

SCIENTIFIC PROGRAMME

Cath Lab Technicians • Staff Nurses • Foot Care Staff • Dialysis Technicians

Asian Society for Vascular Surgery (ASVS) Conference

09:00 – 18:00 | Abstract presentations + Four sequential tracks | 8 min + 2 min Q&A per abstract

Aim: Equip allied-health teams with practical knowledge in radiation safety, sterilisation, procedural readiness, specialised foot care and dialysis-access skills that support vascular surgeons and interventionists.

DAY SCHEDULE • 09:00 – 18:00

Time	Duration	Session
09:00 – 09:10	10 min	Registration & Welcome
09:10 – 11:10	120 min	CANDIDATE ABSTRACT PRESENTATIONS (11 papers + 1 reserved × 8 min + 2 min Q&A)
11:10 – 11:20	10 min	Tea / Coffee Break
11:20 – 12:50	90 min	TRACK A — Cath Lab Technicians
12:50 – 13:20	30 min	Lunch Break
13:20 – 14:50	90 min	TRACK B — Staff Nurses
14:50 – 15:00	10 min	Tea / Coffee Break
15:00 – 16:30	90 min	TRACK C — Foot Care / Podiatry Support
16:30 – 18:00	90 min	TRACK D — Dialysis Technicians

Note: With 11 abstract presentations + 1 reserved slot (2 hours) + four 90-min tracks, the day concludes at 18:00. Closing remarks can be integrated at the end of Track D or delivered briefly after.

CANDIDATE ABSTRACT PRESENTATIONS | 09:10 – 11:10

11 selected abstracts + 1 reserved slot • 8 minutes presentation + 2 minutes Q&A each • Total 120 minutes

#	Time	Abstract Title / Presenter
1	09:10 – 09:20	Incidence and Extension of Accessory Saphenous Vein Reflux After Ablation of Saphenous Stem Reflux Dr. Tomohiro Ogawa <i>Fukushima Daiichi Hospital, Fukushima, Japan</i>
2	09:20 – 09:30	Ultrasound Surveillance for Vascular Access: Enhancing Continuity of Care and Relieving Surgical Workload Mr. Hoi Wa Ng <i>Tuen Mun Hospital, Yuen Long, Hong Kong</i>
3	09:30 – 09:40	Psychosocial Impact of AV Fistula Failure in Patients on Maintenance Haemodialysis: A Pilot Study Dr. Kumar Gaurav <i>Tender Palm Superspeciality Hospital, Lucknow, India</i>
4	09:40 – 09:50	Planned Vascular Access in TAVI: A Team-Based Approach to Reduce Access-Related Morbidity Mr. Swarup Guria <i>Tender Palm Superspeciality Hospital, Lucknow, India</i>
5	09:50 – 10:00	Choosing the Appropriate Puncture Route for Cost-Effective Dialysis Access Interventions Mr. Susanta Kotal <i>Tender Palm Superspeciality Hospital, Lucknow, India</i>
6	10:00 – 10:10	Impact of a Structured Teaching Intervention on Knowledge, Attitudes and Practices Related to Hemostasis and Thrombosis Among MBBS Interns Ms. Anima Rana <i>Sir Ganga Ram Hospital, Delhi, India</i>
7	10:10 – 10:20	Catheter-Associated Thrombosis Related Venous Thromboembolism: Current Challenges in Prevention, Diagnosis and Management Ms. Ritika Mishra <i>Sir Ganga Ram Hospital, New Delhi, India</i>
8	10:20 – 10:30	Closing the VTE Prevention Gap: A Nurse-Led Surveillance and Compliance Model in a Tertiary Care Hospital Ms. Swati Upadhyay <i>Sir Ganga Ram Hospital, Delhi, India</i>
9	10:30 – 10:40	A 2-Year Root Cause Analysis of Illness and Healthcare-Associated Venous Thromboembolism (IHA-VTE): Benchmarking Outcomes by Precision Prevention Ms. Rupa Rana <i>Sir Ganga Ram Hospital, New Delhi, India</i>
10	10:40 – 10:50	Role of ABI and TcPO₂ in Predicting Wound Healing in Severe PAD Patients with Wound Burden

