

Prologue

“During the past decades we all have spend a lot of time to construct the future of the speciality we had grown together. We progressed in the understanding and classification of various diseases allowing for a better selection of therapeutic indications and goals. That occurred first within the frame of the WIN, then in more official structures that we created together, in particular the World Federation of Interventional and Therapeutic Neuroradiology, WFITN.”

Luc Picard, Pierre Lasjaunias

“Coming from different specialities, from different countries and continents, and practicing in various types of hospital structures, we tried together to propose standards of training and practice.

These recommendations helped us advance yet new challenges have appeared to day. INR is practiced today by an ever increasing number of practitioners not always optimally trained, and various specialists try to highjack NRI resulting in its fragmentation.”

Luc Picard, Pierre Lasjaunias

Interventional Neuroradiology 4: 195-1 97, 1998

1998 World Federation of Interventional and
Therapeutic Neuroradiology Guidelines for
Fellowship Training Programmes in
Interventional Neuroradiology

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“ 2. Duration of Training

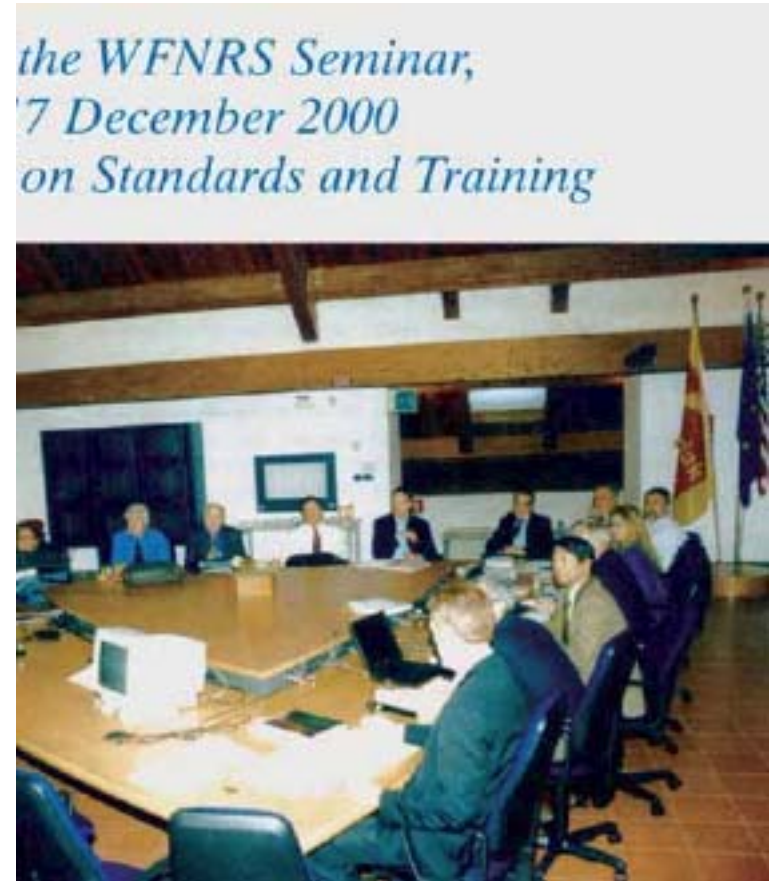
The WFITN endorses a specially tailored residency training for future interventional neuro- radiologists.

This optimal residency programme for full training last six years and includes

- 1 year of basic diagnostic imaging
- 18 months of diagnostic neuroradiology
- 18 months of clinical neurosciences
- 2 years of interventional neuroradiology.

Specific training applies to the trainees who have completed either an accredited fellowship in neuroradiology, or an accredited residency in neurosurgery or equivalent training.

...”



An informal group gathered to work on a draft of recommendations for practice in INR.

This collective work has not had any sort of official recognition from any recognized body.

The following text represents guidelines to be submitted to all the National and Continental societies involved or concerned by INR.

Venise 2005



Valavanis, Piske, Mishra, Negoro, Richling, Ruscalleda, Flodmark, Mawad, Feng, Moret, Picard, Choi, Leonardi, Lasjaunias, Goulao, Byrne, ter Brugge, Bracard, Rodesch

Site conditions guidelines

Optimal environment

Art. 1

Interventional Neuroradiology, also named Endovascular Neurosurgery, is defined as invasive diagnostic and therapeutic interventions involving the Central and Peripheral Nervous Systems, Head & Neck, Brachio-cephalic vessels and Spine.

