

2018 Mid-Atlantic Conference
8th Annual

Current Concepts in Vascular Therapies

Keynote Address

History of Vascular Surgery

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Clinical Professor of Surgery, EVMS, (Ret.)
Chief of Vascular Surgery, EVMS, (Ret.)

Acknowledgements

RJD

Program Committee

Exhibitors

Sentara

RE-ASSURANCE:

This will NOT be
another boring history talk

Consider:

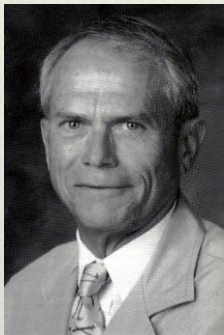
I find myself “filled with pride” re: hx VS

1. There are no “fuddy-duddies” in this group of surgeons
2. No stuffed shirts
3. Our heros are:
 - A. Dynamic
 - B. Dramatic

Aside: can you imagine the courage it took Fogarty to pass the first prototype balloon catheter down a thrombosed artery?

How will this HISTORY TALK
be different?

History Project Work Group



**William H.
Baker, MD**



**Kenneth J.
Cherry, MD**



**Mark K.
Eskandari, MD**



**Roger T.
Gregory, MD**



**Melina R.
Kibbe, MD**



**Walter J. McCarthy, MD
Work Group Leader**



**Peter F.
Lawrence, MD**



**Richard A.
Lynn, MD**



**James O.
Menzoian, MD**



**William H.
Pearce, MD**

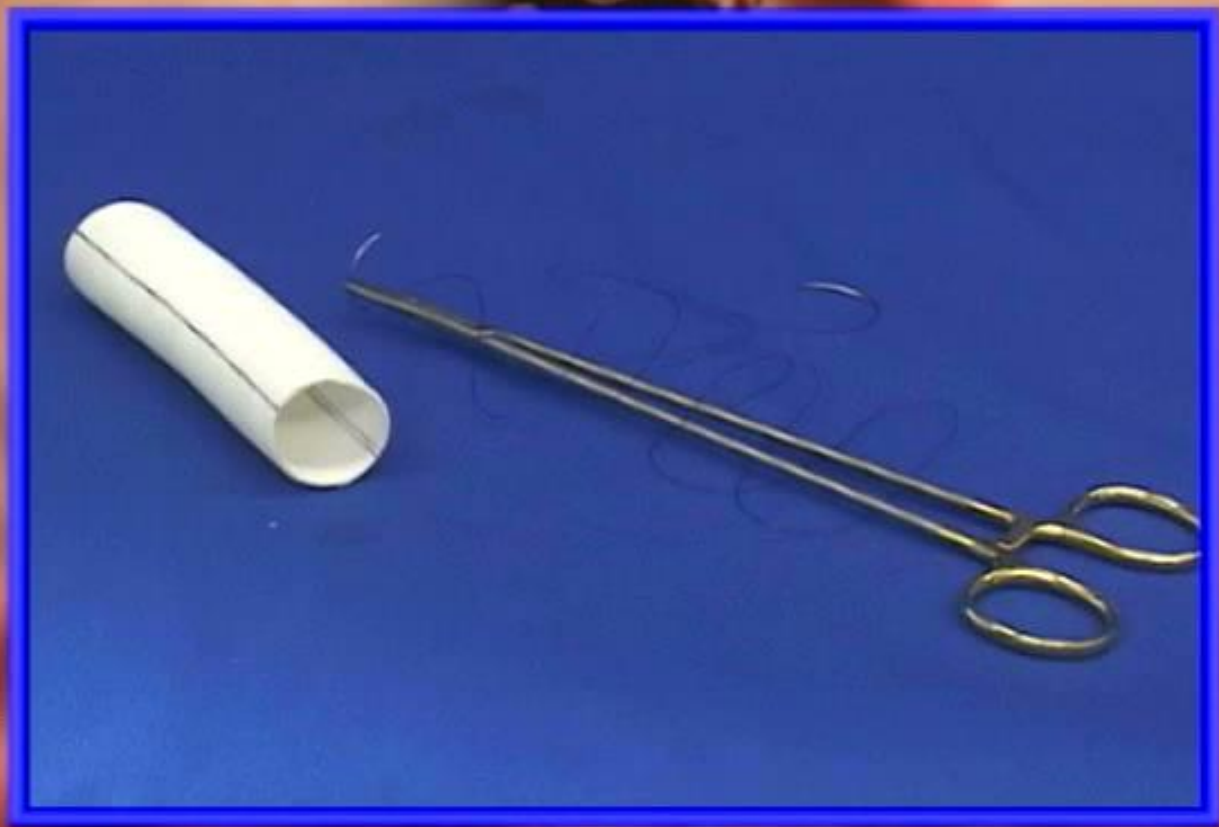


**Norman M.
Rich, MD**



**James S.T.
Yao, MD**

- No dry bones
