

JORNADA PUERTAS ABIERTAS
HOSPITAL CLÍNICO UNIVERSITARIO DE VALLADOLID

ANGIOLOGÍA Y CIRUGÍA VASCULAR

22 DE MARZO 2024

Angiología y Cirugía Vascular



DIAGNÓSTICO



TRATAMIENTO
MÉDICO



TRATAMIENTO
QUIRÚRGICO



SEGUIMIENTO

¿Qué tratamos?

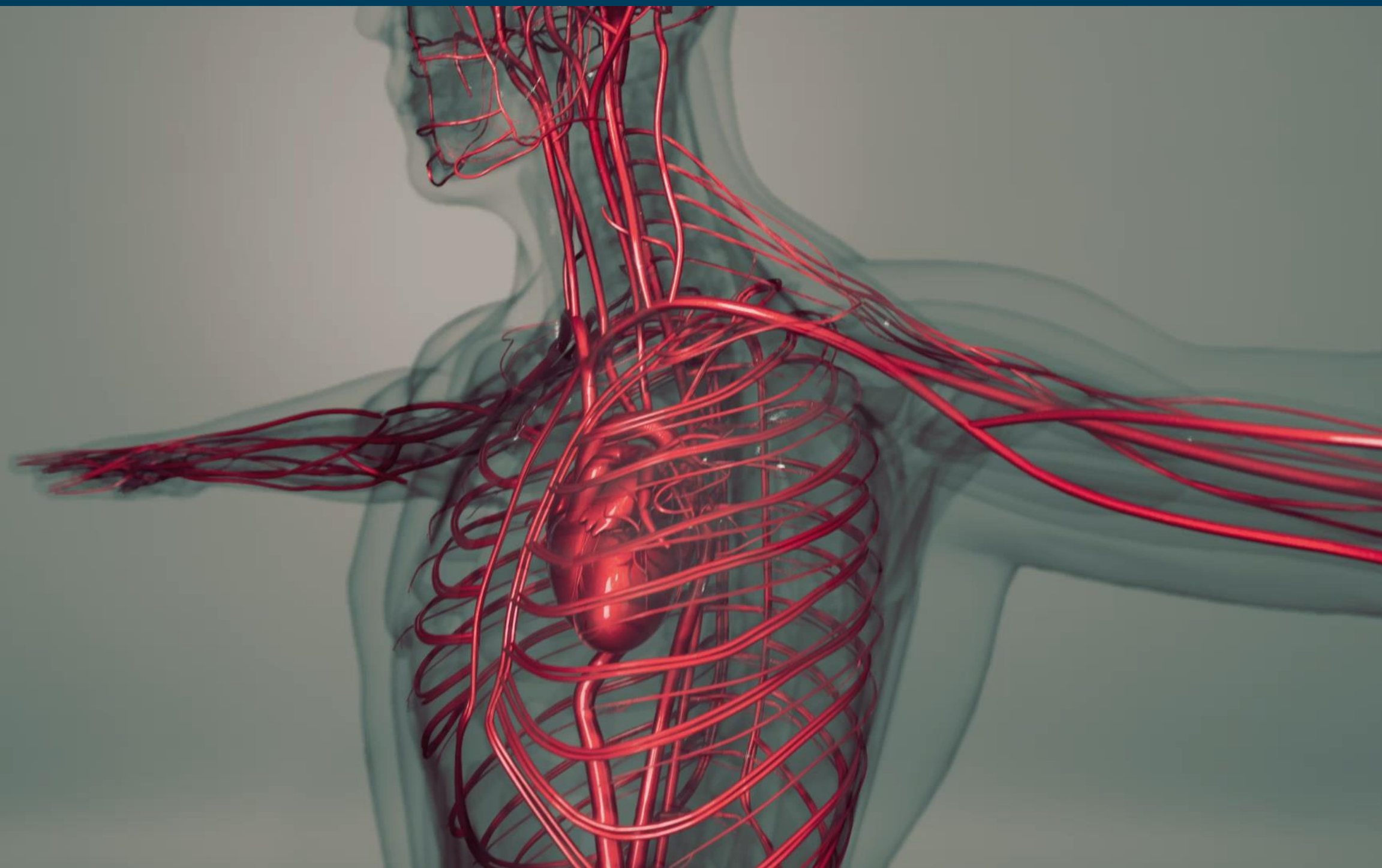
PATOLOGÍA ARTERIAL

PATOLOGÍA VENOSA

PATOLOGÍA LINFÁTICA

PIE DIABÉTICO

ACCESOS VASCULARES



¿Quiénes somos?