Art. 2

Optimally, endovascular interventions on the brachio-
cephalic vessels should be practiced in authorized
Interventional Neuroradiology, Endovascular
Neurosurgery institutions

Art. 3

A healthcare institution can be authorized to practice Interventional Neuroradiology, Endovascular Neurosurgery, if it provides at the same site the following facilities :

- In-patient hospital beds
- interventional angiography suite suitably equipped for these activities
- a department of neurosurgery **and neurology** with vascular expertise
- an intensive care unit
- a department of neuroradiology.

Art. 4

In order to qualify as an Interventional Neuroradiology, Endovascular Neurosurgery approved facility, the institution shall provide the services mentioned Art. R. 3 on a full time basis year around.

Art. 5

The 24h service can be provided by agreement with other Interventional Neuroradiology, Endovascular Neurosurgery sites. Patients transfer should be carried out within a time frame compatible with safety imperatives.

Art. 6

Authorization to practice Interventional Neuroradiology, Endovascular Neurosurgery can only be granted or renewed if the applying institution evidences annual activity. Projected activity is permitted during the development phase of a service. An agreed level of activity will be defined by the accrediting authority for each applying institution.

Acceptable levels of activity will be set, baring in mind, local circumstances, such as population of the healthcare catchment area, population density and excessive travel time.

Authorization to practice Interventional Neuroradiology, Endovascular Neurosurgery is valid for five consecutive years. Projected activity is permitted during a development phase of three years.

technical operational guidelines

Art. 7

Like any other clinicians, interventional neuroradiologists, endovascular neurosurgeons, shall have admission privileges under his or her care either in dedicated neuroradiology intervention unit or in other appropriate facilities.

In-patient, intensive care, and continued monitoring beds shall be made available in sufficient numbers to accommodate interventional neuroradiologists, endovascular neurosurgeons, patients at any time.

The treating physician is responsible for the patient's care, which includes: pre-operative examination and consultation, documented informed consent, post-operative information, follow-up consultations in out-patient clinic.

When the admitting physician and treating physician are different they are jointly responsible for the care of the patient.

Art. 8a

In order to provide a comprehensive service as stated in Art. 3 the necessary medical personnel should include:

- a minimum of two, optimally four physicians with experience and training in Interventional Neuroradiology, Endovascular Neurosurgery, either on site or in a network ...

- Neuro-anesthesiologists or anesthesiologists on the basis of a protocol agreed with the above-mentioned physicians.

Art. 8b

Each intervention requires the presence of the following experienced individuals:

- an interventional neuroradiologists, endovascular neurosurgeons,
- a radiographer (technician/technologist)
- and a nurse, a radiographer or an additional interventional neuroradiologists, endovascular neurosurgeons,

The anesthesiologist should be assisted, according to local regulations.

Art. 9

The practice of Interventional Neuroradiology, Endovascular Neurosurgery, requires having access at all times to properly staffed facilities :

- MRI, CT, doppler imaging tests,
- intracranial pressure measurement and continuous recording devices,
- appropriate laboratory testing
- ...

Art. 10

According to the local regulations, the practice of Interventional Neuroradiology, Endovascular Neurosurgery, requires :

- a digital angiography suite accommodating anesthesia and asepsis conditions similar to an operating theatre,
- a control room, radioprotection measures in accordance with current regulations
- a bi-plane digital angiography unit with three-dimensional image reconstruction capabilities.

Art. 11

For sites with regular pediatric activity, the operating suite for Interventional Neuroradiology, Endovascular Neurosurgery, as well as the postoperative recovery arrangements include medical facilities and an environment adapted to newborn infants and children.

Anesthesia should be administered by medical and paramedical personnel who are skilled in pediatrics.

As for the recommendations published in 1998, we hope the WFITN can formally endorse this draft during the next ABC-WIN meeting in Val d'Iserre January 15-20 2006.

The text will be E.mailed, and remarks should be made prior to december 15th to prepare (if necessary) an amended version.



Valavanis, Piske, Mishra, Negoro, Richling, Ruscallada, Flodmark, Mawad, Feng, Moret, Picard, Choi, Leonardi, Lasjaunias, Goulao, Byrne, ter Brugge, Bracard, Rodesch