- Instead, actual face-to-face interviews



Put this into context of three (3) ERAs:

Era I - Indirect -- Reparative Surgery
(18th and 19th Century)

Era II - Direct Arterial and Reconstructive Surgery
(1946—began with endarterectomy by Dos Santos)

Era III –Endovascular Surgery

Candidates for SVS Committee Interview

Were these people different? YES!

Characteristics:

1. Energy
2. Focus -- almost single-minded
3. Persistence
4. Luck
5. Right time/right place

Always “PATIENT-CENTRIC”
NEVER motivated by fame or fortune

Footnote to ERAs II and III

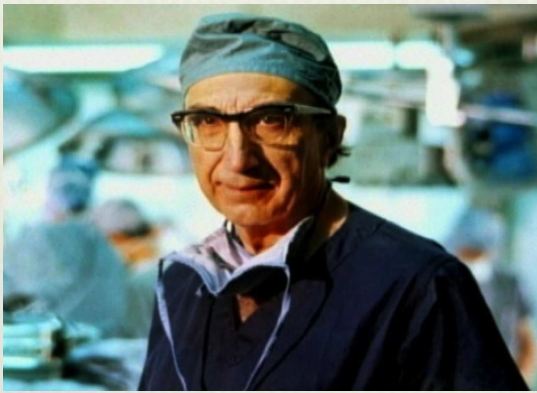
Prior to WWII, VS (for what it was)
was led by European surgeons

Note: MED went to Europe to complete his training.
After WWII, however, America rose to prominence
and leadership

One dominant figure in modern Vascular Surgery



Michael E. DeBakey, MD



Michael E. DeBakey, MD

1. “...he did it all.” – he had a hand in every facet
2. Motto: “Attention To Detail”
3. Drove trainees to absolute limits – insisted on the best from everyone
4. Recognized the “patchy” nature of ASO and its patterns
5. Recognized the importance of the dacron graft
6. Invented the roller pump, but more importantly ALL the instruments needed for Vascular Surgery

