



INTERVENTIONAL INFORMER

Summer 2018

LETTER FROM THE PRESIDENT

By: Kristen L Welch, RT, R, VI, FAVIR
President



The Annual Scientific Meeting is one of the most exciting, and even emotional weeks of the year for me. I get to spend an entire week with peers that all share the same unique passion, interests, and challenges that I do. Throughout the week we have the opportunity to learn, ask questions, share new ideas and

concepts with one another, and gain new perspectives from colleagues across the globe. I always feel a sense of dishearten when the meetings over and I have to return home. However, I feel reenergized with new ideas to take back to my institution and the AVIR.

Our organization continues to strive to be the organization of choice for technologists with a special interest in Interventional Radiology. Myself and the rest of our Board of Directors are already busy at work to invoke change within our organization and the opportunities available to you, our membership. I am elated to transition into my new role as President of this organization. I am very excited about our incoming Board of Directors this year and am confident that we will positively affect this organization

and our field through our mission; "To collaborate with technologists, to grow their passion for Interventional Radiology, strengthen their commitment to patient care, and lead them in their pursuit of continued learning." A goal of ours for the year is to increase our collaboration with our esteemed colleagues in IR by reaching a broader scope of members and other allied health professions and organizations being led by our Outreach Committee. Our Education Committee led by our Vice President, Mike Kelly will continue to provide relevant and novel educational offerings to our membership. We've created a VI Education Pathway Committee that is collaborating with leaders from the Society of Interventional Radiology to standardize the education that is available to all technologists throughout the country.

Inside Summer 2018 | David S. Douthett, RT(R)(CV), Editor

- | | | | |
|---|-------------------------------|---|---------------------------------|
| 2 Buy fresh, buy local. | 8 Continuing Education | 15 Upcoming Meetings | 18 SIR 2018, Los Angeles, |
| 3 Using "Sports Psychology" to Excel
in Your Workplace | 9 Award of Excellence | 16 Pedal Loop and Its Critical Importance
in Complex CLI Interventions | California—AVIR Product Review |
| 4 Attend the Radiologic Society of North
America's 104th Scientific Assembly | 9 AVIR Fellowship Award | 18 Spotlight On: Critical Limb Ischemia
Global Society | 20 2018-2019 Board of Directors |
| 4 AVIR Scientific Annual Meeting Update | 10 2018 Chapter Happenings | | 26 Sponsors |
| | 14 Poster Abstract Highlights | | 27 Membership Application |

BUY FRESH, BUY LOCAL.

By: Alisha Hawrylack RT(R)(VI)



For our family, the return of summer marks the return of the farmers market, and the chance to buy local.

For many of us, the idea of shopping locally owned businesses has moved from a passing trend to a way of life. Investing in local business allows us to invest in our friends and neighbors,

and brings our unique and individual products and talents into our communities.

The notion of local investment continues to inspire the AVIR as well. The partnership we share with our members allows us to tailor high level educational resources to the local needs of our members. The insight and feedback we receive from our membership to a large extent influences the AVIR and our educational offerings.

Membership into the AVIR ensures access to world class lectures provided by leaders in our field, delivering relevant continuing education credits that are centered on current products, research, and innovation. In addition, the resources for the VI Board review, and conference exposure through both local chapters and the annual SIR meeting present our members with a tremendous opportunity to network, learn from each other, and have fun together enjoying our Soiree at the annual meeting. Your voice as a member will help tailor these educational and networking offerings. Contact a member of the Board, and tell them what lectures, conferences, or resources we can provide to your group to meet their individual needs.

I encourage you to shop local this summer; partner with the AVIR through membership to ensure that our innovation, talent, voices, and products, are utilized where they are most needed; in our communities, taking care of our patients.



BTG

BTG is a global healthcare company focused on Interventional Medicine. Our innovative medical technology helps physicians treat their patients through minimally invasive procedures. We have a growing portfolio of products that advance the treatment of cancer, vascular conditions and severe emphysema.

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USING “SPORTS PSYCHOLOGY” TO EXCEL IN YOUR WORKPLACE

by: Dana Bridges Kanfoush



What can you learn from elite level athletes that can help you in your workplace? A lot more than you think! The basic tenets of “sport psychology”

which are used regularly by Olympians and professional athletes from a variety of sports can be applied to help you “perform” at the “top of your game” every day you set foot into your place of employment. Let’s look at a few techniques that can help you.

1. Understanding the Problem

The cure of any problem starts with first understanding and accepting that there is one. Unlike other physical problems, mental disturbances are hard to diagnose. You may be losing or gaining weight, experiencing disturbed sleeping patterns or feeling nausea and may not immediately link them back to psychological stress. Workplace stress can really take a hard toll on the mind, the constant pressure to do better or face challenges (including difficult coworkers or patients) can be very difficult. And just like excess in exercise or strenuous physical activity can strain your body, over-worrying can do the same to your brain. To cut this stress off at the pass, you need to reevaluate yourself and see if you are putting too much pressure or stress on your brain regarding your performance at work. Work to understand a problem is one step closer to resolving the root cause.

2. Visualization

Visualization can help you “see” how you want things to turn out long before you’re actually in the situation. You can practice how you want to address a stressful challenge so you can feel prepared to deal with the problem head on. Regularly “practicing” before you ever get into a meeting or confrontation will help you stay focused and feel prepared.

3. Motivation

You will be facing failures and successes on your journey no matter what field of work you belong to but especially in the world of medicine. Hospital employees are always expected to perform at the highest level, every day, all of the time, no exceptions. So how do you keep motivating yourself in times of positive outcomes and in times of difficult cases? A good way is to have a phrase that resonates with you. One of my favorite people, Dr. Jim Caridi, chief of IR at Tulane Medical Center, uses quotes from the “Rocky” movies. Here’s a quote from a poster that hangs in his office:

“Let me tell you something you already know. The world ain’t all sunshine and rainbows. It is a very mean and nasty place and it will beat you to your knees and keep you there permanently if you let it. You, me, or nobody is gonna hit as hard as life. But it ain’t how hard you hit; it’s about how hard you can get hit and keep moving forward.” Rocky Balboa

Do what you need to do in order to stay motivated because it’s critical to your success in medicine.

4. Routine

Preparing yourself is very important so it is essential to have a routine that you are comfortable using daily. What can you do every day to be mentally and physically prepared to face your caseload? Understand what works for you and try to follow that routine. Listen to music if that relaxes your muscles or sing in the shower, whatever it takes. Nobody can understand your body and your mind better than you, so follow a routine that respects and heeds those needs.

An unsettled mind can lead to sleep disturbances, fatigue, muscle tension or depression which eventually affect your behavior at work. In the midst of your daily activities, apply these “sports psychology” techniques on a regular basis so you can stay focused at your workplace and centered in your personal life at home. Strengthening your “mind” on a regular basis will not only lead to more productive results but will also help you enjoy the journey, too. Best of luck!

ATTEND THE RADIOLOGIC SOCIETY OF NORTH AMERICA'S 104TH SCIENTIFIC ASSEMBLY

By: Kristen L Welch, RT, R, VI, FAVIR



Did you know that there are courses designed at the Radiological Society of North Americas (RSNA) Annual Scientific Meeting that are specifically designed to meet the needs of

radiologic technologists? I have the privilege of sitting on the Associated Sciences Consortium that is responsible for developing educational programs targeted to the 11 associations that represent various disciplines throughout

Radiology. These associations include:

The Association for Medical Imaging Management (AHRA)

American Institute of Architects-Academy of Architecture for Health (AIA-AAH)

American Society of Radiology Technologists (ASRT)

Association of Educators in Imaging and Radiologic Sciences, Inc (AEIRS)

Association of Vascular and Interventional Radiographers (AVIR)

Canadian Association of Medical

Radiation Technologists (CAMRT)

College of Radiographers (CoR)

International Society of Radiographers & Radiological Technologists (ISRRT)

Radiology Business Management Association (RBMA)

Section for Magnetic Resonance Technologists-International Society for Magnetic Resonance in Medicine (SMRT-ISMIRM)

Society of Nuclear Medicine-Technologists Section (SNM-TS)

AVIR SCIENTIFIC ANNUAL MEETING UPDATE

Samantha Kobeissi MPH, RT (R) (VI)



We want to thank everyone who attended our annual meeting in LA! We hope you found it as informative as we did! Just a little recap on the topics that were discussed at the annual

meeting: endoleaks, pediatric IR, chronic limb ischemia, fallopian recanalization, neurointervention, prostate artery embolization, 3D applications, dialysis intervention, IVC filters, and the IR twitter community. Our Gold Medal lecturer, Dr. Wael Saad, presented the topic on roles of IR technologists and splenic artery embolization.

A wide range of topics was addressed and provided a diverse learning opportunity to our IR technologists. This year, we offered a Hackathon workshop that

was lead by IR technologists Kristen Welch and Rob Sheridan along with Dr. Sarah White and Dr. Clifford Weiss. This workshop presented issues that arise in the IR procedural area and gave the opportunity to IR technologists to work together in finding ways to resolve these issues. A VI board review that was lead by IR technologists Alisha Hawrylack and Erin Hartnett was also held in preparing IR technologists for their upcoming boards.