		Mr. Goodwill Martin Max Smart Superspeciality Hospital, Saket, Gurgaon, India
11	10:50 – 11:00	Impact of Vascular Access Surveillance on Early Detection and Intervention Patterns in Arteriovenous Fistula: A Tertiary Care Center Retrospective Analysis (2021–2024) Mrs. Ekta Pundir PGIMER, Chandigarh, India
12	11:00 – 11:10	(Slot reserved / additional abstract)

TRACK OVERVIEW (run sequentially after abstracts)

Track	Audience	Focus
A	Cath Lab Technicians	Radiation safety • Sterilisation & set-up • Anticipating the next step
B	Staff Nurses (Ward / ICU / Theatre)	Pre-op assessment & preparation • Sterile field • Peri-procedural care
C	Foot Care / Podiatry Support	Diabetic foot assessment • Off-loading & wound care • Red-flag recognition
D	Dialysis Technicians	AV access types & planning • Cannulation • Surveillance & referral

TRACK A — CATH LAB TECHNICIANS | 11:20 – 12:50 Director: Dr Bhupesh Garg

Time	Dur.	Content
11:20 – 11:40	20 min	Lecture 1: Basic knowledge of cath lab machine and its management- Yudhvir Panwar • How to make cardiac cath lab compliant for vascular cases • Handling endovascular devices, catheters, sheaths & stents • Requirements of vascular surgery cases
11:40 – 11:50	10 min	Discussion & Q&A
11:50 – 12:10	20 min	Lecture 2: CO2 angiography and special skill development- Rishab Jha • Special skills for cath lab • Type of angiography • Care during angiograms, interventions & hybrid procedures
12:10 – 12:20	10 min	Discussion & Q&A
12:20 – 12:40	20 min	Lecture 3: Optimising use of IVUS in venous diseases and use of perfusion scan-Vijay Yadav • IVUS machine setting • IVUS data storage • Use of advanced software of cath labs
12:40 – 12:50	10 min	Discussion & Q&A

TRACK B — STAFF NURSES | 13:20 – 14:50 Director: Dr Harshit Malhotra

Time	Dur.	Content
13:20 – 13:40	20 min	Lecture 1: Pre-operative Assessment & Preparation of the Vascular Patient <i>N/O Remya TR (VH DU Incharge, Sir Ganga Ram Hospital, Delhi)</i> • Key history and risk factors (diabetes, smoking, renal function, anticoagulants) • Baseline vascular examination and documentation of pulses / ABI • Consent verification, site marking and pre-procedure checklist • Fasting, medication management and allergy checks • Psychological preparation and patient education
13:40 – 13:50	10 min	Discussion & Q&A
13:50 – 14:10	20 min	Lecture 2: Sterilisation, Asepsis & Instrument Handling <i>N/O Kavita Raghuvanshi (HVCL, SGRH)</i> • Maintaining the sterile field in open and endovascular procedures • Correct handling and opening of sterile packs and devices • Instrument counting, tracking and prevention of retained items • Skin preparation and draping for vascular access sites • Post-procedure instrument decontamination workflow
14:10 – 14:20	10 min	Discussion & Q&A

14:20 – 14:40	20 min	Lecture 3: Peri-procedural Nursing Care of the Vascular Patient <i>N/O Pooja Sharma (Incharge of Hybrid Vascular Cath Lab recovery, SGRH, Delhi)</i> • Intra-procedure monitoring (heparin, ACT, BP, access-site care) • Recognition of acute complications (haemorrhage, ischaemia, contrast reaction) • Post-procedure observation, access-site protocols and early mobilisation • Drain and wound care after open vascular surgery • Handover to ward / ICU and documentation essentials
14:40 – 14:50	10 min	Discussion & Q&A