TURN OF THE CENTURY

KEY EVENTS THAT ALLOWED Vascular Surgery to HAPPEN

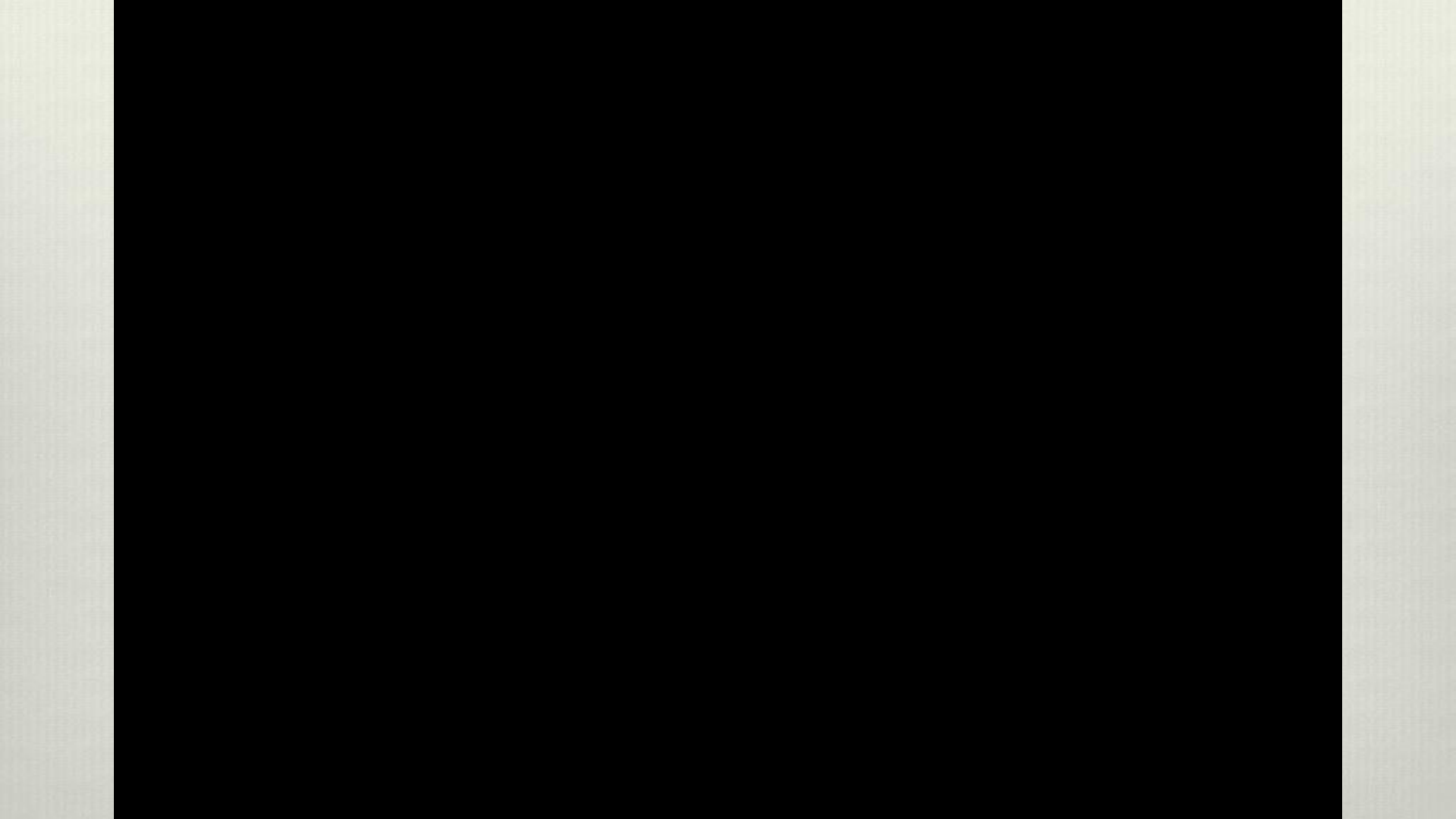