We had a great turnout for poster presentations! A nice range of topics pertaining to IR cases and studies were presented. Our first place winner for the Educational category, Erin Shields, presented a poster on IVUS Guided Inferior Vena Cava (IVC) Filter Placement. Our first place winner for the Scientific Category, Julie Orlando, presented a poster on Genuiculate Artery Embolization (GAE) for Osteoarthritis related Knee Pain.

All the posters displayed a tremendous amount of work. We thank everyone who entered for a phenomenal job!

The annual meeting held in Austin, TX of 2019 will display objectives that target key topics we see on a daily basis in our interventional radiology suites. Highlighting fun and intriguing cases along with topics that pertain to our everyday IR workday will be presented.

Associated Sciences Courses at RSNA 2018

Sponsored by the Associated
Sciences Consortium

Monday, November 26

MSAS21 8:30 AM - 10 AM

Evolving Imaging Methods for the Cancer Patient - Part 1

Kristen Welch, RT (*Moderator*)
William A. Undie, PhD, RT (*Moderator*)

A: Advances in Liver Directed Therapy
Michael C. Soulen, MD

B: Combination Ablative Therapies
Alexios Kelekis, MD, PhD

**C: Introduction to MR-Guided Focused
Ultrasound**
Sharjeel Sabir, MD

MSAS22 10:30 AM - 12 PM

Evolving Imaging Methods for the Cancer Patient - Part 2

Nancy McDonald, MS (*Moderator*)
William A. Undie, PhD, RT (*Moderator*)
Katie Tucker, BS
Bernie McKay

MSAS23 1:30 PM - 3 PM
**Global Initiatives and
Relief Efforts**

Catherine Gunn, RT (*Moderator*)
**A: A Multidisciplinary Approach to Global
Radiology Outreach: RAD-AID's
Experience**
Karyn A. Ledbetter, MD

**B: Healthcare Aid in Africa: A Volunteer's Ex-
perience with Mercy Ships**
William Creene

MSAS24 3:30 PM - 5 PM

Commitment to Safety: Providing Effective & Efficient Imaging Services

Craig St George, MS, ARRT, RT (*Moderator*)
Jody Erickson, ARRT, RT
Andre Brown, ARRT, MA
Andrew Bowman, MD, PhD
Adam Rubin, ARRT, RT

Tuesday, November 27

MSAS31 8:30 AM - 10 AM

Radiology Safety: Effective Strategies in Patient Care

Kendra Huber, RT, BS (*Moderator*)
JoAnn Balderos-Mason, PhD, RT (*Moderator*)

**A: Radiation Safety and Protection in
Diagnostic Imaging**
Steffen Sammet, MD

**B: MR Contrast Media Safety:
Identifying Stability**
Matt Rederer, BS, RT

**C: MRI Safety Made Complicated
and Dangerous**
Mark A. Smith, MS, ARRT

MSAS32 10:30 AM - 12 PM

Understanding the Critical Relationships of Quality, Experience, and Performance for Effective Imaging Services

Morris A. Stein, BArch (*Moderator*)
William A. Undie, PhD, RT (*Moderator*)

**A: Planning and Physical Implications
through Data, Modeling, and Vision**
Carlos L. Amato

**B: The Changing World of How Clinical
Support Systems Impact Quality and
Delivery of Care**
Melody W. Mulaik

**C: Lessons Learned in Adopting Clinical
Decision Support Systems**
Ernesto A. Cerdena, PhD

MSAS33 1:30 PM - 3 PM

Building the Management "A Team"

Patricia Kroken (*Moderator*)
**A: Managing at the Tip of the Spear:
Radiology Practices Face Turbulent Times**
Robert Still

**B: Partnering with Your Administrator to Lead
Enterprise Initiatives: How to Be at the Table
and Not on the Menu**
Chris Tomlinson

MSAS34 3:30 PM - 5 PM

The Importance of Radiographer Led Research: Growing the Evidence Base

Charlotte Beardmore, MBA (*Moderator*)
Dimitrios Katsifarakis, MSc (*Moderator*)

**A: The Impact of Radiographer Led Research:
A Case Study from the UK**
Louise Harding
Paula Evans

**B: Shifting the Paradigm of Medical Imaging:
How Imaging Can Drive Innovations in Patient
Care (A Canadian Experience)**
Paul Cornacchione, BSC

This live activity has been approved for *AMA PRA Category 1 Credit™*. RSNA is an ARRT®-approved Recognized Continuing Education Evaluation Mechanism Plus (RCEEM+) and will provide Category A+ continuing education credits for technologists and radiologist assistants.

Registration Information

Registration is required to attend the Associated Sciences programs at RSNA 2018. To register visit RSNA.org/Register.

Advance discounted registration for the RSNA annual meeting ends Friday, October 26, 2018. Register now to get the hotel of your choice.

If you would like a copy of the published Associated Sciences Brochure, please call 1-877-776-2227.

Sponsoring Organizations

- AHRA: The Association for Medical Imaging Management
- American Institute of Architects – Academy of Architecture for Health (AIA-AAH)
- American Society of Radiologic Technologists (ASRT)
- Association of Educators in Imaging and Radiologic Sciences, Inc (AEIRS)
- Association of Vascular and Interventional Radiographers (AVIR)
- Canadian Association of Medical Radiation Technologists (CAMRT)
- The College of Radiographers (CoR)
- International Society of Radiographers and Radiological Technologists (ISRRT)
- Radiology Business Management Association (RBMA)
- SMRT: Society for MR Radiographers & Technologists
- Society of Nuclear Medicine and Molecular Imaging - Technologist Section (SNMMI-TS)



AVIR

As the continuing education guidelines for imaging technologists continue to evolve, the AVIR promises to provide **more** to our membership to meet these needs through:

- Monthly updated Directed Reading Journal CEs
- Unlimited Access to webinars through our partner, Medlantis
- FREE monthly CE credits through Medlantis
- AVIR Annual Meeting (30+ CE credits)
- NEW- Online VI Board Exam Review and Mock Registry
- Regional Meetings and VI Board Reviews
- Quarterly Newsletters with Interventional Radiology's hottest topics
- Discounted Conference Registration Through our Partner Associations Like: ISET and GEST
- Professional Networking
- Local Chapter Events - AVIR has several active State Chapters throughout the US!
- Monthly Educational and Annual Meeting Emails
- Our credits will meet the NEW coded ARRT CE guidelines

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CONTINUING EDUCATION

By: Mike Kelly, RT(R), (VI), RCIS



The AVIR is excited about some of the educational offerings that we are currently working on at this time for our members. As you already may know, we currently offer one new continuing education credit in the form of a directed reading each month. We will be increasing that to two a month and each one of the directed readings will have an 8-question post-test worth 1 CE.

Also, we are currently continuing to build upon our partnership to offer our members even more educational opportunities through Medlantis. Our members will still continue to receive a code for a FREE CE opportunity through their website and discounted fee for even more. We are in the process of working together to get even more of their videos approved for Category A and/or A+ credits. Be on the lookout for announcements in regards to Medlantis and their offerings for AVIR members.

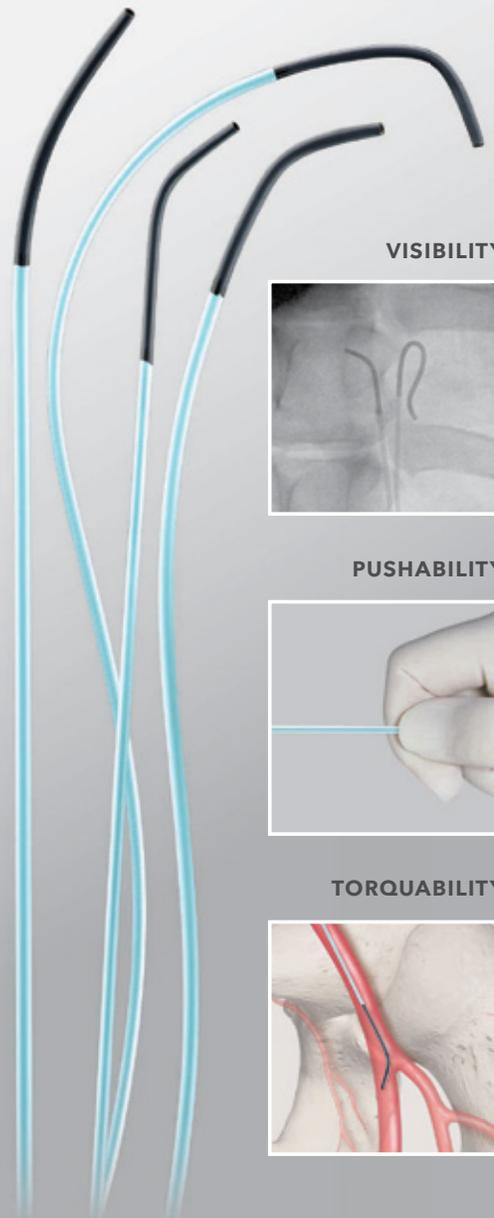
In addition, we also have a VI Review available with recorded presentations and mock registry. So, if you or anyone you know is planning on taking the VI boards please check that out. Even if you have taken your boards and are currently VI certified but just want a refresher course, this is perfect for that as well.

Besides what we currently have in place please keep a lookout for announcements on future educational opportunities for you, our AVIR members. Possible partnerships with other companies and societies to expand on our offerings whether it be through our websites, apps, or discounted rates to attend national conferences. The AVIR has some other things we are currently working on that will be announced very soon and some other ideas that may possibly come to fruition.

