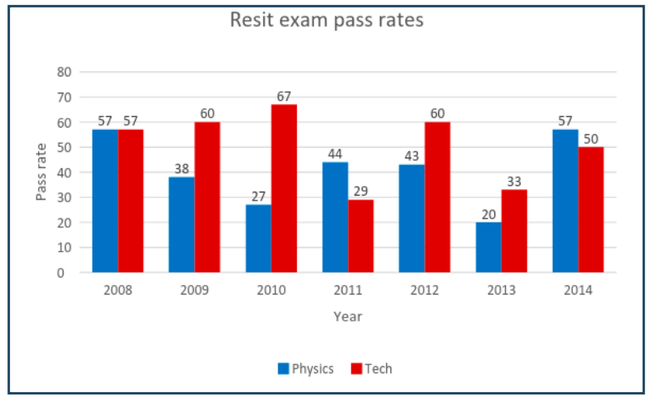
This is open to all trainees who are members of the SVT. The closing date is Friday 16th January 2015 and the education committee will choose the best entry. The winner will receive a £25 book voucher and have their answers printed in the Spring newsletter. Please send your entries to Tracey Gall (tracey.gall@ivs-online.co.uk).

A 25 year old female patient is referred by the vascular consultant for a right upper limb arterial duplex scan. The referral card states the patient has been experiencing tingling and discolouration in the fingertips of the right hand.

1. **You take a history from the patient. What questions might you ask the patient about their symptoms?**
2. **What possible pathologies might be causing the patient's symptoms?**
3. **Describe a scan protocol you may use for the upper limb arterial assessment and any other physiological tests you may decide to use to assess the patient.**

2014 Resit Exam Summary





In May 2014, there were 39 registrations for the physics exam and 26 for the technology exam. The pass rate was 59% and 58% for the physics and technology papers, respectively.

Of the 16 registrants who failed the May physics paper, 7 chose to re-sit the exam in September with 4 passing the exam at the second attempt. There were 2 registrants for the technology re-sit with only one candidate passing.

The two charts show the numbers of registrants choosing to re-sit the exams in the last 7 years and the pass rate for those years. 2013 had the lowest numbers of candidates choosing to re-sit the exams and also the lowest pass rates.

Feedback from the exam preparation days suggested that some members would prefer lecture style revision days rather than the small tutor group approach currently used. The two day fundamentals of vascular ultrasound course will be held in January at Addenbrookes and may be useful to those wanting a refresher course before their exams

as well as those new to vascular ultrasound. The popular exam preparation study days will be held in March 2014 (venue tbc). As always we need AVS to help lead the study day sessions (CPD awarded) so please contact Tracey Gall if you would like to be involved. Registration will open on the website in January.

The SVT needs you!

We currently have the following vacancies on the SVT executive and education committees for 2015:

Executive Committee:

- **Vice President**
- **Conference Secretary**
- **Membership Secretary** – this role involves processing new membership applications, membership renewals and maintaining the membership database. A job description for this role is available on the SVT website.

Education Committee:

- **BMUS/Venous Forum Representative** – This role involves being the main contact for the SVT with the Venous Forum and BMUS and to create awareness of Venous Forum and BMUS activities/events amongst the SVT membership.Co-ordinate vascular ultrasound symposium content and speakers as part of annual Venous Forum Spring Meeting (currently on a biennial basis) and for the annual BMUS Scientific meeting.A job description for this role is available on the SVT website.
- **Study day Co-ordinator** – this role is one of a team of two who are involved inorganising SVT study days, from concept to completion, and assisting with other SVT events where required.

The SVT relies on the good will and dedication of its members to support and promote the development of our profession. Although we are a relatively small society we have always been extremely fortunate to attract new enthusiastic and willing volunteers every year to help run and influence our society. This continual cycle of refreshing our committees and working groups ensures that there is always an assortment of opinions, skills and knowledge leading our profession into the future.

Typically members attend 3-4 meetings per year in London (expenses are paid). Being involved is interesting, great team work and a really fantastic opportunity to make new contacts and learn from colleagues.

Please email your expressions of interest indicating any preference of role to newsletter@svtgbi.org.uk for executive committee roles and Tracey.Gall@ivs-online.co.uk for education committee roles.

Executive Committee Meeting Summary

September 2014

Matters arising

There are a number of available roles on the SVT exec and education committees for 2015. The roles to be filled are membership secretary, conference secretary, VP, study day co-ordinator and BMUS/Venous Forum rep. These roles will be advertised to members via email and the next newsletter. Teresa Robinson suggested that the past president role within the National School may be better as an education committee role.

Conference

Emma Waldegrave has worked hard to put together a great programme for this year's annual scientific meeting. There will be a student session, professional issues talks, several guest lectures and a scientific session. There were low numbers of students submitting this year for their session and it was suggested that they have a particularly heavy workload in August and contact should be made with the students earlier next year (May/June) to allow them to prepare.