- 1 . ANESTHESIA
2. CONTROL of SEPSIS

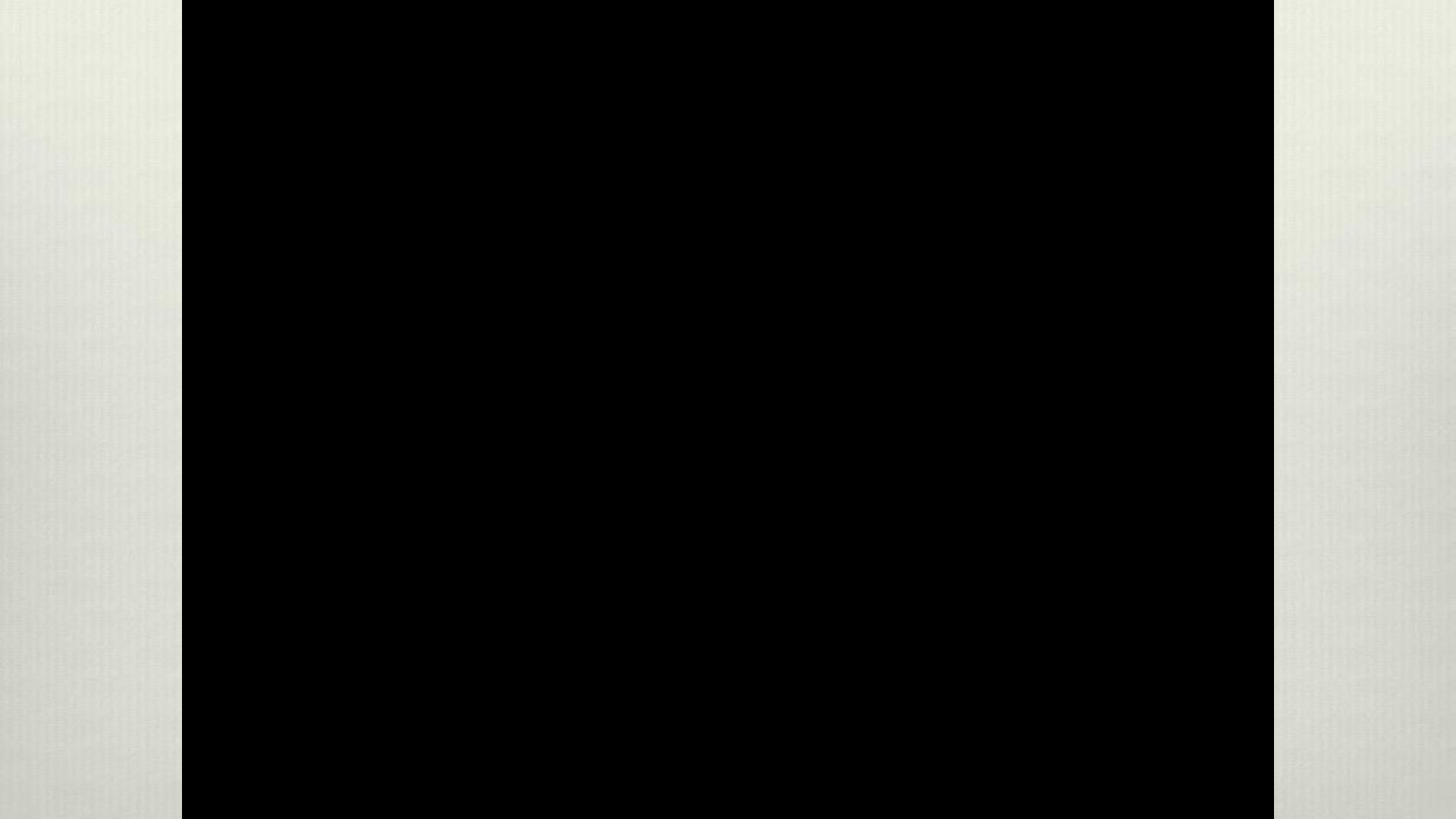
So, now the stage was set ...

