

# Course Programme

**Establishing Standards  
Ensuring Quality**

## ESIR 2011



European School of  
Interventional  
Radiology



**J.A. Reekers**  
Chairman of the  
CIRSE Foundation



**J. Peregrin**  
Incoming Chairman of  
the CIRSE Foundation

# Establishing Standards

Our slogan for 2011, "Establishing standards, ensuring quality", is not merely an empty sound bite – rather, it succinctly defines our objectives for 2011. The European School of Interventional Radiology has grown hugely over the last 5 years, and this year, our growth will focus not on increasing the number of courses provided, but on ensuring the very highest standards of training.

This slogan is also an embodiment of ESIR's latest venture – the establishment of the **European Board of Interventional Radiology (EBIR)**, a standardised certified exam which is a first and important step towards ensuring that our valuable speciality is entrusted only to those who can meet the high standards necessary. It is imperative to the development of any speciality that sufficient numbers of junior doctors gain qualification, and this is all the more true for IR, due to the continually growing demand for our procedures. EBIR will provide a structured framework that encourages and supports trainees in attaining the necessary skills to carry on our work. Our aspiration is to further build the ESIR programme to become a module system of preparation for EBIR, and we encourage all residents and junior colleagues to make use of these opportunities.

But training novice IRs is not the only task on our agenda. Many IR procedures entail a long learning curve, and even established experts need to partake of life-long learning if they are to stay abreast of the changing technology. The CIRSE Foundation, as the educational arm of CIRSE, has therefore ensured that many training courses are also provided for those IRs who have prior experience, helping maintain the high standards that IR has become famous for.

Our educational programme has come a long way from the mere two courses offered in 2006, and our 2011 programme offers many training opportunities, from courses to congresses, from educational grants to e-learning.

**2006** established  
**45** Courses  
**5** Conferences  
**5,000** Participants  
**64** Countries  
**87** Grants

**M. Bezzi**

Chairman of the  
Oncology Division

**S. Müller-Hülsbeck**

Chairman of the  
Vascular Division

# Ensuring Quality

In this brochure, you will find details on our **local courses**, as well as our educational conference on embolisation, **GEST 2011**. Details can also be found on our improved and expanded **Educational Grant scheme**.

We would also like to take this opportunity to point you in the direction of our relaunched website, **www.ESIR.org**. The internet has become an integral part of our daily working lives, and ESIR is making maximum use of this valuable resource by providing a multitude of educational lecture slides, abstracts and video lectures free of charge to all CIRSE members.

However, this diversification does not come at a cost to our original projects, with nine local courses being offered in 2011, such as **CLI and Diabetic Disease** in Budapest, and **Liver Interventions** in Porto. These nine courses cover a broad spectrum of IR procedures, and cater for many different skills-levels. This year, special emphasis will be put on the hands-on component, which has been made a more central feature in order to ensure clinical relevance and device learning.

Finally, we would like to thank all of our corporate partners, whose direct financial support enables these vital projects to be brought to fruition. We would particularly like to thank Cordis, Cook Medical, Biocompatibles, Synthes and Sirtex, and the many others who will contribute to our programme throughout the year.

We hope our joint venture will be warmly met by you, our members, and look forward to your involvement in our educational programme.

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Peter Huppert, Professor of Radiology, Darmstadt Clinic  
Academic Teaching Hospital Universities of Heidelberg, Mannheim and Frankfurt, Germany



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## Activities of ESIR in 2011

Title / Venue	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Education Grants Deadline</b>			Mar 1									
<b>Introduction to Peripheral Vascular Interventions – Hands-On Course</b> Hamburg (DE)			Mar 15-16									
<b>Biliary Interventions</b> Amsterdam (NL)				Apr 1 - 2								
<b>CLI and Diabetic Disease</b> Budapest (HU)				Apr 8 - 9								
<b>GEST 2011</b> Paris (FR)				Apr 27-30								
<b>GEST presentations available on ESIR.org</b>					May							
<b>Extrahepatic Tumour Treatment</b> Frankfurt (DE)					May 6 - 7							
<b>Stentoplasty Hands-On Course</b> Strasbourg (FR)					May 11-12							
<b>Basic Vascular</b> Bucharest (RO)						Jun 3 - 4						
<b>Aortic Disease</b> Milan (IT)						Jun 10-11						
<b>Dialysis Access &amp; Venous Interventions</b> Ingolstadt (DE)							Jul 1 - 2					
<b>CIRSE 2011</b> Munich (DE)									Sep 10-14			
<b>Introduction to Peripheral Vascular Interventions – Hands-On Course</b> Hamburg (DE)										Oct 11-12		
<b>Embolisation</b> Rome (IT)										Oct 14-15		
<b>Liver Interventions</b> Porto (PT)										Oct 28-29		
<b>CIRSE 2011 presentations available on ESIR.org</b>											Nov	
<b>Drainage, Biopsies &amp; Venous Access</b> Dublin (IE)											Nov 4 - 5	
<b>Advanced Peripheral Vascular Interventions - Hands-On Course</b> Hamburg (DE)											Nov 8 - 9	
<b>Stentoplasty Hands-On Course</b> Strasbourg (FR)											Nov 16-17	

