

My name is Tasopoulou Kalliopi-Maria and I am a final year Vascular Trainee after having completed the curriculum of my specialty. As I went through my training, I had the opportunity to perform operations in regard to the majority of peripheral arterial and aneurysmal disease (as well as vascular access) and assist in complicated cases. Complex aortic training although mandatory for the new generations of vascular trainees, requires significant amount of time as well as a large caseload in order to be able to safely plan and perform these procedures. Moreover, for Venous disease, training in Phlebology for residents is non-structured and it is mostly based on centre's and trainer's experience. Although a multidisciplinary approach might be required, vascular surgeons play a crucial role in the treatment of venous disease.

Based on my every-day experience with patients with chronic venous disease, there is a significant amount of people whose overall quality of life is affected and suffer with symptoms daily. The newest advances in superficial venous treatment, can be implemented on an outpatient basis, offer relief and the ability to rapidly return to normal work schedule. Therefore, I decided that, in a brief 3-month placement, I aspired to train on a field that I could implement on day one of my practice as a specialist.

In the ESVS database, one can find a list on European training centres with a detailed curriculum for each post. This provides the opportunity for trainees to select from a variety of hospitals based on their expertise. I was aware that, in the Netherlands, there is excellent quality of healthcare and implementation of up-to-date evidence and techniques. Following my acceptance, I had the opportunity of a 3-month placement at the Meander Medical Centre in Amersfoort therefore I am delighted to share my overall experience of the country and the hospital.

The picturesque city of Amersfoort, province of Utrecht, is situated in the middle of the Netherlands and is one of the country's largest railway junctions. After a walk within the centre, you can see the well-preserved medieval character of the city. On the other hand, Meander Medical Centre is a newly-structured hospital with beautiful surrounding nature. The hospital has received awards for its architecture (WAN Award Health Care 2014) and their innovativeness on patient care is recognised (inclusion of only private rooms). Regarding the vascular department, there is a hybrid room in which a variety of vascular interventions (both open, endovascular and complex aortic such as fenestrated and branched-inner branched) are performed. The department operates on almost a daily basis (~3-4 times per week). In the near future, another hybrid room is under construction. Close collaboration with the interventional radiology department is of essence regarding decision making and optimal outcomes.

On my first day of visiting the hospital, I was greeted by the Chief of the department, Dr Vincent Van Weel. Dr Van Weel was eager to discuss and plan my overall placement so that I gain the optimum from my experience. I felt welcome by everyone, from the rest of the department's consultants, residents and nurses, especially in the OR. I was able to perform and assist in operations and participate in the every-day routine of the department. Every week there was a vascular meeting along with the interventional radiologists and vascular technicians where we would discuss previous cases, findings on Ultrasound and Computed Tomography and plan procedures. This meeting was of high interest to me because I was able to learn more about decision making, avoiding common errors and bailout techniques in the quiet setting of a group discussion.

In the outpatient policlinic we had new incoming patients as well post-operative follow-up and all of the consultants were willing to discuss each case regardless of workload. What is of high importance to me is the wound expertise team of the hospital, in close collaboration with the surgical and vascular department. There are dedicated well-trained nurses that offer wound care which I followed-up closely for practical tips about technique and use of materials. The Da Vinci Clinic includes a multi-disciplinary team of specialists about complex wounds and diabetic foot as well as shoe-technicians that offer dedicated foot-mapping and shoe-making processes. I had therefore the opportunity to attend their weekly meetings and observe treatments at the hyperbaric oxygen tank that the hospital possesses.

As I mentioned, the vascular technicians of the hospital are actively involved in the vascular department's activities. They are very well trained so I was willing to observe and discuss vascular

(venous and arterial) ultrasounds as diagnostic or follow-up modalities. Apart from the hybrid room, endovascular procedures are performed in an angio suite so at some days I was able to attend there as well. As all of the consultants are also Surgery specialists, there is close collaboration with the general surgery department. Additionally, visceral stenting is a part of their endovascular practice and quite interestingly, there are specific protocols for treatment of abdominal angina and mesenteric vascular occlusive disease.

An important component of a vascular surgeon's agenda, is that of emergency and acute cases. In that manner, I participated in planning and operating for cases such as endovascular repair of ruptured abdominal aortic aneurysms, acute limb ischemia events or even vascular access complications.

Regarding treatment of superficial venous disease, there is a dedicated outpatient clinic both for diagnosis and treatment in a branch of the Meander Medical Centre, in Baarn. There, I had the opportunity to learn and perform procedures with Dr Maarten Speijers. We performed numerous cases of endovenous radiofrequency ablation. Apart from the endovenous ablation, we performed typical phlebectomies as well as foam sclerotherapy and treatment of perforator veins. In a few cases, saphenous stripping was offered in the Amersfoort OR.

The ability to diagnose and provide follow-up for your patients is of high clinical importance. After having successfully completed a 9-month Phlebology course and pursued attendance in venous conferences in the previous months of my placement, I already had an improved theoretical grasp of venous disease. Therefore, I could start performing and discussing venous ultrasounds with Dr Speijers and also receive feedback from the vascular technicians. In the afternoons, after the operations we had our venous outpatient clinic and examined patients with the whole spectrum of venous disease. Apart from the invasive measures, we offered compression options based on the newest evidence and some of the patients with venous ulcers were directed to the wound care team.

Last but not least, Meander Medical Centre is in close collaboration with the University Medical Centre of Utrecht (UMC Utrecht). I participated in the Utrecht Vascular rounds where research projects from the university were presented and a series of interesting cases were discussed. Furthermore, there is a plethora of ongoing clinical trials and registries in which the hospital participates such as: FOREST, EASY, PLIANT II and INNER-B.

It is not easy to be brief when you have 3 months full of experiences but I hope it was informative for everyone who is considering a placement in this department. I would like to personally thank all the specialists, the Chief Dr Van Weel, Dr Speijers, Dr Loubert and Dr Thijsse, resident Dr Jongen as well as all of the team of radiologists for their patience and acceptance and making me feel as a part of their team. Finally, what I have become today as a trainee in vascular surgery, I owe it to my mentors in the department of vascular surgery in the University Hospital of Alexandroupolis with head of department Professor Georgiadis.

I am also grateful for receiving this grant from the ESVS and I hope that my experience inspires more trainees to apply for an international placement.