

**An Independent Board Of Vascular Surgery  
Why It Has Been So Helpful : The French Experience**

Didier Mellière\*, Jean Natali\*†, Xavier Chauffour \*\*, Jean-Pierre Becquemin  
\* Collège Français de Chirurgie Vasculaire \*\* Current General Secretary

No Disclosure

†

**Vascular Surgery in France : The Pioneers**

- 1906 **Alexis Carrel** : Triangular Vascular Anastomosis
- 1923 **René Leriche** : Lumbar Sympathectomy
- 1948 **Jean Kunlin** : First Successful long Venous Bypass for SFA Occlusion
- 1950 **Jacques Oudot** : First Successful Aorto Femoral Bypass for Aortic Occlusion and First Cross Over Bypass
- 1951 **Charles Dubost** : First Successful Aortic Aneurysm Replacement
- 1952 **André Thevenet** : First Carotid Endarterectomy in France

Société de Chirurgie Vasculaire ( SCV )

Jean Kunlin 1951

**Practice of Vascular Surgery in France < 1980**

- Very Few Independant Vascular Units
- General Surgery Units ( Peripheral and Abdominal Aorta )
- Cardio-thoracic Units ( Thoracic Aorta )
- Neurosurgery Units (Carotid)


**Limits and Pitfalls**

- **Vascular Surgery** was considered as a **Secondary Activity**, **Vascular interventions** were considered as **Minor Operations**  
Generally Performed at the End of the Programs
- **In Cardiac Units**, surgeons were reluctant to take care of patients gangrene or diabetic foot with regard to the risk of infection for the Cardiac patients

### Lack of Specialisation


- **No dedicated Team** ( Surgeons and Anesthesiologists ) , Nurses, IFU, Wards
- **No Formal Academic Teachings**
- **No Control of Teaching Practices, no National Coordination**
- **No Control of Acquired Skills at the End of the Training**


1977



**Pr Didier Mellière**  
Former Head of the Vascular Surgery  
Dpt Henri Mondor Hôpital Creteil

The French Collège  
of Vascular Surgery






**Pr Jean Natali** †  
Former Head of the Vascular Surgery  
Dpt Hôpital la Pitié Salpêtrière Paris

### National Board of Vascular Surgery 1978

National Training Program

- 1) A Certification of Standards for Training Units
- 2) A Training Program for Residents
- 3) A **National Exam** at the End of the Program

### Organisation of the Training




Seven Regions

**The Regional Directors are Heads of Vascular Units and Members of the Collège**

### Difficulties and Outcomes

1978-1980  
**Major disputes:** with other specialties  
 ( Personal threat , multiple denial in Ministries of Health and of Education  
**Minor dispute:** Refusal by few residents

1980  was successfully established and ran in the 7 Régions

1980 ( June ) **The First Final Exam Session**

### CFCVé Organisation 1978

Regional Training Supervised by Regional Directors

**Practice :** 4 years in various surgical specialties  
 2 years in Vascular Surgery Units

**Theory :** All vascular topics were covered ( seminars, local and national meetings

**Regional Evaluation :** Made by the Teachers of the Regions

**CFCVE** Final National Exam

**3 steps**

- 1) **Candidates are presented by the Regional Teachers** : list of activities and operations, evaluation by the head of the unit
- 2) **Written Exam**
- 3) **Oral Exam** based on the analysis of a patient's case

**Documents**

- Since 1980 a **Book of Guidelines** is available for trainees
- All **Chapters** are written, discussed and agreed by the **National Board**
- **The book** is regularly **updated** according to the Scientific Evolution and Practice of Vascular surgery

Web Site: [college-vasculaire.com](http://college-vasculaire.com)

**How Vascular Surgery Became an Independant Specialty**

**1980**  
The Classical Residency Training Program ( General and Cardiac Surgery ) was modified  
Vascular Surgery became a **Complementary Specialty** open to trainees certified in General and Cardiothoracic specialties

**1982**  
**The Academic Vascular Surgery Subsection**

**How Vascular Surgery Became an Independant Specialty**

**1984**  
**DESC** ( Diploma of Specialized Complémentary Studies )

**DES** ( Diploma of specialized studies )

**2019**  
**DES** : ( 4 years as resident and 2 years as junior )

**Results**

**Each year: 20 to 25 French and 15 to 20 foreign Trainees**

**Globally** Good level of theoretical knowledge  
Satisfactory practice expertise

Noncertified surgeons are discouraged of doing vascular repair

**Vascular surgery in 2024**

**472 certified Vascular Surgeons** ( private and public)  
Competent in endo and open vascular procedures

**Results of standard Operations are globally excellent**  
AAA 1% to 3% mortality  
Carotid 1% ( Pr Steinmetz SCVE 2024 communication )

## Organisation of Vascular Surgery in 2024

CFCVÉ

SCVE

Société de Chirurgie Vasculaire et  
Endovasculaire de Langue Française

SNCVE  
SYNDICAT NATIONAL DE  
CHIRURGIENS VASCULAIRES  
ET ENDOVASCULAIRES

Vascurisq

AURC : Academic Research group

## Competition

- **Radiologists:** ( Embolisation, Angioplasty )  
Stents grafts for AAA ( under control since a vascular surgeon must be involved )
- **Cardiologists :** Peripheral Angioplasty ( the majority are performed by vascular surgeons )
- **Neuroradiologists:** Stroke centers, Urgent carotid treatment , thromboysis, stenting
- **Angiologists :** Veins exploration and non invasive treatments

## Conclusions

- The Independent French Board of Vascular Surgery created 44 years ago is very efficient
- Close relationship and regular exchanges between the different components ( college, academic, union, ...)
- Improved Vascular Surgeons Skills and Knowledge
- Represents a recognized task force for eventual dispute with administrative health care system ( HAS)
- **Is key to patient's efficient managements**