Just a reminder, all of our education will be submitted to the ARRT to have them classify each activity for structured education. The ARRT has final say on how each event is classified for structured education. Our online educational materials will also be searchable through the ARRT's online database.

As always, we are here for our members and welcome any feedback or ideas that you may have for educational offerings. Please reach out to us with any ideas that you may have. You can reach out through our contact page on website or e-mail me directly at mikekelly.avir@gmail.com

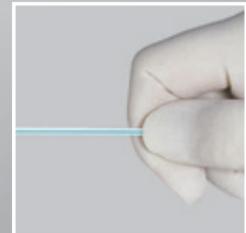
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AWARD OF EXCELLENCE

By: Mike Kelly, RT(R), (VI), RCIS



Do you know someone that stands out and goes the extra mile in the field of Interventional Radiology?

Each year the AVIR presents the Award of Excellence to one outstanding

Interventional Radiographer at our annual meeting. What makes this award prestigious is the fact that the winner is nominated by their peers. This person consistently exceeds what is expected of them when dealing with patients and their families, peers, physicians, and hospital staff. This person usually sees a challenging situation as an opportunity to grow and teach others.

If you know someone that stands out and should be recognized for going above and beyond then please fill out an AVIR Award of Excellence application by visiting <https://ym.avir.org/general/custom.asp?page=AVIRHonors> and downloading the application form. The application does not have to be completed by an AVIR member, but by anyone who feels the nominee deserves to be recognized for their dedication to their profession.

The recipient of this award will be honored at our annual meeting in Austin, TX and featured in our Annual Meeting Newsletter.

Additionally, their registration fee for the conference and accommodations will be waived. The recipient of this award will be announced in February, and all submissions are due by January 1 but please send in applications as soon as possible.

AVIR FELLOWSHIP AWARD

By: Mike Kelly, RT(R), (VI), RCIS



Like many other organizations, the AVIR has an established fellowship category for members who have made remarkable strides within the field of Interventional Radiology.

AVIR fellows include individuals who have dedicated themselves to striving for quality and improvement in Interventional Radiology as leaders, educators, authors, and committee members. An AVIR fellow has shown commitment to the AVIR. Ways to show commitment to the AVIR, apart from membership, would be being involved with regional chapters, giving presentations on

the regional or national level, submitting articles for the AVIR newsletters or other publications, and being involved with one of the AVIR committees. The AVIR whether on regional or national level is always looking for those that want to join committees, submit articles, and present on relevant topics at meetings.

The AVIR Fellowship recognizes Interventional Radiographers who demonstrate a continuing pursuit of excellence in the IR profession. The commitment begins at the hospital level, moves on to the local AVIR chapter and escalates to your commitment at the national level. The application employs a

point system to evaluate the contributions of the candidate in three areas: Personal qualifications (education, experience), contributions to the AVIR (national and local chapters), and contributions to the profession (other than AVIR). Once the minimum amount of points is reached, an application may be submitted to the Fellowship Committee for review. The Fellows award is presented at the Annual National Meeting. This year's meeting will be held in Austin, TX.

If you think you have the qualifications to become an AVIR Fellow or would like more information please visit <https://ym.avir.org/general/custom.asp?page=AVIRHonors> or contact us.

DO YOU LIKE TO WRITE

Do you enjoy writing? Would you like to possibly earn \$100?

The AVIR is looking for contributors for the Interventional Informer. We would like to showcase your work for all of our members and others to read. The best article will be awarded \$100. The Interventional Informer will offer this award for each issue. In order to be

eligible for the award, you must be a member of the AVIR, the article should be original, and the article must pertain to Interventional Medicine. If you are interested, please submit your article with name and address for the AVIR Board of Directors to review. Please contact David Douthett, dsdouthet@gmail.com, for article submission and any questions that you may have.



2018 CHAPTER HAPPENINGS

By: Mike Kelly, RT(R), (VI), RCIS and
Vernon Cooper, RT(R)



Austin, Texas (HCIR) Hill Country Interventional Radiographers

Contact: Derek Stearns
Email: avirhctx@gmail.com

Derek and his team are off to an amazing start this year and really motivated to grow this chapter. They have already held three educational meetings with more to come. The March educational meeting covered Peripheral Interventions. Please reach out to Derek to see how you can get involved with the HCIR chapter.

Atlanta Chapter

Contact: Teresa Wynn
Email: tntwynn@comcast.net
Contact: Diane Forbes
Email: dianeforbesra@gmail.com

We are excited to now have a team in Atlanta building a local chapter. They have already held two regional chapter events which covered Quality in IR departments and Radial access. The Atlanta chapter is very motivated to grow and keep hosting educational events that is relevant to all of those in their region. The team is continuing to get the word out to area techs and promote their chapter.

They are excited to begin offering education on cutting edge procedures and techniques to the area Technologists. Please follow them on Facebook and Twitter @avir_atl to stay up to date on their chapter happenings.



Arizona, Chapter

Contact: Alfredo Yanez
Email: ayanezavir@gmail.com

The Arizona chapter is based out of Phoenix. Alfredo is currently looking for professionals in the Phoenix area that would like to help get this chapter up and running. Whether you would like to help with planning of events or just be a part of an event, please reach out to Alfredo or the AVIR for more information.

Boston Chapter

Contact: Rob Sheridan
Email: robsheridanavir@gmail.com
Contact: Brian Oakes
Email: brianoakesavir@gmail.com

The Boston chapter is up and running and just recently held a 5 CE credit event on October 28th at Lahey Hospital. They had some great lectures given by Dr. Irani, Dr. McCarthy, Dr. Schainfeld, Dr. Thabet, and our very own Rob Sheridan. Some of the topics included Complex IR Cases, Radiation Safety, and ATTRACT DVT Trials. This event was just the first of many to come.

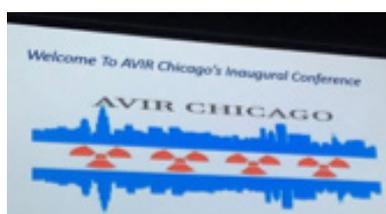
They are looking to host another event this summer. So, please keep a look out for that! Please follow @Boakesavir and @robsheridanavir on Twitter for future events.



Pictured: Brian Oakes and Rob Sheridan

Chicago (Chicagoland) Chapter

Contact: Stefanie Manack
Email: Stefanie.manack@gmail.com
Contact: Chelsea Lafayette
Email: Chelsea.Lafayette@gmail.com



This chapter has put together a few events in just the short time of being active so be sure to keep up to date on what the Chicagoland Chapter has planned for future events. Please reach out to Stefanie or Chelsea to find out how you can get involved.

Indy AVIR

Contact: Jen Wasmund
Email: Indyavir@gmail.com

The Indy AVIR chapter was created during the SIR meeting in L.A. This group is very dedicated to getting this chapter up and running. They will be hosting their first education event on June 21, 2018 which is shaping up to be a good one. This chapter has plans to announce the details to their next event during their first meeting. Follow them on Facebook and Twitter @IndyAVIR to stay up to date on all their latest events. Please reach out to find out how you can become involved.



Jacksonville AVIR (Sacksonville)

E-mail: Sacksonvilleavir@gmail.com
President and Social Media Coordinator: Jessica Borges
Vice President: Natalie Schiller
Secretary: Meghan Barber

We are pleased to announce the start of the Jacksonville, FL AVIR chapter, also known as the Sacksonville AVIR in honor of the Jacksonville Jaguars tremendous defense!!! The three contacts listed above along with a few other great team members have gotten this chapter up and running. They are currently planning an educational event in to be held very soon so be sure to follow them on Facebook (Jacksonville AVIR) and Twitter @SacksonvilleAVIR for details as they become available. Please reach out to them to get your name on their contact list for future events. They have a great team and really looking forward to working with them.



Knoxville, Tennessee

Contact: Dan Bernard
Email: djbernard@me.com

The TN AVIR is currently finalizing dates for their upcoming TN AVIR Annual Meeting. The meeting will be held in Nashville, TN in the Spring. The team will be announcing the meeting in the upcoming weeks so please keep posted for that. For more information please call Dan Bernard at 1(865) 406-0514. Be sure to follow them on their TN chapter Facebook page. They have been using their Facebook page for chapter communication and to post articles and cases of the month that are always open for discussion. Please join, like and share their page.

The TN Chapter's current board consist of:
Dan Bernard – Chapter President
Alan Buck – Chapter Vice President
Gary Anders – Chapter Secretary/Treasure
Brad Mitchell – Chapter Director at Large
Chris O'Fallon – Corporate Liaison



South Florida-Miami Chapter

Contact: Roberto Telleria, RT R CV CT
Email: AVIR.MIAMI.RT@GMAIL.COM

The Nurses and Technologists Symposium at ISET provided an overview of the latest therapies and technologies in endovascular care, including reviews of diagnostic treatment and management strategies for interventional radiology and neuroradiology, vascular surgery, vascular medicine, and interventional cardiology patients. The program was directed toward comprehensive learning needs of nurses and technologists working in interventional labs, surgery, pre- and post-care, inpatient care, and office practices who care for patients



with cardiac and vascular disorders. New this year was a live vascular exam, practical how-to sessions, and "things that can go wrong"

interactive case study challenges, where a multidisciplinary panel and the audience will identify and solve clinical complication scenarios. This year once again, the presence of AVIR members was noted.