## Committee

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P. Haage (Wuppertal/DE)

Deputy Chair, Oral Examination Coordinator  
R. Uberoi (Oxford/UK)

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S. Macdonald (Newcastle/UK)  
L. Crocetti (Pisa/IT)  
O. van Delden (Amsterdam/NL)

#### Oral Examination Committee Members

D. Tsetis (Heraklion/GR)  
T. Rand (Vienna/AT)  
A. Basile (Catania/IT)  
G. Carrafiello (Varese/IT)

## ESIR 2011 Local Course Faculty

(as per date of printing)

### Biliary Interventions

#### Amsterdam/Netherlands

O. van Delden (Amsterdam/NL)  
J.S. Laméris (Amsterdam/NL)  
E.A. Rauws (Amsterdam/NL)  
M. Sheridan (Leeds/UK)

### CLI and Diabetic Disease

#### Budapest/Hungary

M. Schoder (Vienna/AT)  
K. Hüttl (Budapest/HU)  
J.A. Reekers (Amsterdam/NL)  
M. Manzi (Padova/IT)  
P. Huppert (Darmstadt/DE)

### Extrahepatic Tumour Treatment

#### Frankfurt/Germany

R. Lencioni (Pisa/IT)  
T. Vogl (Frankfurt/DE)  
D. Breen (Southampton/UK)  
A. Gangi (Strasbourg/FR)  
S. Zangos (Frankfurt/DE)

### Basic Vascular

#### Bucharest/Romania

F. Fanelli (Rome/IT)  
J.A. Reekers (Amsterdam/NL)  
R. Nechifor (Bucharest/RO)  
V. Berczi (Budapest/HU)

### Aortic Disease

#### Milan/Italy

R. Chiesa (Milan/IT)  
F. Perona (Milan/IT)  
G. Cornalba (Milan/IT)  
S. Müller-Hülsbeck (Flensburg/DE)  
R. Uberoi (Oxford/UK)  
T. Rand (Vienna/AT)  
L. Inglese (Milan/IT)

### Dialysis Access & Venous Interventions

#### Ingolstadt/Germany

D. Vorwerk (Ingolstadt/DE)  
L. Turmel-Rodrigues (Tours/FR)  
G. O'Sullivan (Galway/IE)  
J. Neuerburg (Duisburg/DE)  
R. Uberoi (Oxford/UK)

### Embolisation

#### Rome/Italy

O. van Delden (Amsterdam/NL)  
J. Jackson (London/UK)  
M. Bezzi (Rome/IT)  
J.P. Pelage (Boulogne/FR)  
F. Fanelli (Rome/IT)

### Liver Interventions

#### Porto/Portugal

R. Garcia-Monaco (Buenos Aires/AR)  
P. Almeida (Coimbra/PT)  
J.I. Bilbao (Pamplona/ES)  
P. Vilares Morgado (Porto/PT)  
A. Denys (Lausanne/CH)  
F. Orsi (Milan/IT)

### Drainage, Biopsies & Venous Access

#### Dublin/Ireland

D. Brophy (Dublin/IE)  
J.P. Schäfer (Kiel/DE)  
D. Tsetis (Heraklion/GR)  
M. Given (Dublin/IE)

## Course Description

- All courses last 1.5 days starting on Friday lunchtime and lasting until Saturday evening. When making your flight bookings, please make sure that you will be able to stay for the entire course.
- All ESIR 2011 courses are held in English.
- Local courses are limited to a maximum of 50 participants, to guarantee best learning experience.
- The detailed time schedule of each course is available at the CIRSE website [www.cirse.org](http://www.cirse.org).
- The ESIR ensures the evaluation of all courses and guarantees professional and didactically experienced teachers.
- Plenary lectures cover a maximum of 1/3 of the total course time, allowing the rest to be used for repetitions in small groups (10-15 people) and interactive case review sessions.
- At the end of each course there will be a voluntary test consisting of 5 multiple choice questions per lecture.
- A certificate of attendance will be handed out for the participation of the whole course.
- The European School of Interventional Radiology is accredited by the European Accreditation Council for Continuing Medical Education (EACCME).