Equipo

1 Jefe de Servicio

2 Jefes de Unidad

10 adjuntos

5 residentes

¿Y tú?

Actividad Asistencial



Población referencia: 1M

2 plantas de hospitalización

14 consultas semanales
(1 Residente)

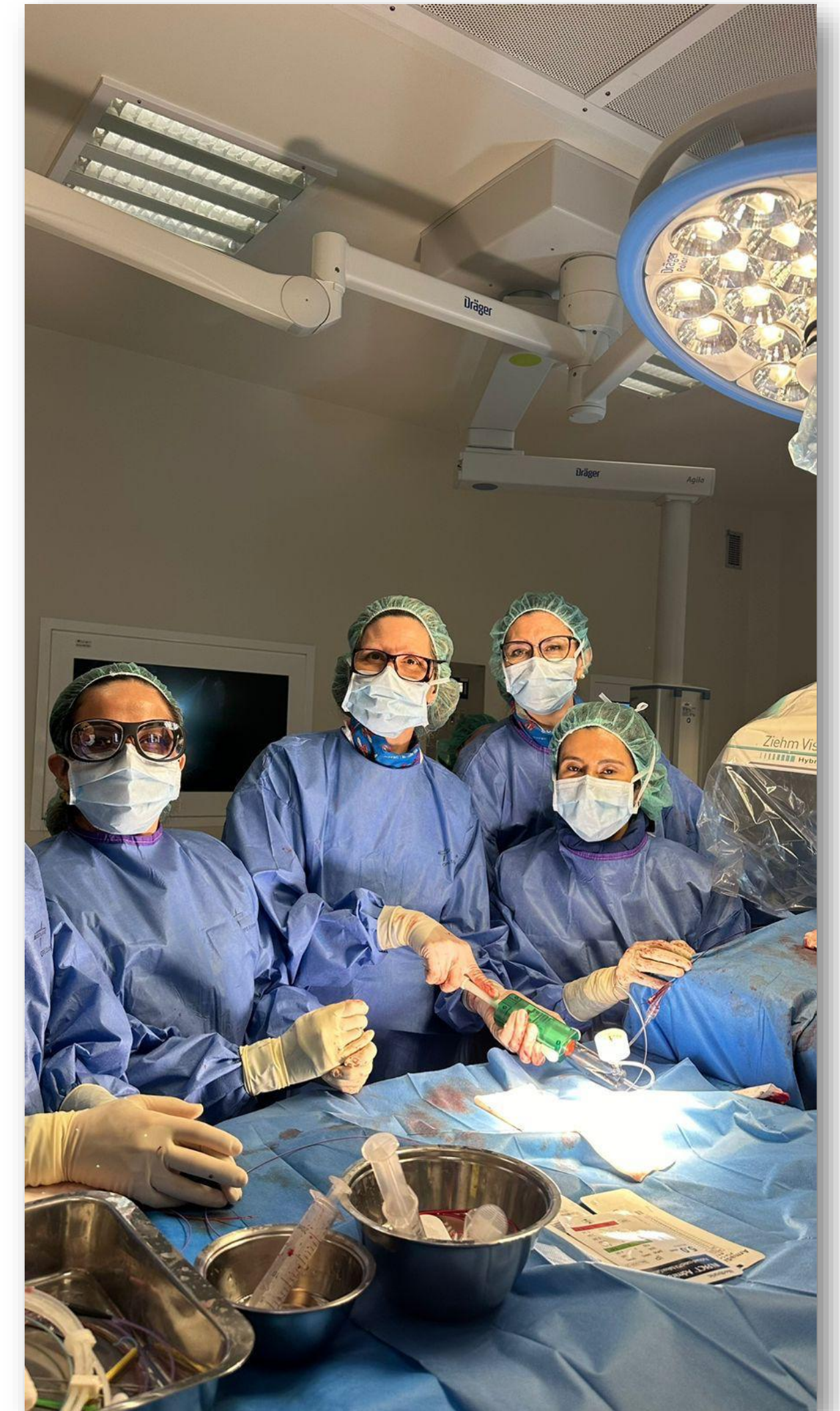