The advanced training session on renal artery and AVF has also been organised for the Tuesday afternoon of the VS. A flyer has been distributed locally to patients to help with the demonstration, expenses will need to be paid to volunteers. Two banners have been ordered to provide better signage and can also be used at future events.

Registration for the conference is now open and the closing date has been revised to Monday 17th November. The facility to invoice for the costs of the conference of available although has to be requested by email, members will not be registered unless payment is received in time.

Membership

There are 432 active members of the SVT (418 ordinary, 5 associate, 6 honorary and 3 special interest group). As of 21st September 260 members have renewed their membership (157 AVS). 166 members who had membership for 2013/2014 are yet to renew (of these 62 are AVS). There have been some problems with renewal this year due to website errors/problems which are being followed up with Ian. Jess Mathcan is leaving the role of membership secretary, the role has temporarily been covered by Jacqui George until a new member volunteer has been recruited to the role.

Website and Advertising

There are currently several documents which are still unavailable on the website. The membership and CPD sections of the website are functioning. Four jobs were advertised via the website inthe last three months. Links are to be added to the website to the Academy IQIPS, National School etc rather than documents.

Treasury

The SVT currently have £42,366.50 in the current account and £86,568.88 in the reserve account. Several job adverts awaiting payment, these are all quite recent, therefore, no reminders sent out as yet. Accounts being completed and sent to the accountant for auditing so the Charitable Commissions paperwork can be completed before the new treasurer takes over.

Newsletter

The Summer edition of the newsletter was dispatched however some previous members of the SVT received a copy and some current members received two copies, this will be discussed with the vascular office. The cost of the newsletter was questioned at the previous meeting and as a result members will be balloted at the AGM to find out if they would still like a printed copy of the newsletter or if they would prefer an electronic version.

Education

There were nine resist students, 2 for the technology paper and 7 for the physics. One passed the physics and 4 the technology. No questions were removed from the physics exam following review, 4 were removed from the technology paper however this did not affect the pass rate. Nine members have passed the AVS and there are four pending.

Requirements for re-accreditation were discussed at the last education committee meeting and it was suggested that the theory exams would have to be re-sat however scan numbers would not be required but a reference from the manager/supervisor of the applicant would be required to document that they are ready to sit the practical. The accreditation document is to be amended to reflect this.
The advanced study day is in October and some speakers are still to be finalized. A video of the procedure (CEUS) was commissioned due to the ethical issues of a live demonstration.

The fundamentals study days are to be arranged for January and no date for the exams has been set as yet. The CPD audit was delayed due to problems with the website. The education committee discussed at their last meeting how reflective practice would incorporated into the CPA area of the website. A template similar to that used by IPEM may be used. Reflective practice is to be introduced in the next CPD year. The committee also discussed the STP and timings for the practical exam, the accreditation document requires three years scanning and it was discussed whether this could be revised to just be a requirement for scan numbers. There is now an STP rep on the education committee.

Professional Standards

NICE: The SVT were asked to formally support the varicose vein quality standard guidelines.

NICE were asking for Public health topics for consultation: MS stated that Nicola Sedgwick submitted a proposal for the inclusion of RSI (at the request of Crispian Oates) before she left committee. MS has followed up on this; the topic has not been adopted yet.

GEKO: GEKO device guidelines have been published. Guidelines recommend use on patients in which no other forms of

mechanical DVT prevention are able to be used.

VASBI: Significant progress has been made by RC in reconnecting with VASBI. The current chair of VASBI Dr Nicholas Inston has responded to emails and is keen to get RC involved as an SVT representative. Richard is to attend the VASBI AGM in September, he is to meet with some other sonographers involved with scanning (and part of VASBI) and produce a presentation based on this. The PSC has been asked to provide assistance with a review of carotid services at an NHS trust. It was discussed that this would involve a visit and written report and would require a consultancy fee to the SVT.

BMUS Website group: MS has been contacted to ask if the SVT would help with the policies and guidelines on the BMUS website. MS has said that we would, but not yet heard back from BMUS. ICEPSS Consultation: The ICEPPS accreditation standard for Clinical Engineering and Physical Sciences Services document was reviewed by the committee. Feedback is to be provided by MS on behalf of the SVT.

HSST

The final version of the HSST curriculum is now completed.

AHCS

The Physiological Sciences – Joint Speciality Group met in June. They discussed appointment of a new chair, division of the groups for each speciality and the broader purposes of the group.

NSHCS

It has been a very busy time recently for the School, finalizing the last section of the STP and the OSFAs taking place. Teresa Robinson reported that there had been good contributions from members for the OSFAs. The themed board will require a new member and TR has been asked to stay on to hand over.

Circulation Foundation

The Circulation Foundation has been working on new strategies for fundraising and Vicky Davis reported that there would now be two grants available of £2000. These are open grants, unlike previously they are open to all research and not just the MSc students. The timeline for the CF awards has not yet been decided however it was suggested that these be promoted at the ASM with a later deadline. There will no longer be a vascular awareness week and the plan is to host events throughout the year. The CF has produced new patient information leaflets and these will possibly be showcased at the ASM. The best paper award of £500 for the ASM is still available.

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