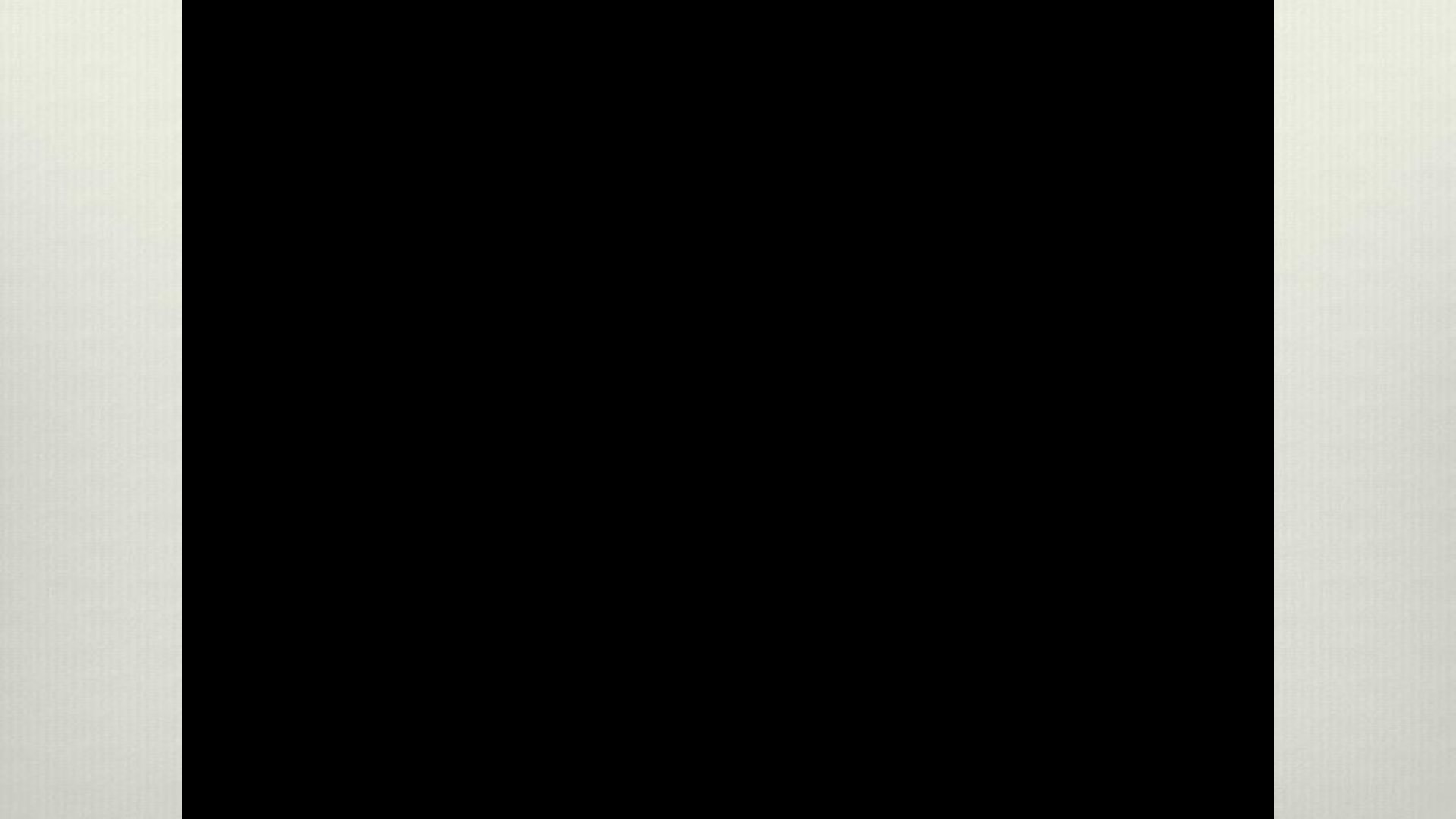
Most important events:

- 1 . Dacron graft -- Voorhees
2. Fogarty catheter
3. Non-invasive testing – Yao
4. Endovascular -- Parodi