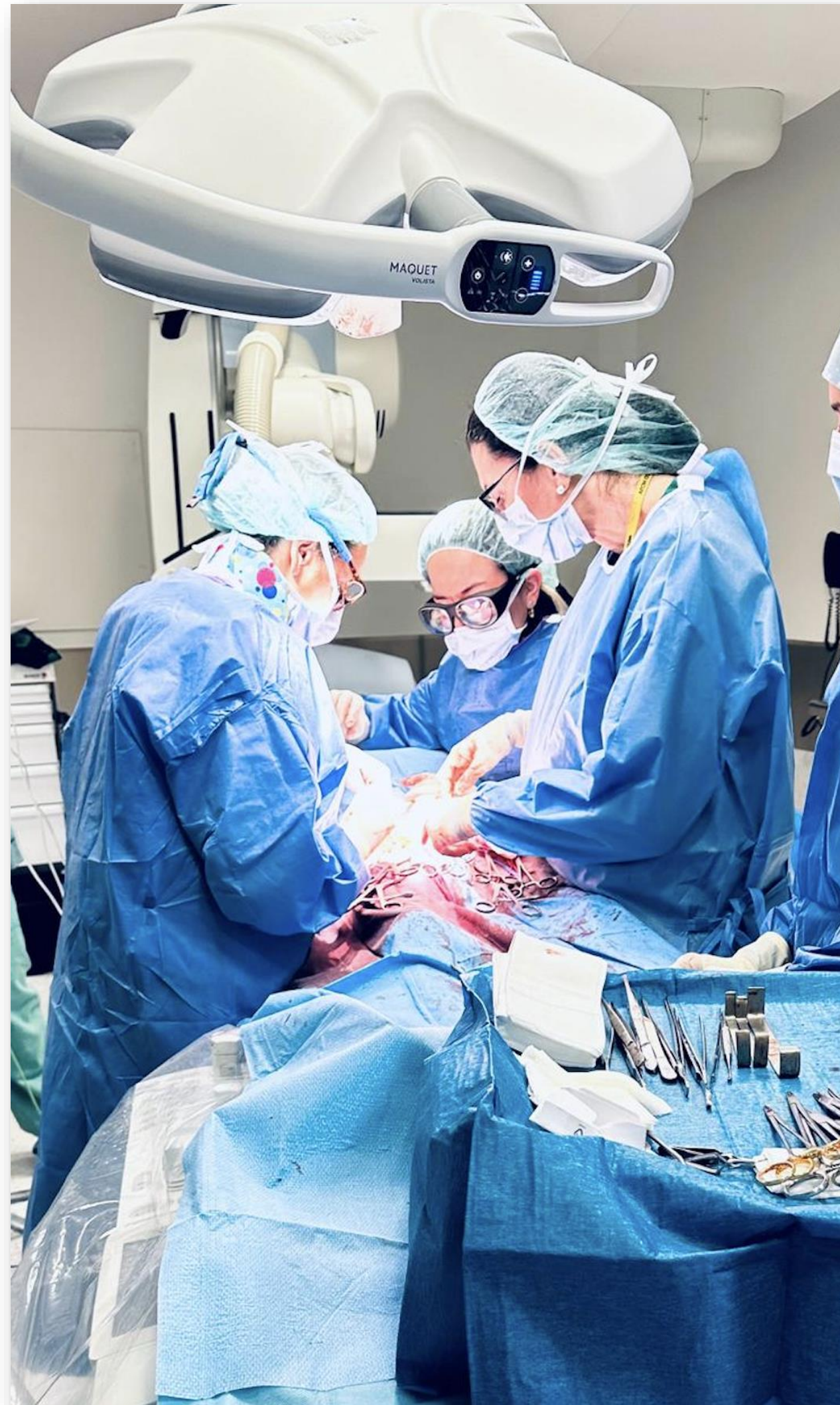
Unidad de exploraciones funcionales
(ECO DOPPLER)

Actividad quirúrgica
(2+1)

Actividad Quirúrgica

- 15 semanales (2+1 al día):
 - 10 arteriales
 - 4 venosos
 - 1 accesos vasculares