The members of MCVI in Baptist Hospital, Miami Florida will like to thank all the attendees for their support. Please remember that AVIR members get a special rate for the ISET tech symposium that this chapter is involved in planning.

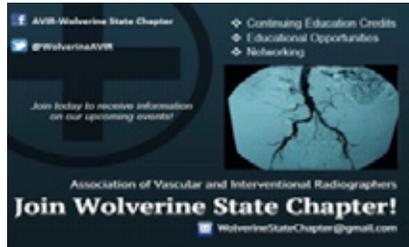
2018 CHAPTER HAPPENINGS

Wolverine State Chapter (Michigan)

Contact: Samantha Kobeissi
Email: Sskobeis@med.umich.edu
Contact: Andrea Reid
Email: Andreado@med.umich.edu

The Wolverine State Chapter is based out of Ann Arbor, MI. They have hit the ground running and have been holding events every couple of months with great speakers and topics. Their March event was on the topic of IVC Filters. Looking forward to seeing what they are planning for next.

Please follow them on Twitter @WolverineAVIR. If you are interested in getting involved please reach out to Samantha or Andrea.



New York City Chapter

Contact: Rennie Mohabir
Email: mohabirh@mskcc.org

Contact: Wesley Shay
Email: shayw@mskcc.org

The NYC chapter is currently making plans for a fall meeting to be held on October 27, 2018. Definitely be on the look out for more information. After talking to this team, there is no doubt that their all-day meeting in the fall will be a huge success. If you are interested in being a part of this chapter or want to get your contact information in their database for their upcoming meeting please reach out to Rennie or Wes.

Capital Region New York Chapter

Contact: Stefanie Rockwood
Email: stefavir@gmail.com

The Capital Region NY Chapter is planning on hosting a summer event on July 12, 2018. Stayed tuned for more information either



through the AVIR or follow Stef on Twitter at @sjrock to get updated as more information is released.

They just held an event on the topic of "Complex Brain Aneurysms and New Therapy Options" with lecture given by Dr. Charles Matouk from Yale. As you can see from pictures, it was very well attended and looks like great food to go along with a great lecture.

North Carolina Chapter (NCAVIR)

Contact: Amy Scarborough
Email: Amy.Scarborough@carolinashealthcare.org
Contact: Marcia Stegall
Email: Marcia.Stegall@carolinashealthcare.org

NC AVIR is based out of the Charlotte, NC area. This North Carolina chapter will be held their first event on March 28th at the Speedway Club at Charlotte Motor Speedway. Dr. Mark Lessne and Dr. Michael Meuse presented on Peripheral Arterial and Venous Disease to a packed house. This team did a great job promoting their first meeting and it ended up being very well attended. Please contact Amy or Marcia if you have interest in joining this chapter and finding out more about future events.



North Texas Chapter

Contact: Sven Phillips RT (R)VI
Email: sven427@yahoo.com

Sven and his colleagues are currently in the process of preparing educational opportunities around the Dallas area. Sven is hoping to possibly start holding quarterly meetings. Please reach out to him if you are interested in becoming involved.

Ohio AVIR Chapter

Contact: Jamie Hiott RT (R) (CV)(M)(CT)(VI)
Email: Hiott1@yahoo.com
Contact: Shelly Brancatelli, MSRS, RPA/RRA, RT(R), CV
Email: brancas@ccf.org

This Chapter will encompass the Columbus and Cleveland areas. This chapter is currently looking for interested professionals that are interested in getting involved. They are currently in the process of developing this chapter and hope to have an event planned soon, maybe even a VI Review. There is huge potential for this chapter!!! Keep your eyes out for more information or reach out to the team for more information.

Orange County California Chapter (OCAVIR)

Contact: Brett Thiebolt (R)
Email: brett.thiebolt@stjoe.org

The Orange County California Chapter has been involved with an Angio Club that meets quarterly for the last few years. Their Angio clubs usually averages about 45 in attendance. They ask multiple facilities in the Orange County and LA area to provide case presentations. They usually ask for teaching cases or cases that have complications. The Angio Club is open to Physicians (IR Radiologists, Cardiologists and Vascular Surgeons), Fellows, Residents, RT's and Rn's. Contact Brett to see how you can get involved.

Seattle Chapter

Contact: Cris Cassady RT(R)
Email: christina.cassady@providence.org
Contact: Leona Benson RT (R)(CV) FAVIR
Email: seattleavir@hotmail.com

Leona and Cris have gotten the Seattle chapter back up and running. These ladies currently are planning on a few events for the year so be sure to reach out to them to find out more information. Also, if you are interested in possibly helping with this chapter do not hesitate to reach out to them.

St. Louis Chapter

Contact: Nicole Skrabala
Email: STLchapteravir@gmail.com

The St. Louis chapter is another one of our newest chapters that was started during the national AVIR meeting in L.A. The team is currently promoting the chapter within the region. With great chapter leadership and strong physician backing this chapter should be up and running full force in no time at all. Please reach out and find out how you can get involved. STL Chapter AVIR can be followed by Facebook, Instagram, and Twitter @STLchapteravir

Texas Gulf Coast Chapter (Houston)

Heather Cleveland, who was responsible for relaunching the Gulf Coast Chapter, has recently had some exciting advancements within her education and career and will be making a move to Boston. The AVIR wishes her the best of luck and hope she possibly joins the Boston chapter next!! There has already been interest from two of Heathers colleagues to take the lead with this chapter and possibly give the chapter a new name!!! If you are interested in finding out more information on how you can get involved please contact the AVIR directly or Vernon Cooper at vpcooperavir@gmail.com. Updates coming soon!

Utah Chapter

Contact: Ivan Cutler
Email: cutler.ivan@gmail.com

This new chapter will be based in the Salt Lake City area. Ivan is very motivated to get this chapter up and running. Please reach out to Ivan or the AVIR if you are interested in becoming a part of this chapter.

Virginia Chapter VA AVIR

Contact: Hannah Smith
E-mail: Hanasmithh1213@gmail.com
Contact: Mike Kelly
E-mail: mikekelly.avir@gmail.com

Planning is already taking place for the 16th Annual VA AVIR meeting that will be held at Great Wolf Lodge in Williamsburg, VA on November 9-10, 2018. There will be a few changes this year, to include hands-on demonstrations on Friday evening! Another big change is the team is working to provide CME's for physicians, NP's, RA's, PA's, and etc. We are very excited about the upcoming meeting and the new additions on the horizon! Agenda to be released soon but already have a very diversified topic list to include all those in Interventional medicine.

We strive to provide educational information for our Vascular and Interventional RT's, RN's and Physicians in a fun way, so please come and join us at the next meeting!

More information will be coming soon so please sure to follow the VA Chapter on their Facebook page (<https://www.facebook.com/VAAVIR>) and Twitter @VaAVIR



Wisconsin Southeast Chapter

Contact: Jen Eklund./ Kristen Welch / Deb Barnes
Email: daisymay1210@yahoo.com
Email: kristenavir@gmail.com
Email: Debra.Barnes@froedert.com

The Wisconsin Southeast chapter just recently held its annual Spring Symposium on April 28th, 2018. This all-day Saturday event offered 8 CEU credits relevant to Interventional Radiology. The annual symposium was very well attended with a diverse group of presenters. Some topics included this year were: Complex IVC Filter Removals, Interventional Oncology, Acute Stroke Interventions, and C.L.I. We look forward to offering more learning opportunities for our members in the coming year!



UPCOMING MEETINGS

Meeting	Location	Website	Date
Pacific Northwest Endovascular Conference 2018	www.pnec-seattle.org	Seattle, Washington	June 15, 2018
Society Vascular Surgery Annual Meeting 2018	www.vascularweb.org	Hynes Convention Center, Boston, MA	June 20-23, 2018
New Cardiovascular Horizons 19th Annual	www.ncvh.org/2018	Roosevelt Hotel; New Orleans, LA	May 30- June 1, 2018
SVM 29th Scientific Sessions	www.vascularmed.org	Chicago, IL	June 13-16, 2018
Complex Cardiovascular Catheter Therapeutic 15th Annual Conference (C3)	www.c3conference.net	Hilton Bonnet Creek; Orlando, FL	June 17-20 2018
Chicago EndoVascular Conference (CVC) 2018	www.cvcpvd.com	Radisson Blue Aqua; Chicago, IL	July 11-18, 2018
SNIS 15th Annual Meeting	www.snisonline.org	Hilton, San Francisco, CA	July 23-27, 2018
AMP 9th Annual Amputation Prevention Symposium	www.AMPtheCLImeeting.com	Hilton Hotel, Chicago, IL	August 8-11, 2018
AHRA2018 Annual Conference	www.ahraonline.org	Orlando FL	July 22-25 2018
Cardiovascular and Interventional Radiological Society of Europe	www.cirse.org	Glaskow, UK	September 22-25 2018
Transcather Cardiovascular Therapeutics	www.tctconference.com	San Diego, CA	September 21-25, 2018
2018 Cardiometabolic Health Congress	www.cardiometabolichealth.org	Boston, MA	October 24-27, 2018
Controversies in Dialysis Access	www.dialysiscontroversies.org	Washington, DC	November 1-2, 2018
Endovascular Therapies 2018	www.endovasculartherapies.com	Pinehurst, NC	October 26-28, 2018
Contraversies and Advancements in Cardiovascular Disease	www.promedicacme.com	Phoenix, AZ	October 11-12 2018
VIVA 2018	www.vivapvd.com	Wynn, Las Vegas	November 5-8 2018
Synergy 2018, A Multidisciplinary Approach to Interventional Oncology	www.synergymiami.org	Eden Roc Hotel, Miami Beach, FL	
Va Assoc. of Int. Radiographers 16th Annual Meeting	www.regonline.com/vaavir18	Great Wolf Lodge, Williamsburg, VA	November 9-10, 2018
AIM symposium (Advanced Interventional Management)	www.veithsymposium.com/aim.php	Hilton, New York, NY	Novemeber 12-15, 2018
RSNA 104th Radiological Society of North America	www.rsna.org	Chicago, IL	November 25-30, 2018