## EBIR - The European Board of Interventional Radiology

**The European Board of Interventional Radiology (EBIR) is the European qualification in Interventional Radiology and aims to standardise training and expertise in Interventional Radiology across Europe.**

We anticipate that the EBIR will represent a recognised qualification of high value to Interventional Radiologists in their career development and assisting IRs in the promotion of their skills and experience in IR when dealing with other clinical colleagues and with the general public.

The EBIR also aims to facilitate the free movement of IRs by providing a recognised qualification to confirm proof of training supplemental to any national qualifications.

The EBIR is organised with endorsement and under supervision of CIRSE - Cardiovascular and Interventional Radiological Society of Europe, the ESR - European Society of Radiology and the UEMS Interventional Radiology Division.

### INTRODUCTION

- The basis for the examination is the CIRSE Interventional Radiology Syllabus (Version 0.1 / 2008)
- The examination consists of a written and an oral component
- The certificate is particularly aimed at junior interventional radiologists

### EBIR for CIRSE Fellows

CIRSE Fellows, who have applied for Fellowship before October 4th 2010 and if Fellowship is granted, are eligible to receive the EBIR without examination. EBIR application period will start on October 11, 2010 and will end on September 1, 2011. During the EBIR application period CIRSE Fellows will be able to complete a respective application form on the CIRSE homepage.

The next EBIR examination date is scheduled for September 2011 during the CIRSE 2011 meeting.

*For more information on the specifics of the examination, please visit [www.cirse.org](http://www.cirse.org).*





# Course Programme

- 8-9 Biliary Interventions**  
Amsterdam (NL)
- 10-11 CLI and Diabetic Disease**  
Budapest (HU)
- 12-13 Extrahepatic Tumour Treatment**  
Frankfurt (DE)
- 14-15 Basic Vascular**  
Bucharest (RO)
- 16-17 Aortic Disease**  
Milan (IT)
- 18-19 Dialysis Access & Venous Interventions**  
Ingolstadt (DE)
- 20-21 Embolisation**  
Rome (IT)
- 22-23 Liver Interventions**  
Porto (PT)
- 24-25 Drainage, Biopsies & Venous Access**  
Dublin (IE)



# Biliary Interventions

1-2 April, 2011

Local Host  
**O. van Delden**

Faculty  
**J.S. Laméris**  
**E.A. Rauws**  
**O. van Delden**  
**M. Sheridan**

**Amsterdam (NL)**

## Who should attend?

This course is designed for physicians at level 1-2 (basic-intermediate) who wish to offer biliary interventions.

## What will you learn?

The course will cover:

- Indications, advantages and disadvantages of different biliary intervention approaches
- Technical aspects of interventions in benign and malignant disease
- Pre-procedural imaging and image-guidance
- Percutaneous and endoscopic treatment choice and combinations
- Complication avoidance and management

## Hands-on

Wherever possible, hands-on sessions in small groups will be provided on the second day of the course. The goal of these sessions will be to provide participants with practical experience of the manipulations and devices relevant to the course topic. Further details can be seen in the updated course programme at [www.cirse.org](http://www.cirse.org).

**Amsterdam**, the capital of the Netherlands is known for its art galleries, red-light district (de Wallen), liberal coffee shops, and the canals (grachten) which have led to the city being called the "Venice of the North".

Founded in the late 12th century, the city began as a small fishing village and has grown to become the largest city in the Netherlands, with a population that includes 177 different nationalities, making Amsterdam one of the world's most multicultural cities.

Classical Dutch art is shown in abundance at the Rijksmuseum and those with more modern tastes can visit the Van Gogh Museum.

Amsterdam is a city of tolerance and diversity. It has all the advantages of a big city: culture, nightlife, international restaurants, good transport - but is quiet, and largely thanks to its canals, has little road traffic. In Amsterdam your destination is never far away, but get around by bike for the most authentic experience.