Actividad Quirúrgica



Actividad Quirúrgica



QUIRÓFANO HÍBRIDO

Actividad Quirúrgica

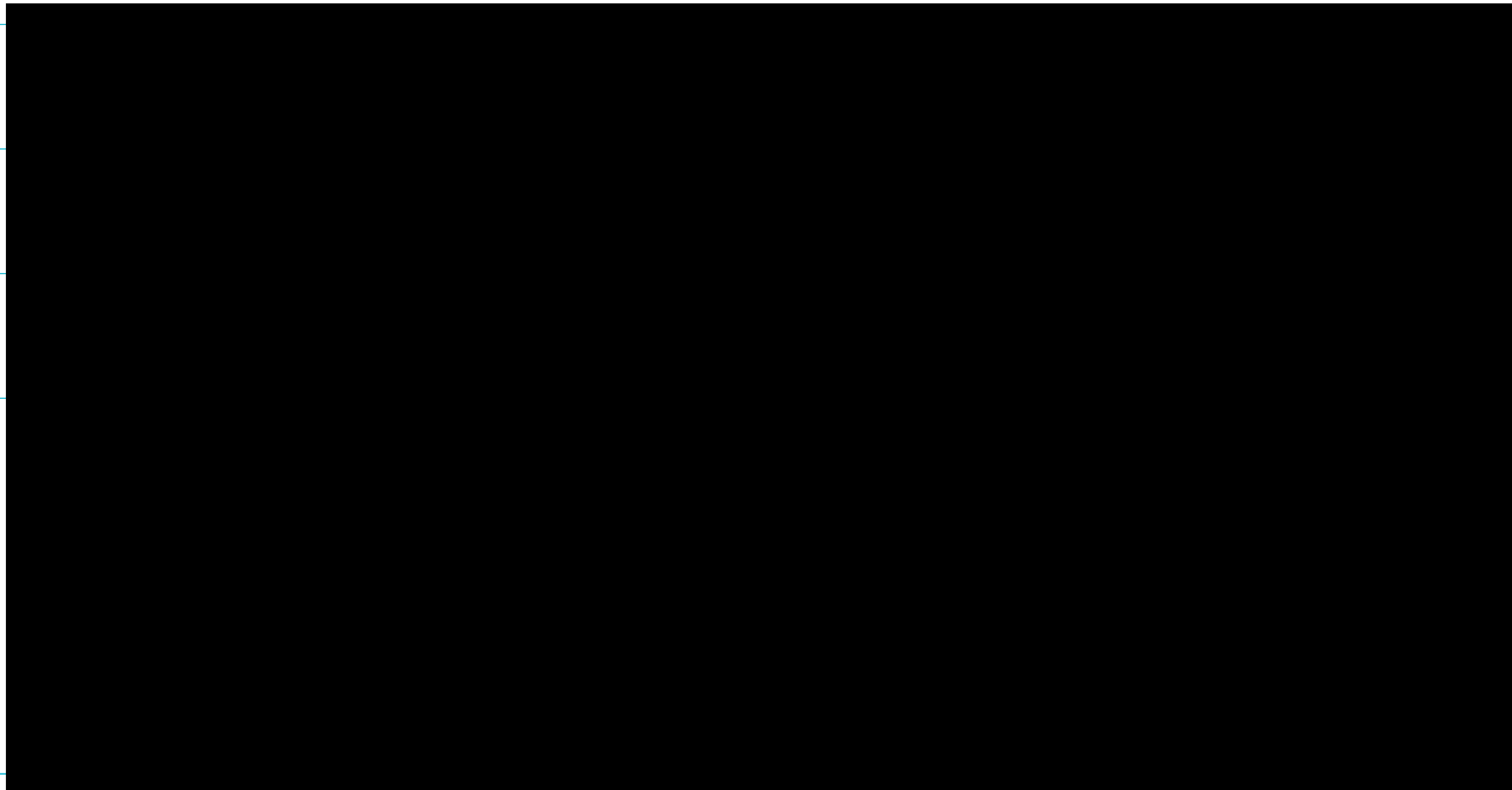
CIRUGIA ENDOVASCULAR COMPLEJA

Aórtico

Periférico

Troncos supraórticos

Venosa



Actividad Quirúrgica

CIRUGIA ABIERTA

Troncos supraórticos

Aneurismas aórticos

Sector aorto-iliaco