PEDAL LOOP AND ITS CRITICAL IMPORTANCE IN COMPLEX CLI INTERVENTIONS

By: Kumar Madassery, MD, Assistant Professor, Vascular & Interventional Radiology, Director, Advanced Vascular & Interventional Radiology Fellowship, Rush University Medical Center, Rush Oak Park Hospital Chicago, IL



Over the years, the pace of advancements in limb salvage interventions for patients with critical limb ischemia (CLI) has been fascinating, as new techniques, equipment, and imaginative interventions continue to evolve. Limb salvage has come to the forefront for the endovascular experts in multiple specialties, and the expectations of angiographic and clinical outcomes have never been more important. We have seen the evolution from above-the-knee interventions hoping to provide “adequate” flow to the foot, to working with the tibial vessels in an “angiosome” concept, to the present-day goal of pedal loop reconstruction. The necessity of having as much perfusion as possible in the distribution of the wound, and not necessarily just to the presumed angiosome, is what many of us aspire to achieve, due to the understanding that wounds have watershed arterial distributions. Due to our endovascular pioneers, pushing the previous limits of how distal we can intervene, we have reached a point where it is not uncommon to perform angioplasty of a proper digital artery. With this in mind, reconstruction of the pedal loop, with the caution that this type of intervention requires an advanced level of operator experience, is of immense benefit to the patient, so that

maximum blood flow is achieved to heal their wounds. **CASE REPORT** A 66-year-old woman presented to our clinic with history of surgeries and interventions at an outside institution. She had a pertinent past medical history of diabetes mellitus type 1 and end-stage renal disease, along with peripheral arterial disease. Her surgical/ interventional history included a prior left lower extremity below-the-knee amputation as well as right popliteal artery stenting approximately 4 months prior for rest pain and non-healing wounds, complicated by loss of pulses on that same day, necessitating thrombolysis/ thrombectomy and additional superficial femoral artery/popliteal artery stenting, per the outside reports. She reported experiencing continued, intermittently progressive right foot rest pain, worse when weight bearing and also had developed nonhealing ulcers on the second and third digits of the right foot. The patient was subjectively, increasingly “cooler” in the right foot. On physical exam, she had 2+ femoral pulses, a 1+ right popliteal artery pulse, and a well-healed left lower extremity amputation stump. No right dorsalis pedis tones were present. There was a monophasic right posterior tibial (PT) tone. There were noticeable necrotic wounds along the plantar surfaces of the right second and third digits. Noninvasive exam demonstrated an ankle-brachial index of 0.4 on the right. Due to her exam and findings, patient was brought to an outpatient interventional radiology platform for arteriogram and intervention. Initial access was obtained in the left common femoral artery in order to evaluate the aorto-iliac vessel inflow to the right lower extremity. In our practice, we rely on noninvasive studies and clinical exam for most patients, and do not routinely obtain cross-sectional computed tomography (CT) angiography or magnetic resonance imaging (MRI) unless there is complex surgical history or concerns on the physical exam, such as very weak/non-palpable femoral pulses. A diagnostic reverse curve flush catheter is used to obtain the anterior posterior (AP) infra-renal aortogram and bilateral oblique iliac angiograms. No significant disease in the infra-renal abdominal aorta or iliac arteries was noted. The same

catheter was used to obtain up-and-over access into the right distal external iliac artery. A diagnostic sequential angiogram of the right lower extremity was performed, which showed scattered areas of mild atherosclerotic disease with no significant stenosis in the common femoral, profunda femoris, and superficial femoral arteries. There was focal moderate stenosis of the P1 segment of the popliteal artery which had been previously stented at an outside institution. Additionally, there was complete occlusion of the P3 segment of the popliteal artery. There was occlusion of the proximal anterior tibial artery beyond a few centimeters of its origin. The peroneal and posterior tibial arteries were patent, but had multifocal areas of moderate stenosis, particularly moderate to severe stenosis in the distal posterior tibial artery at its bifurcation into the medial and lateral plantar branches. A long 6 French Flexor (Cook Medical) sheath was advanced into the distal superficial femoral artery. Initially, plain and drug-coated balloon angioplasty was performed across the stenoses of the popliteal artery. Once post angioplasty angiograms showed restored patency, the 0.035-inch system was exchanged for a 0.014-inch Hydra ST guidewire (Cook Medical) and Quick-Cross (Philips) catheter, used to recanalize the occluded anterior tibial artery, with contrast injection in the dorsalis pedis artery confirming intraluminal location of the catheter and also providing a view of the tarsal arch. For navigational assistance, a digital subtraction angiography (DSA) roadmap of the plantar arteries from injection through the sheath was of significant help. Using this roadmap, along with a 0.014-inch Glidewire Advantage (Terumo) and a Seeker catheter (Bard Peripheral Vascular), the catheter was advanced around the pedal loop and retrograde into the distal PT artery. The guidewire was exchanged for a Spartacore wire (Abbott Vascular), used for more support during balloon angioplasty: • A 2 mm coronary balloon was used in the distal posterior tibial artery across the above-noted focal moderate to severe stenosis; • A 1.5 mm coronary balloon was used across the pedal loop and dorsalis pedis; • 2 mm and 2.5 mm coronary balloon were used along the mid and distal anterior tibial and peroneal arteries; and • A 3 mm coronary balloon was utilized

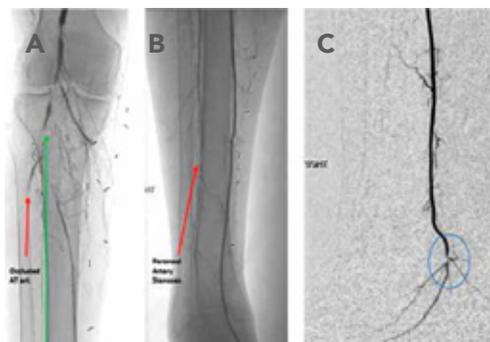


Figure 1A-C. A) Multifocal stenosis in a previously stented popliteal artery and chronically occluded anterior tibial artery. Tibioperoneal trunk disease is also present. B) A diseased peroneal artery. Primary posterior tibial artery inflow. C) Posterior tibial artery inflow, with focal stenosis at bifurcation into plantar arteries.

