

## **Travelling Professor**

Tenure dates (from – to):	January 2024 – December 2024
Name:	Dr Trevor Cleveland
Job title:	Consultant Vascular Radiologist
Organisation/Trust:	University Hospitals Plymouth
Lecture titles: Please include all	Two opening lecture options:
topics to be covered during a your TP visit.	1 IR is exciting - The changing face of IR
	2 IR is for everyone – what is the reality of radiation dose in IR?
	To provide an opportunity for the visiting professor to engage with the trainee group and encourage
	questions and answers. This will help to facilitate interaction during the remainder of the visit.
	Then a more interactive session entitled:
	3 IR Technology and Techniques
	Plan a semi-structured, hands-on, session using various pieces of IR equipment, ranging from basic
	guidewires and catheters, microcatheters/guiding catheters/sheaths, through stents and stent-grafts to
	embolisation materials. Again, this would allow barriers to interaction to be overcome and discussion to be encouraged.
	For the remainder of the available time, option choices including (but not all):

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	<ul> <li>4 Imaging and Interventional management of venous thromboembolism – This is particularly pertinent to the frontline interest in IVC filters that was Graham Plant's area of particular interest.</li> <li>5 Acute aortic syndrome</li> <li>6 Emergency Vascular Imaging</li> <li>7 Clinical IR and day-case services</li> <li>8 Aortic aneurysms – abdominal and thoracic (including EVAR, fEVAR and TEVAR)</li> <li>9 Peripheral vascular disease – when is IR good?</li> <li>10 Carotid imaging and treatment for stroke prevention</li> <li>Across these areas focus upon:</li> </ul>
	<ul> <li>Motivation to understand and potentially undertake a career in IR. I would use the "IR is exciting" as an introduction, which would be relatively light and would try to engage the trainees and to ensure that they understand the interactional/relaxed nature of the planned sessions</li> </ul>
	The importance to all Radiology trainees.
	• Improve accuracy and familiarity (and generate confidence) with acute vascular conditions and imaging (in and out of hours).
	Promote a good understanding of IR techniques and technologies.
	• Focus on areas where the individual training schemes would benefit from additional input.
Learning objectives: Please detail	Imaging and Interventional management of venous thromboembolism (VTE):
what learning outcomes will be	Imaging techniques for VTE
achieved by those in attendance.	• When are IVC filters indicated and when they are not (including during pregnancy).
	When/if to consider endovenous intervention in acute DVT
	The concept and structure of a Pulmonary Embolism Response Team (PERT).

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•	Pulmonary thrombectomy options and indications.
Acut	e aortic syndrome:
•	What are the acute aortic syndromes and why they are important?
•	Understand the types of aortic dissection
•	Appreciate the difference between complicated and uncomplicated aortic dissections
•	How to approach dissections found "incidentally."
•	The endovascular treatment options for AAS
Eme	gency Vascular Imaging:
•	How to plan a CT scan for bleeding/trauma.
•	What to look for on trauma CTs
•	When is MR or ultrasound useful in acute cases.
•	Understand the degree of urgency of imaging.
•	Understand when to involve the IR consultant/Fellow
Clinic	cal IR and day-case services:
•	Appreciate the patient, service and operator benefits of IR as the primary clinical team
•	What are the benefits of a day-case facility
•	How to set up a day case service
•	Setting up an out-patient clinic
•	Business case formulation
Aorti	c aneurysms – abdominal and thoracic (including EVAR, fEVAR and TEVAR):
•	Understand when abdominal and thoracic aortic aneurysms require intervention
•	Appreciate the important imaging features for both open and endovascular repair.
•	To understand the basic requirements for abdominal EVAR
•	To understand what features are important for TEVAR.
•	Have a basic understanding of the techniques to extend landing zones (fEVAR, BEVAR,
	ChEVAR, IBD).



<ul> <li>Peripheral vascular disease – when is IR good?</li> <li>To understand the imaging options in PVD</li> <li>To understand the relative merits of Duplex, MRA and CTA</li> <li>To be aware of the patterns of PVD</li> <li>To understand the TASC classification and it's use.</li> <li>To understand the IR options for treatment, and their place in relation to open surgery.</li> </ul>
<ul> <li>Carotid imaging and treatment for stroke prevention:</li> <li>To understand the importance of urgent carotid imaging and the NICE Guidance.</li> <li>To understand the imaging options, and a suitable strategy for imaging</li> <li>To understand when intervention is indicated, including NASCET criteria.</li> <li>To understand when stenting should be considered.</li> <li>To appreciate how carotid stenting is done, and drug therapies.</li> </ul>

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