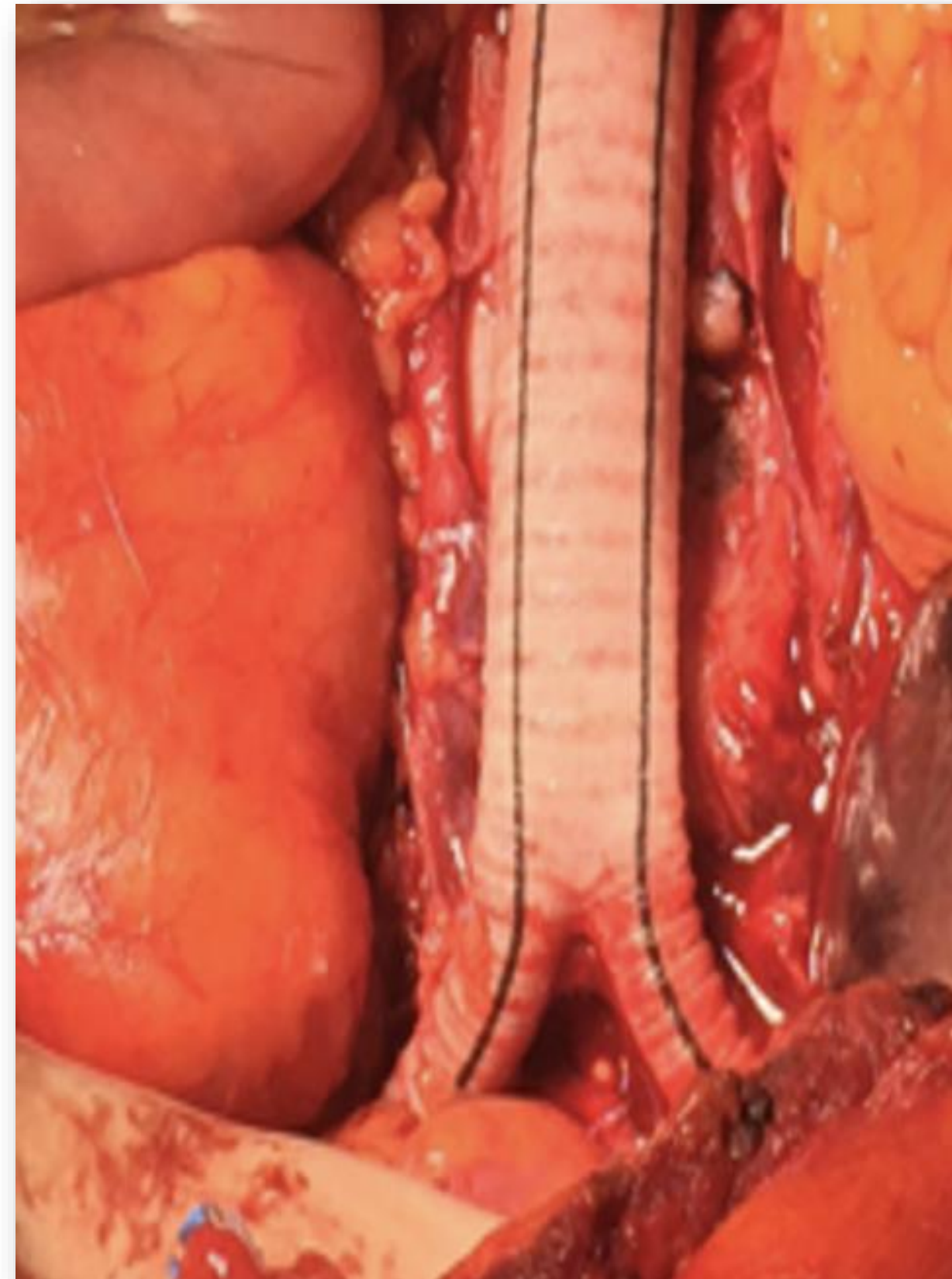
Sector femoro-poplíteo

Sector distal

Extremidad superior

Accesos vasculares

Pie diabético





VI CONGRESO INTERNACIONAL DE CIRUGÍA ENDOVASCULAR
 CAPITULO DE CIRUGÍA ENDOVASCULAR
VI INTERNATIONAL CONGRESS ENDOVASCULAR SURGERY
 ENDOVASCULAR SURGERY CHAPTER
VALLADOLID 8 - 9 - 10 NOV • 8th - 9th - 10th NOV