TRACK C — FOOT CARE / PODIATRY SUPPORT | 15:00 – 16:30 Director: Dr Lee Rogers/ Dr Hemil Patel

Time	Dur.	Content
15:00 – 15:20	20 min	Lecture 1: Systematic Assessment of the At-Risk Foot • Recognising the high-risk diabetic and ischaemic foot • Simple vascular and neurological examination (pulses, Doppler, monofilament) • Wound classification and documentation (Wagner / University of Texas) • When and how to escalate to the vascular team • Photography and serial measurement for monitoring
15:20 – 15:30	10 min	Discussion & Q&A
15:30 – 15:50	20 min	Lecture 2: Practical Wound Care & Off-loading Principles • Basic wound-bed preparation and dressing selection • Off-loading techniques (total-contact cast, removable cast walkers, felt) • Infection recognition and sample collection • Pressure-relief devices and footwear advice • Safe limits of debridement for non-specialist foot-care staff
15:50 – 16:00	10 min	Discussion & Q&A
16:00 – 16:20	20 min	Lecture 3: Multidisciplinary Teamwork & Red-Flag Recognition • Role of the foot-care team within the vascular MDT • Clear communication of findings to surgeons and interventionists • Red flags requiring urgent review (acute ischaemia, deep infection, sepsis) • Post-revascularisation foot-care priorities and surveillance • Patient education and secondary prevention messages
16:20 – 16:30	10 min	Discussion & Q&A

TRACK D — DIALYSIS TECHNICIANS (AV Access) | 16:30 – 18:00 Director: Dr Himanshu Verma

Time	Dur.	Content
16:30 – 16:50	20 min	Lecture 1: Understanding AV Access – Types, Planning & Mapping- Dr Himanshu Verma • Native AV fistula vs graft vs central venous catheter – indications & hierarchy • Preferred sites and sequence (radiocephalic → brachiocephalic → brachiobasilic → graft) • Pre-operative vessel mapping: what the technician should know and communicate • Maturation criteria and when an access is ready for safe cannulation • Role of the dialysis technician in access planning with the vascular team
16:50 – 17:00	10 min	Discussion & Q&A
17:00 – 17:20	20 min	Lecture 2: Safe Cannulation Techniques & Immediate Complications- Mr Kamal Singh • Rope-ladder vs buttonhole vs area-puncture – pros, cons and selection • Needle selection, angle, direction and securing the needles • Recognition and management of infiltration, haematoma and prolonged bleeding • Needle dislodgement and air embolism – prevention and emergency response • Best practices for first-time cannulation of a maturing fistula or graft
17:20 – 17:30	10 min	Discussion & Q&A
17:30 – 17:50	20 min	Lecture 3: Surveillance of AV Access & When to Refer • Clinical signs of failing access: rising venous pressure, reduced flow, arm swelling • Physical examination (thrill, bruit, pulse augmentation)

		• Basic ultrasound signs (stenosis, thrombus, pseudoaneurysm) • Indications for urgent vs elective referral to the vascular / interventional team • Documentation, communication and closed-loop feedback after interventions
17:50 – 18:00	10 min	Discussion & Q&A

PROGRAMME NOTES

Abstract session: 11 candidate presentations + 1 reserved slot, each 8 minutes + 2 minutes Q&A (total 120 min). Presenters should keep strictly to time; a timer will be used.

Tracks: Four sequential tracks (no parallel sessions). Each track = 90 min (three 20-min lectures, each followed by 10 min Discussion & Q&A).

Breaks: Two 10-min tea/coffee breaks and one 30-min lunch break.

Faculty: One vascular surgeon/interventionist + one senior technologist/nurse educator/podiatrist/dialysis specialist per track preferred.

Format: Interactive lectures (quizzes, case photos, live demos). One-page take-home checklist for each group recommended.

Day ends at 18:00 after Track D. Brief closing remarks may be given at the end of the final Q&A.