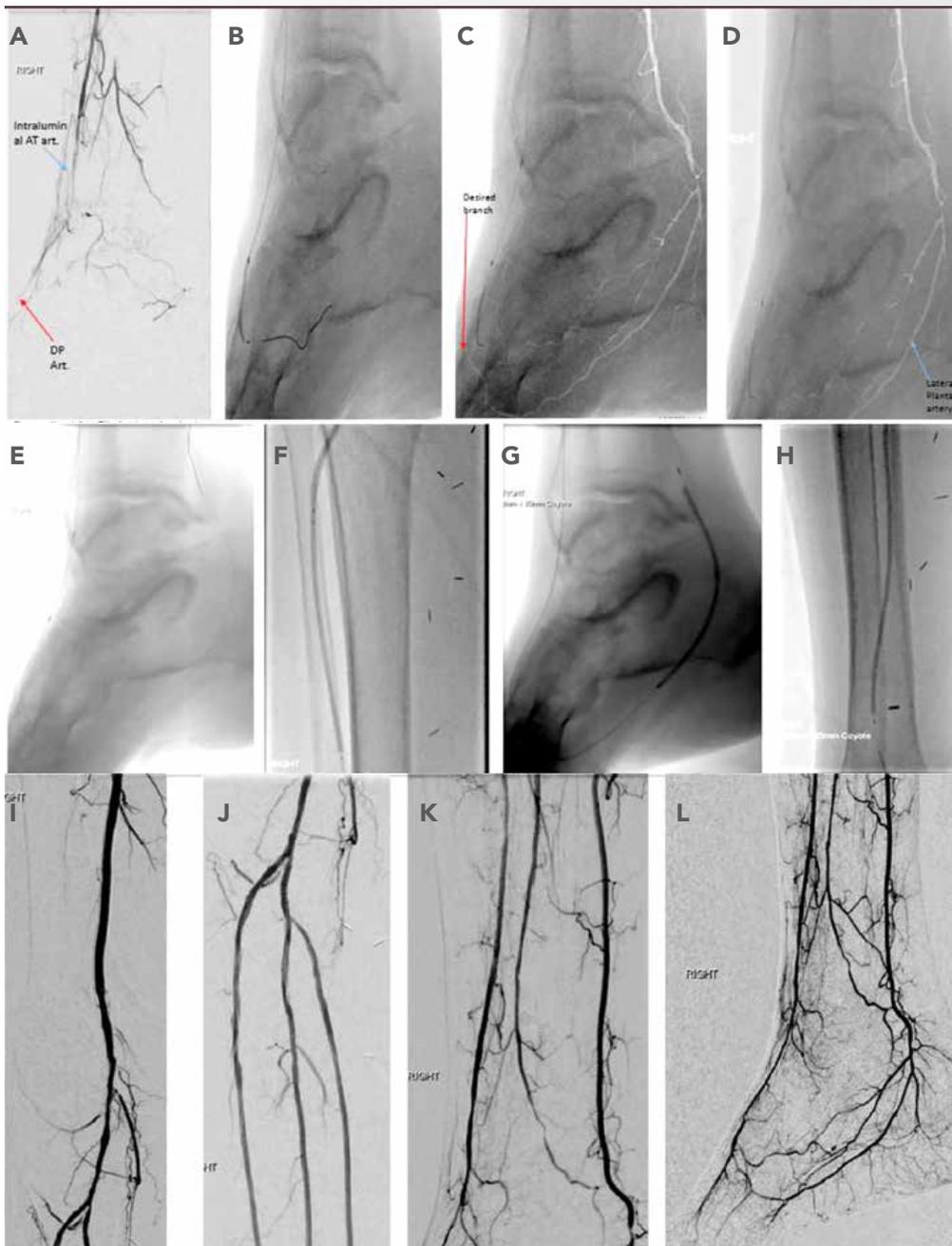


Figure 1A-L. A) Recanalized anterior tibial artery intraluminal confirmation injection shows a wisp of a dorsalis pedis artery. B) Initial difficulty traversing the pedal loop into the lateral plantar artery. C) DSA roadmap from groin sheath injection shows that wire was in lateral tarsal branch (lesson learned: always repeat angiogram if not having success). D) Wire advanced into desired branch to traverse lateral plantar artery. E) 0.014-inch guidewire forming complete pedal loop from anterior tibial artery to the posterior tibial artery. F) Balloon angioplasty of proximal and mid anterior tibial artery. G) Balloon angioplasty of distal posterior tibial artery and lateral plantar artery. H) The peroneal artery was recanalized and angioplasty performed. I) Post plain and drug-coated balloon angioplasty of popliteal artery stenosis. J) 3-vessel proximal runoff. K) Distal 3-vessel runoff. L) Completion foot angiogram showing 3-vessel inflow and now intact pedal loop.

in the proximal anterior tibial and peroneal arteries. Completion angiogram now showed 3-vessel runoff to the foot with reconstructed pedal loop. Marked flow to the digital arteries, particularly to the second and third digits, was now visible. There was non-flow-limiting dissection of the proximal recanalized

anterior tibial artery, which improved with prolonged balloon dilation and was expected to improve with remodeling over time. Upon completion of the case, there was a palpable dorsalis pedis pulse. The patient was followed subsequent to the intervention, and within the initial visits reported resolving

pain, and following debridements of her ulcers by podiatry, the wounds showed progressive healing, thus avoiding an amputation. **DISCUSSION** As #CLIfighters, we have all come to appreciate that we need to continually push the boundaries of endovascular interventions in CLI. The ultimate desire in present-day complex CLI interventions is to aim for reconstruction of the pedal loop in order to give patients every chance of healing, so we can #StopTheChop. These patients are very complex from a vascular disease and co-morbidity standpoint, and require a team approach. In our practice, we put a premium on a multidisciplinary management for patients with peripheral arterial disease, and specifically with CLI, an approach which we hope and expect everyone practicing limb salvage to utilize. This includes working hand-in-hand with our podiatrists and vascular surgeons, as well as nutritionists and other supportive staff. All the interventional radiologists in our practice performing peripheral artery disease interventions are wound care certified, with the understanding that we must not simply perform endovascular management of this complex disease; rather, we must actively participate in the longitudinal care of the patients we treat. The more we advance limb salvage together, the more lives can be saved from this critical disease, a growing concern globally.

Disclosures: Dr. Madassery reports he speakers' bureau member for Cook Medical, Abbott Vascular, and Penumbra. He is a consultant for Bard Peripheral Vascular and Cardiva.

Dr. Madassery can be reached on Twitter: @vir_rush, @kmadass

SPOTLIGHT ON: CRITICAL LIMB ISCHEMIA GLOBAL SOCIETY

By: Kristen L Welch, RT, R, VI, FAVIR



Critical limb ischemia (CLI) was first described in 1954 by R. Fontaine as being the existence of rest pain due to severe PAD (1). In 1986 the first standards for reporting were published by the Society of Vascular Surgery / International Society of Cardiovascular Surgery (SVS/ISCVS) utilizing the Rutherford Classification hemodynamic scale. While hemodynamic parameters have become an essential piece of clinical practice, recent

literature has reported stricter guidelines including ankle and toe pressures (2).

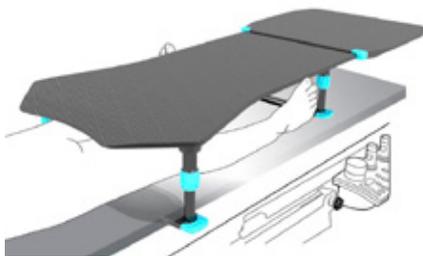
Endovascular intervention for the treatment of critical limb ischemia (CLI) has significantly evolved in recent years. It is not uncommon today to perform intervention below the knee, so far as to the pedal loop. With the advancement of devices and tools used to treat this group of patients including drug eluting stents, drug coated balloons, and fracture resistant stents treatment approaches have progressed. Techniques such as

tibiopedal retrograde approach, direct stent punctures, and pedal loop reconstruction have become more commonplace in clinical practice. The preceding article and case study by AVIR advocate, Kumar Madassery highlights this technique in the most recent issue of CLI Global. You can view the entire issue and learn more about their efforts to increase awareness on CLI at: <https://www.cliglobalsociety.org/resources/Compendium/2018/CLIG0318.pdf>

SIR 2018, LOS ANGELES, CALIFORNIA—AVIR PRODUCT REVIEW

Cath Clip

This product is mind-blowing but yet so simple. As techs we are always trying to find ways to help manage our wires efficiently, without kinking or contaminating them. I am sure we all have our own little ways of how we do this but the Cath Clip would be a great addition to add to your supply stock. This clip is made to not only manage wires but can also be used on catheters and devices such as angioplasty balloons, stents, and snares, for example. It can be used with micro and standard sized wires/devices. The clip features plastic construction with a soft sponge that will also not dry out or deteriorate hydrophilic coatings.



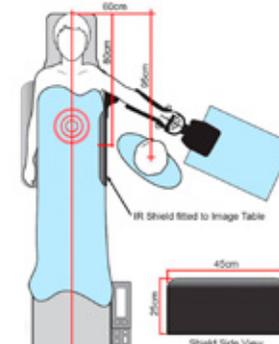
Adept Table accessories

Adept is a company based out of New Zealand with a lot of great ideas for table accessories. They have been working on a product for the patient to place their arms over their head comfortably during cone beam CT spins. It has not been FDA approved yet but by the looks of it I would say we will probably be seeing it in some of our angio suites in the near future.

They have also made arm boards in a few different varieties. They are made out of carbon fiber. The STARBoard features an

ergonomic, adjustable design to allow for rotation at the shoulder joint and ability to secure the hand in a supination or pronation position. The design provides a little flexion of the elbow and allows and a wide range of flexion and extension of the wrist. This is designed for radial access, dialysis fistula work, PICC lines, and any procedure that needs peripheral access as well as procedures where you need the arm out to access other areas.

Another unique arm board this company has designed is known as the IR Shield, which gives you a much safety boarder than your typical plastic or plexiglass arm boards. It is also made of carbon fiber.



It has a base that stays under the mat on your angio table and then a board that can be slid into place once your patient is secure on the table. It adds support to the patient on the table ensuring patient safety. In addition to

improving the security and safety of your patient, it also features 0.5 mm PD shielding, protecting you and your physician from ionizing radiation.

One last product that this company has come up with is known as the IR Platform. This is an adjustable carbon fiber table that goes on the foot of the angio table. It serves as a flat, radiolucent surface to provide a great working space, ideal for femoral access procedures. Although this is a larger product, it would be a great addition to

a long interventional case and improve patient comfort.

BD Bard Lutonix 035 Drug coated balloon PTA Catheter

The BD BARD Lutonix DCB was featured in the product showcase at SIR this year. It is designed for peripheral use to extend the time before reinvention. The Lutonix DCB delivers an anti-proliferative drug known as paclitaxel to the stenosed arterial wall. It has the lowest profile of all drug coated balloons currently on the US market and is the only DCB approved to treat dysfunctional AV fistula stenosis. The balloon offers uniformity during inflation giving the paclitaxel treatment release in 360°. It can add more than 50 days before reinvention of an AV fistula, compared to standard PTA. The LUTONIX® AV Clinical Study reported 31.3% fewer reinterventions than conventional PTA at 6 months. The balloon ranges in size from a 4 to 12 mm in diameter.

BD Bard Fluency Plus Endovascular Stent Graft

Bard has released a new stent graft on the market that was displayed in the 2018 SIR product showcase. The Fluency Plus endovascular stent graft is offered to help users like us expand our AV access treatment options. This Stent graft offers a rather large variety of sizes both in diameter and lengths. It ranges in diameter from 6mm to 13.5mm and length sizes range from 40mm to 120mm. The Fluency Plus is indicated for treatment of in-stent restenotic lesions in the venous outflow arteriovenous hemodialysis circuit. It is also used to treat patients with early and recurrent restenosis, extravasation after PTA,

and pseudoaneurysms. The Fluency Plus can be used in AV fistulae, AV grafts, and also within the central veins.