PLAZO DE ENVÍO DE CONTRIBUCIONES CIENTÍFICAS:
DEL 5 DE JULIO HASTA EL 15 DE SEPTIEMBRE

Encuentra toda la información en
www.cirugiaendovascular.com

Gait speed assessment as a prognostic tool for morbidity and mortality in vulnerable older adult patients following vascular surgery

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 Mortality
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ABSTRACT

Introduction: Predicting the risk associated with vascular surgery in older adult patients has become increasingly challenging, primarily due to limitations in existing risk assessment tools. This study aimed to evaluate the utility of gait speed, a clinical indicator of frailty, in enhancing the prediction of mortality and morbidity in older adult patients undergoing vascular surgery.
Methods: A single-center prospective cohort study was conducted, involving older adult patients undergoing vascular surgery at four tertiary care hospitals between 2021 and 2022. Eligible patients were aged 80 years or older and scheduled for surgical treatment of peripheral arterial disease of the lower limbs (Bb Leriche-Le Fontaine). The primary factor of interest was gait speed, defined as taking more than 6 s to walk 5 meters. The primary outcomes were in-hospital postoperative mortality and major morbidity.
Results: The cohort comprised 131 patients with a mean age of 82.8 ± 1.4 years, with 34 % being female. Before vascular surgery, 60 patients (46 %) were categorized as slow walkers. Slow walkers were more likely to be female (43 % vs. 25 %, $p < 0.03$) and diabetic (50 % vs. 28 %, $p < 0.01$). Among the patients, 30 (23 %) experienced the primary composite outcome of mortality or major morbidity following vascular surgery. After adjusting for the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP[®]) Surgical Risk Calculator, slow gait speed independently predicted the composite outcome (odds ratio: 3.05; 95 % confidence interval: 1.23 to 7.54).
Conclusions: Gait speed is a straightforward and effective test that can help identify a subgroup of frail older adult patients at an elevated and incremental risk of mortality and major morbidity after vascular surgery. While gait speed remains a valuable clinical indicator of frailty, it is important to recognize that the broader context of mobility plays a pivotal role in postoperative outcomes.

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Introduction

A significant volume of vascular surgeries is performed in the older adult population, constituting approximately half of the cases. Furthermore, up to 78 % of these older adult patients develop major complications and decrease. Advanced age, typically categorized as 80 years or older in the context of vascular surgery, emerges as a major risk factor for both mortality and serious morbidity. Nevertheless, randomized trials^{1,2} and observational studies^{3,4} have consistently demonstrated that older adults derive substantial benefits

from undergoing surgical procedures. Among these benefits, several aspects stand out, such as improved quality of life, symptom relief, prevention of significant adverse cardiovascular events, and improved overall survival.⁵

Decision-making regarding the performance of a vascular surgical procedure is complex because of the delicate balance between potential risks and their benefits. Several tools have been validated to aid the decision-making process,^{6,7} but these tools show lower performance when applied to the older adult population, often overestimating mortality rates.^{8,9} In addition, most of these risk scores were originally developed to predict mortality and are not suitable for predicting causes of morbidity.^{10,11} These complications have a direct impact on the quality of life, as well as healthcare costs.^{10–12}

To effectively predict outcomes in older adults, it is necessary to consider the existence of subclinical alterations that lead to a

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Actividad Científica

Sesiones clínicas (1 por semana); Sesiones bibliográficas (cada 15 días)

Congresos Nacionales e Internacionales; Publicaciones



Formación Residentes

Cursos de formación propios en Valladolid: teóricos y prácticos
Acceso a cursos Nacionales e Internacionales

ESTUDIO SHAPE-CAROTID: IMPACTO DEL ESTRÉS HEMODINÁMICO EN LA ACTIVACIÓN PLAQUETARIA TRAS LA ENDARTERECTOMÍA CAROTÍDEA O ANGIOPLASTIA CON STENT MEDIANTE DINÁMICA DE FLUIDOS COMPUTACIONAL