Let's talk to these GIANTS







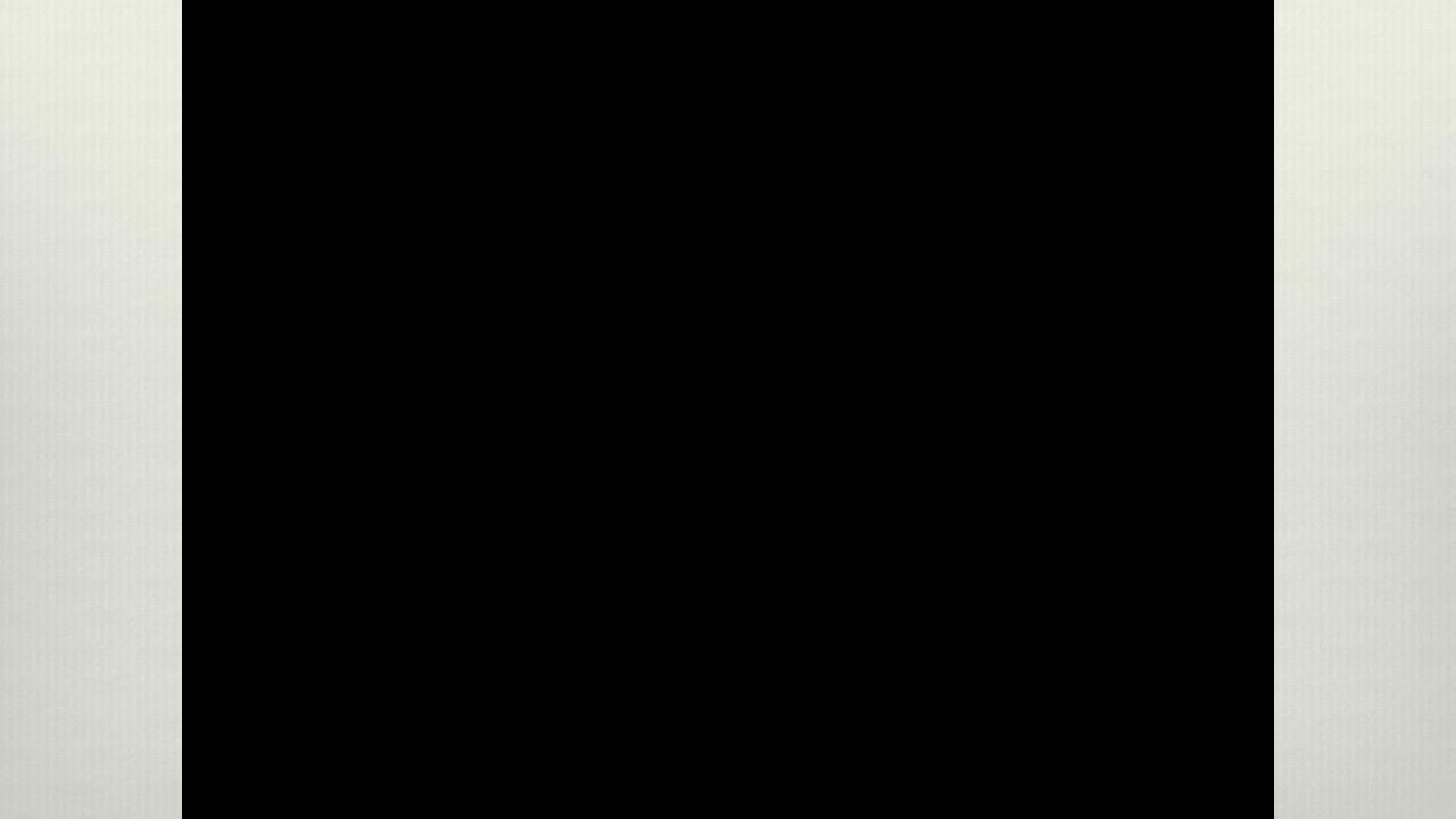
Both Dr. Fogarty and Dr. Parodi submitted papers for publication describing their innovative techniques.

Both were initially rejected.

Lazar Greenfield, MD

Development of
the Vena Cava Filter

Innovation occasionally requires
collaboration across disciplines
with experts from other industries.



POLITICS: Yes, POLITICS!

VASCULAR SURGERY was/is the object of attack from many other sub-specialties:

1. Gen Surgery
2. Card-Thor Surgery
3. Cardiology
4. Radiology

Several specialties had split from the ABS (NS, TS, PS, etc) – so there was a precedent. But with VS, the ABS resisted our bid for independence.

The leadership said “NO” and we remain under the ABS.

Excellent review @ Annals of Vasc Surg Nov 2016.

Long term assessment of endovascular:

Are we “short changing our patients”?

