



## Endovascular Procedures in Vascular Surgery

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### Editorial

Vascular surgery has presented an extraordinary development in the last decades, on one hand, new procedures performed by open surgery that has considered overcoming barriers especially in the arterial and venous fields, with exeresis, repair, and blood vessel revascularization techniques. In light of a classical vascular surgery, new endovascular procedures based on a minimally invasive surgery have appeared, where, mainly by puncture of the blood vessels, a solution to vascular pathology and even to the very complex one, such as aneurysms of the aorta in all sectors. These last procedures, are being carried out by different specialists and professionals, I consider from my point of view in an inadequate way, especially by radiologists, cardiologists and cardiac surgeons. I believe it is the vascular surgeon who should perform them on the basis that, although they are techniques, patients are treated in principles of competence in vascular pathology not in techniques. The techniques can be applied by anyone who is trained to perform them, but the important thing of a treatment is in the therapeutic indication; first, if it is convenient for the patient to apply a technique, in this case endovascular; which technique is the most appropriate to apply, how to apply it, be able to resolve complications even with open surgery techniques and also be able to monitor the patient. Do not forget that we are not dealing with images, not even injuries, but rather patients, human beings who are immersed in a personal, family, work and social environment. All these aspects discussed above influence the patient and therefore should be considered at the time of applying one or another technique. On the profile of each specialty, vascular surgery, in many geographical areas implicitly involves angiology, that is, the patient's overall attention in vascular aspects. Interventional radiologists are specialists in the vast majority of cases, trained in using one tool for diagnosis, such as X-rays, and they treat patients based on images and try to give them a technical solution that they do not follow up afterwards, so they do not usually have an assessment of the effectiveness of the procedure practiced. Cardiologists have exceeded their field of action in many cases and specifically interventional cardiologists perform procedures in vascular surgery based on the technical facility of practicing them once they have made the coronaries, but also treating the lesion based on images and not to therapeutic clinical indication. Another factor that would be added to this problem is the commercial profile that this type of practice can develop, when performing them in hospitals where the procedure entails an increase in income in private health centers in certain geographical areas, thus gratifying the limits of an inadequate medical practice. Added to this is the pressure from the companies that supply the devices, which they need to maintain the business, that they use them. It is essential, with all this problems, to maintain a correct ethical criteria and behaviors, to limit yourself to carry out procedures based on clinical criteria, and respect the boundaries of the competencies of each of the specialties, which should be elaborated with logical criteria and not with group or collective interests.

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