Sergio Asensio Rodríguez. *Servicio de Angiología y Cirugía Vascul HCUV*

M.ª Lourdes del Río Solá. *Servicio de Angiología y Cirugía Vascul HCUV*

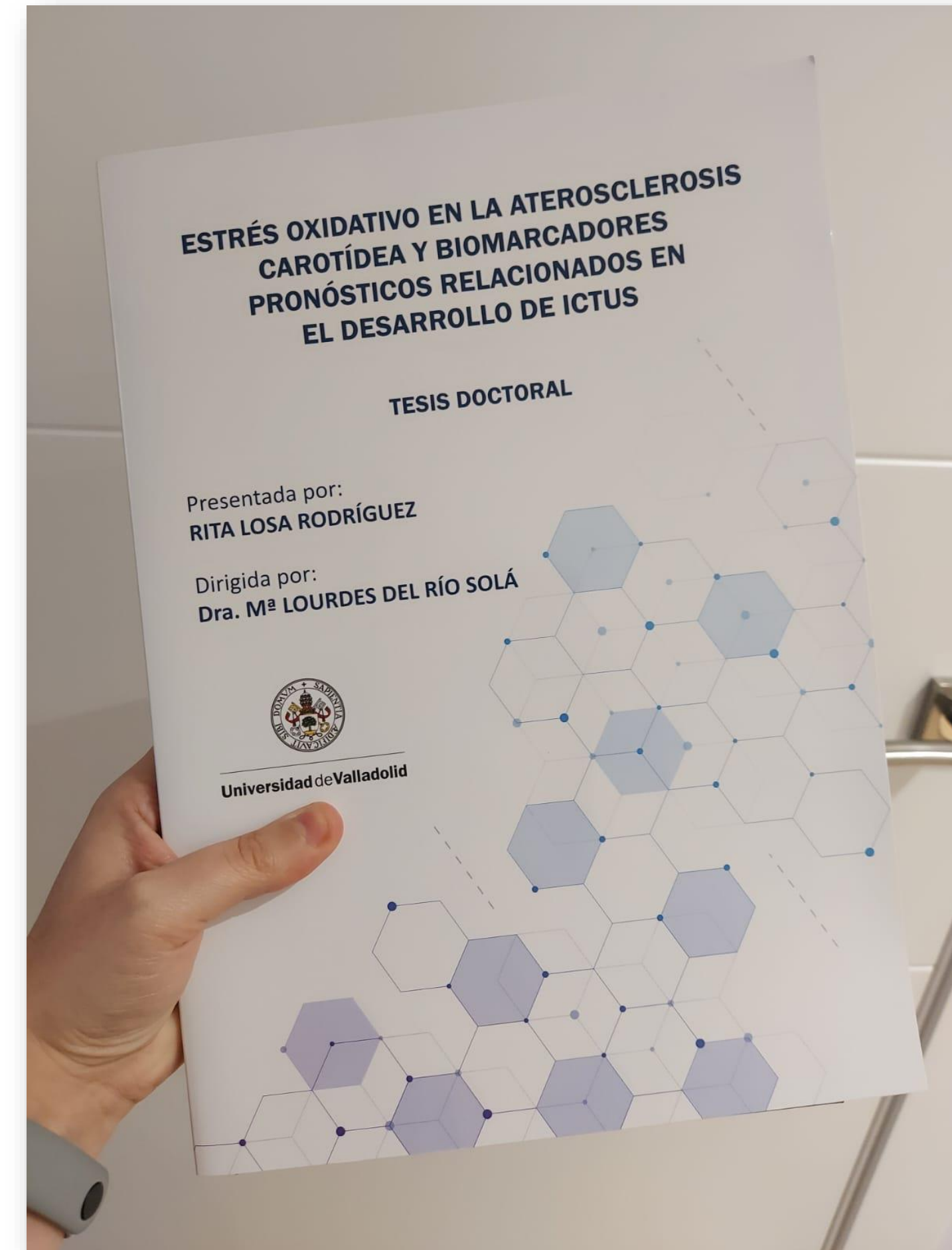
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César Barrios Collado. *Grupo de Ingeniería de Fluidos. Departamento de Ingeniería Energética y Fluidomecánica de la Escuela de Ingenierías Industriales de la Universidad de Valladolid*

8 de agosto 2023



Área de Investigación

Proyectos de Investigación
Tesis Doctorales

Rotaciones

- R1 CGD
- R2 REA

- R3 CTO
- R4 CCA
- R5 Extranjero





Guardias

- 6 al mes
- R1 1-2 urgencias y resto de ACV
- R1 con adjunto presencial
- Derecho a libranza de guardia

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