LifeStream BD BARD

LifeStream is a Balloon Expandable Vascular Covered Stent made by BARD. This is a stainless steel stent graft combined with non-compliant balloon technology for deployment. This stent graft contains a dual layer of ePTFE, making it biocompatible and resistant to extravasation. LifeStream is great for indications of peripheral arterial disease and claudication of both the common and external iliac arteries. One big advantage it offers is the use of a 6F sheath. This is a relatively conservative sheath size for a covered stent to go through. In addition, the LifeStream stent offers minimal foreshortening for a more accurate placement and improved trackability to access lesions through tortuous anatomy. The LifeStream Balloon Expandable Vascular Stent was featured in the BOLSTER clinical trial which proved its safety and effectiveness.

ULTRASCORE Focused Force PTA Balloon BD BARD

While conventional angioplasty balloons have gotten us far and prevented many patients from undergoing stenting and even bypass, sometimes there are limitations and the need for scoring or cutting balloons is warranted. The ULTRASCORE is the first commercially available .035 scoring balloon and the only 4F scoring balloon the US market. This is an over the wire technology that has .014 and .035 options. Along the two longitudinal sides of the balloon are .010 scoring wires that offer a greater force against plaque. Where these scoring wires contact the plaque is where all the force is applied, providing a controlled plaque fracture in complex lesions. This balloon was designed for controlled Plaque Modification at a lower inflation pressure. The ULTRASCORE is typically used to treat atherosclerotic lesions of the superficial femoral, popliteal, and infra-popliteal arteries. ULTRASCORE features a GEOALIGN™ marking system which also reduces the amount of fluoroscopy used.

PowerFlow High flow port BD BARD

The PowerFlow is an Implantable Apheresis IV Port. Very similar to BARD's PowerPort primarily used for chemotherapy. It is the first of its kind and offers the high flows and long device life needed to undergo Apheresis. It is designed for easy access as well as easy placement. The PowerFlow port is designed with a titanium access funnel for repeated access to the vascular system. The silicone valve inside allows the Powerflow to provide a long device life. This is a

wonderful option for patients having to undergo long-term Apheresis.

Medtronic VenaSeal

Medtronic featured their VenaSeal closer device in the SIR product showcase, but you may have also seen it featured on "The Dr. Oz Show". Don't let this product name confuse you; this closure device is an embolic agent that is used to permanently close lower extremity superficial veins. It is intended for adults with varicose veins or spider veins. It offers a minimally invasive procedure that uses a proprietary medical grade super glue which is injected endovenously to permanently close off those unwanted and problematic veins from the inside.

MVP plug Medtronic

Medtronic's Micro Vascular Plug system was on display in the 2018 SIR product showcase. There are four options for their MVP plugs with nominal diameters, 3, 5, 7, and 9mm. The plug was introduced in 2013 and still offers the same great advantages. Its construction includes a nitinol frame with a PTFE membrane covering approximately two-thirds of its proximal frame. The PTFE coating provides rapid embolization. This device tracks well in tortuous vessels, allowing for super-selective embolization. The MVP plug is detachable and can even be resheathed if needed. It is indicated to obstruct or occlude blood flow in vessels ranging from 1.5 to 5 mm. There is a radiopaque marker at both the proximal and distal ends of the plug for optimal placement.

OptiSphere Medtronic

Medtronic featured their brand new OptiSphere embolization spheres in the 2018 SIR product showcase. OptiSpheres are indicated for embolization of hypervascular malignant or benign tumors. OptiSpheres are unique in that they offer a resorbable embolic alternative option compared to conventional permanent embolic agents. Medtronic states these spheres can resorb as early as 4 – 9 weeks but can take up to 12 weeks in some cases. They offer the biggest size sphere compatible with a microcatheter delivery. The OptiSpheres come in two volume options and five size ranges.

Angiodynamics Exodus drainage catheter

Medtronic featured their Exodus drainage catheters in the 2018 SIR product showcase. This drain is designed for total catheter performance. The Exodus drain offers better column strength and higher flow rates. It also has a hydrophilic

coating offering a high lubricity and less friction. This allows for easy placement in tortuous areas and increased patient comfort.

BTG Crossing device

Three separate crossing catheters were on display this year by BTG, the MicroCross, CenterCross, and the MultiCross catheters. These unique crossing devices utilize a nitinol self-expanding scaffold to provide additional support and intraluminal direction to pass guidewires through tight, complex lesions. The MicroCross catheter has two platforms, the MICRO14 and the MICRO18. These are low profile microcatheters indicated for complex peripheral and coronary vessels. It features a tapered tip for tracking through very tight lesions and it is on a 155cm shaft to allow you to reach the most distal vessels. The CenterCross Ultra delivers over a .014- .035 guidewires and has one proximal cap scaffolding anchor allowing one wire to pass. The CenterCross can amplify the tip penetration force by 5 times that of a microcatheter and wire. The Multicross allows up to three .014 guidewires to cross though it at one time. This amplifies the tip penetration force to 15 times that of a guidewire alone.



Siemens Nemoto Dual Head Injector

Siemens has come out with one of the world's first dual head injectors made for angiography known as the Press Duo. This injector allows you to load one injector head with contrast and the other injector head with saline. It comes with a Y tubing system that allows you to inject any concentration of contrast that you wish. Unlike manually mixing contrast and saline in a single head injector, the Press Duo assures for an exact concentration/dilution of contrast. The Y tubing has a one way valve to prevent any air bubbles or unwanted back flow coming through the line as well. This injector will be great for interventional oncology cases with cone beam CT, which demand dilute concentrations of contrast. This will allow the operator to perform precise injections which will optimize image quality on 3D rotational angiography reconstructions.

INTRODUCTION TO THE 2018-2019 BOARD OF DIRECTORS

The AVIR is pleased to announce the introduction of our 2018-2019 Board of Directors. The Board of Directors, in partnership with you, our active members, is committed to the continued growth of the field of interventional radiology.

We are continually looking for technologists who desire to actively engage with the board through either committee or appointed board positions. Please be on the look out for announcements to apply for open 2019-2020 positions! More information, including what the positions entail, as well as applications, can be found on the AVIR website at avir.org.



Kristen Welch RT, R, VI
President
Medical College of Wisconsin
Kristenavir@gmail.com

I currently employed as an Interventional Technologist with the Medical College of Wisconsin. In this role I have the opportunity to precept new technologists and students from my institution's Interventional Technologist Internship Program as well as supporting interventional research. I am incredibly grateful for the time I have been able to serve on the AVIR board of directors. Being involved with this organization has afforded me many opportunities including networking with other leaders within our field and learning from world class experts. I look forward to serving as President of this organization and working with our incoming Board of Directors to continue providing our membership exceptional education while offering opportunity for their own growth and professional development.



Mike Kelly RT (R)(VI) RCIS
Vice President/President Elect
Riverside Regional Medical Center
mikekelly.avir@gmail.com

Having worked in a multi-disciplinary department (IR, Vascular, Cardiac, and Neuro) for over 11 years, I fully believe that the AVIR is a valuable resource to all of those in the world of Interventional Medicine. I have had the privilege to serve as Director at Large for the last couple of years and am extremely honored to now have the opportunity to represent this amazing society in the role of Vice President. As a member of the AVIR board of directors, I look forward to continuing my passion of providing relevant educational opportunities that reflect the always changing field of Interventional Medicine. I also look forward to creating opportunities for the professionals in our field to network with one another, through meetings on the local and national level and through social media, in order to help provide the best patient care possible

and help provide public awareness of all the life changing treatments our field provides.



Robert Sheridan, FAVIR
Secretary / Treasurer
Massachusetts General Hospital
RMSheridan@partners.org

Director of IR responsible for all aspects of clinical and administrative operations of Interventional Radiology and the direct supervision 100 technical, administrative and nursing staff members supporting IR. Rob manages the overall strategic planning for IR preparing and managing ~20 million dollar operating budget. Functioning in a pure matrix org structure, he also oversees all invasive procedures across the Imaging department across all modalities including US, CT and RF with responsibility for the oversight of Interventional Administrative staff, Interventional technologist, Nursing staff, Nurse Practitioners and Physician Assistants. Director of IR out-patient clinic operations.

In 1996 Rob began as a staff technologist and over the years has worked his way to becoming the Director of IR. He is very involved with the education aspect in IR and has developed an A.S. to B.S. in Imaging Program with IR concentration, Regis College.

Rob has been as AVIR member since 2006. He has been on the board of directors as treasurer, Vice President, and as President. He will join the board of directors again this incoming year as the Secretary/Treasurer position.



Vernon Cooper, RT, R
Director at Large
Georgetown University
vpcooperavir@gmail.com

I attended Shenandoah University and received my Bachelor of Science in Biology as well as a Bachelor in Exercise Science. I earned my Certificate in Radiology at Mary Washington Hospital and then went on to continue my education at University of Virginia's Charles J.

Tegtmeyer School of Interventional Radiology. Upon graduation I joined the Interventional Radiology department at Georgetown University Hospital. I am very excited about serving on the AVIR board because I believe it sets a precedence for technologists to continue their education which is a vital component in the advancement of our field. My goals as Director at Large are to help expand this organization and create life-changing opportunities for not only technologists, but also the patients we work so hard to care for.



Alisha Hawrylack RT (R) (VI)
Immediate Past President
University of Virginia
a.hawrylack@gmail.com

Alisha Hawrylack graduated from the Charles J. Tegtmeyer Program of Interventional Radiology and Special Procedures at the University of Virginia in 2008. During her time as a staff technologist at UVa, she was a four time recipient of the Charles J. Tegtmeyer Clinical Instructor of the Year award. In 2015 she became the Program Director for the Charles J. Tegtmeyer Program of Interventional Radiology and Special Procedures where she directly oversees the clinical and didactic education of vascular interventional students.

In 2014, she joined the AVIR as Secretary Treasurer. From there, she served two terms as President-Elect from 2015-2017. During her time as Education Chair, she was an integral component in the founding of the Vascular Interventional Workshop, a two day lecture series focused on the fundamentals of IR, as well as the founder of the President's Award of Educational Excellence, a prestigious award designed to honor a current Vascular Interventional student. During her tenure as President of the AVIR from 2017-2018, she authored the "AVIR Presidents Message: A call for Standardization in Vascular-Interventional Education", which was published in JVIR and used as the founding document to form the Vascular Interventional Radiographers Education Pathway Committee.

She has served to further the field of interventional radiology nationally as a member of the Vascular-Interventional Standard-Setting Committee for the ARRT, as well as locally, by serving on the Piedmont Virginia Community College Radiography Advisory Board. She continues to practice at the University of Virginia, both as a lead and research technologist.



Katy Unferth, BSN, RN
Associate Liaison
Medical College of Wisconsin
KatyUnferthAVIR@gmail.com

I have been a Registered Nurse for over 15 years with past experience in orthopedics, Internal medicine/palliative

care and critical care. 7 years ago I decided to pursue a career within Interventional Radiology because I was very interested in the procedural aspect of nursing. I have grown to be incredibly passionate for our patient population and the cutting-edge procedures we perform every day. I am involved in several groups within my own organization that work to improve education, workflows, and communication between different roles and departments. I enjoy teaching others and participating in process improvement initiatives. I am excited to serve as the AVIR's Associate Liaison to continue to build on my own professional development and to help establish and environment of collegiality between IR professionals.



Samantha Kobeissi, MPH, RT, R, VI
Annual Meeting Chair
University of Michigan
SamanthaAvir@gmail.com

As an interventional radiologic technologist working at the University of Michigan Health

system, I have expanded my level of knowledge in the field of Radiology. I am fortunate to work alongside great physicians, technologists, nurses, and other healthcare professionals that have motivation and passion for the field. With the help of these individuals, my interest for the interventional radiology field has grown. I have become more involved in the education aspect of IR and would like to motivate others to do the same.

My ultimate goal is to be part of a cohesive team that provides educational tools and resources for the interventional radiology community. Education is something that is of importance to me and being able to provide educational opportunities to others will fulfill that goal.



Dana Bridges Kanfoush
Corporate Liaison
danakanfoush@gmail.com

I started my own company a few years ago and am selling for multiple manufacturers, including several wonderful companies that

I have represented since 2004. In this arena, I have tried to use my experience as a sales rep to create custom sponsorship programs and build AVIR's base of corporate support. A few of my professional accomplishments include being a published author in journals (i.e., Developmental Psychology & The Sport Psychologist), periodicals (i.e., Nephrology News & Issues), and a developmental psychology text book (Social Development in Childhood and Adolescence: A Contemporary Reader). I have been a proud AVIR board member for many years and hope I can continue to support the people who have supported me throughout my career.



David Douthett RT (R) (CV)
Publication Chair
dsdouthet@gmail.com

I have been involved in Interventional Medicine since X-Ray School when we were using

Schonander Film Changers and had to pull the patients on a wood board, which was sitting on the X-ray table. It has been many Angios ago. After working at 3 different Hospitals and several different clinics for 20 some years, I ended up in the commercial end of the business. Again 3 different commercial companies, to be currently working at W.L. Gore & Associates with in the Endovascular end of the business doing the EVARs and TEVARs. I keep my license current as you always want to leave a back up plan at hand. I have been active in the AVIR since 1993 and have been the Publication Chair since 1995. I have had the pleasure of working with alot of great folks over the years and look forward to every year. This is hands down the best thing I have ever done and I love doing it.



Julie Orlando RT R VI
Outreach Committee
Vascular Institute of Virginia
jorlando@teamviv.com

Julie Orlando graduated from the Charles J. Tegtmeier Program of

Interventional Radiology and Special Procedures at the University of Virginia in 1998. She has been a vascular interventional technologist for more than 17 years and currently works at Vascular Institute of Virginia where she functions as a lead technologist, staff educator, and certified clinical research coordinator.

A member of the AVIR since 2012, she now serves as a member of the Outreach Committee. She is dedicated to informing others about the professional and personal benefits of AVIR membership. She has presented a lecture on Prostate Artery Embolization for the AVIR at the national meeting in Atlanta in 2015 and has presented multiple scientific posters as well.



Adam Rubin R.T. (R)(VI)
Education Committee
Mayo Clinic
Rubin.adam@mayo.edu

Adam Rubin graduated from the Mayo Clinic Jacksonville

Radiography Program in 2006. After graduation, he began his career as a staff technologist in Interventional Radiology at Mayo Clinic. In 2012, he helped to build the Vascular Interventional Radiologic Technology Internship and was the programs first Clinical Instructor. In 2015, he became supervisor of the Interventional Radiology department and Program Director of the Vascular Interventional Radiologic Technology Internship.

Since joining the AVIR in 2017, Adam has served as an Education Committee faculty member. He also co-authored the American Society of Radiologic Technologist's Vascular-Interventional Essentials program, released in 2016.

Adam continues to practice at Mayo Clinic Jacksonville, both as the IR department Supervisor and the VI Internship Program Director.



Sandra Strycker, RT, R
Outreach Committee
University of Wisconsin
sandrastryckerAVIR@gmail.com

Sandra A. Strycker graduated from Froedtert Hospital and

the Medical College of Wisconsin Program of Radiology at the University of Milwaukee-Wisconsin in 2008. She was employed at Children's Hospital of Wisconsin for 10 years, where she received the Spotlight Award in 2012,2013,2014, and 2015. In 2016, she pursued her career as a Neuro and Body Special Procedures Technologist at the University of Wisconsin-Madison Hospital where she is currently employed.

In 2017, she joined the AVIR as Secretary Treasurer. She served one term as the Secretary Treasurer before moving forward as a member on the Outreach Committee. The Outreach Committee is comprised of various members who collaborate together to develop promotional/marketing material, as well as grow Chapter start-ups and AVIR membership. Her dedication to the Interventional Radiology field is evident through her commitment with AVIR and patient care. "I look forward to seeing what the future holds for us as IR technologists in a fast paced, medically advance field."

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ATTENTION ALL WRITERS

The Interventional Informer is offering \$100 to the best article. This is awarded for each issue of the Informer. The article should be originals. No limit in size, but they must pertain to Interventional Medicine. Just submit your article with name and address for the AVIR Board of Directors to review.

Best of Luck!

AVIR would like to acknowledge the following writer for their publication in the past issue.

"A Call For Standardization In Technologist Education"

By: Alisha Hawrylack RT (R) (VI)

Congratulations!

NEWSLETTER ADVERTISING RATES:

Type	Dimensions Inches	Ad Rate
Classified Ad	1 column inch	\$ 125.00
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2018 Summer	May 20	June 1
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4th Annual Association of Vascular and Interventional Radiographers Fall VI Workshop



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WHAT IS AVIR?

The Association of Vascular and Interventional Radiographers (AVIR) is the national organization of healthcare professionals within Vascular and Interventional Radiology and involved in standard of care issues, continuing education and related concerns.

Who Can Become a Member of AVIR?

ACTIVE: Radiographers with a primary focus in Vascular and/or Interventional Radiology. Active members must be ARRT registered or have Canadian equivalent. Submit copy of certification with application.

Dues are \$75 per year.

ASSOCIATE: Related healthcare professionals working with or having a special interest in Vascular and/or Interventional Radiology, including Nurses, Medical/Cardiovascular Technologies and Commercial Company Representatives.

Dues are \$65 per year.

STUDENT: Students in certified programs for Vascular and/or Interventional Radiographers.

Dues are \$45 per year.

INTERNATIONAL: Healthcare professionals working or having special interest in CIT and who reside outside of the United States and Canada. This category includes, but is not limited to, medical technologists, radiologic technologists, registered nurses, licensed practical nurses, Physicians and commercial company representatives.

Dues are \$85 per year.

All Memberships are renewable annually each January.

Why Is Joining AVIR Important?

The AVIR is dedicated to you and is a powerful advocate for the special interest and concerns of healthcare professionals working in Vascular and Interventional Radiology. We acknowledge the importance of continuing education, establishing high standards of practice and care, certifying Vascular and/or Interventional Radiographers, and establishing a nationwide network for obtaining information and/or employment opportunities.

What Opportunities Does AVIR Offer?

- Professional growth
- Society of Interventional Radiographers (SIR) Annual Meeting
- Exchange of information and ideas
- AVIR Annual Meeting
- Continuing education opportunities
- Quarterly newsletter
- Local chapter involvement
- National membership directory



The Association of Vascular and Interventional Radiographers (AVIR)
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