J.S. Laméris



E.A. Rauws



O. van Delden

## Topics and Learning Objectives

### Percutaneous versus and combined with endoscopic treatment

*E.A. Rauws (Amsterdam/NL)*

- In the literature only few randomised studies are available comparing percutaneous (PTC) and endoscopic (ERCP) treatment
- Percutaneous (PTC) and endoscopic (ERCP) treatment of biliary obstruction are not competing, but complementary techniques
- In patients with malignant distal CBD obstruction, PTCD and ERCP are equally effective in restoring bile flow (stenting), but have inherent different types of complications
- In patients with malignant hilar CBD obstruction, after multi-disciplinary consultation, local expertise and patient specific circumstances will decide whether PTC or ERCP will be the first step
- If PTC is the only possible route (altered anatomy; duodenal obstruction; tumor ingrowth papillary region), stenting of malignant strictures via the percutaneous route is recommended and rendezvous technique is not appropriate
- After failed endoscopic cannulation (diverticula etc) and successful PTC, subsequent rendezvous procedure is mostly recommended for benign pathology (sphincterotomy; stone extraction; progressive stenting of p.o. stricture etc)
- After unsuccessful passage of guidewires via endoscopic as well as PTC route, for instance, due to massive bile duct leakage, rendezvous technique can be an effective solution to restore bile flow in rare cases

### PTCD; technique and complications

*O. van Delden (Amsterdam/NL)*

- To know about optimal patient preparation and pre-procedural imaging before biliary intervention
- To know about advantages and disadvantages of different approaches for biliary intervention
- To learn to use ultrasound guidance for biliary intervention
- To know about standard materials and techniques for biliary drainage
- To know about common complications of biliary intervention, and how to avoid and treat them

### PTCD for benign biliary disease

*J.S. Laméris (Amsterdam/NL)*

- To review the indications for biliary interventions in benign disease
- To discuss the specific technical aspects and potential complications of biliary intervention in benign disease
- To summarise results from the literature

### PTCD for malignant biliary disease

*M. Sheridan (Leeds/UK)*

- Consider objectives of biliary drainage in malignant disease, with reference to pre-surgical and palliative drainage
- Consider appropriate patient selection
- Consider how to optimise drainage in pre-surgical and palliative settings

## Time Schedule

### Friday, April 1, 2011

12:00	Registration
13:00-17:30	Lectures
20:00	Welcome Dinner

### Saturday, April 2, 2011

Morning: Hands-on Sessions in small groups  
 Afternoon: Interactive Case Discussion Forum  
 Late Afternoon: Voluntary Test & Certificate of Attendance

## Venue

**Academic Medical Center**  
**Meibergdreef 9**  
**1105 AZ Amsterdam**  
**NETHERLANDS**



# CLI and Diabetic Disease

8-9 April, 2011

Local Host  
**K. Hüttl**

Faculty  
**P. Huppert**  
**K. Hüttl**  
**M. Manzi**  
**J.A. Reekers**  
**M. Schoder**

## Budapest (HU)

### Who should attend?

This course is designed for physicians at level 2-3 (intermediate) who wish to enhance their skills in CLI endovascular treatment.

### What will you learn?

The course will cover:

- Disease description, diagnosis, treatment goals and procedure planning
- Below-the-knee procedures: treatment options and limitations, new techniques and technologies
- Techniques and tips for recanalisation of chronic total occlusions in crural arteries
- Pathology of diabetic foot disease and critical limb ischaemia, endovascular options
- Clinical management and the multidisciplinary foot team

### Hands-on

Wherever possible, hands-on sessions in small groups will be provided on the second day of the course. The goal of these sessions will be to provide participants with practical experience of the manipulations and devices relevant to the course topic. Further details can be seen in the updated course programme at [www.cirse.org](http://www.cirse.org).

The capital city of Hungary, **Budapest**, has a population of almost two million, and is situated on the banks of the River Danube which divides the city in two. Large parts of this beautiful city comprise a UNESCO World Heritage Site which ranges from the castle in pleasant and leafy Buda, to the central district of Pest which echoes the imperial grandeur of the late 19th century.

Getting around the city is straightforward and public transport is plentiful. Visitors who make use of the metro system will enjoy a fast and modern service as well as a fascinating glimpse into the past as the charming Line 1 was one of the first underground urban rail lines in the world.

Line 1 can take you to Heroes' Square - a place from which many sightseers in Budapest begin. Within walking distance from here are the Millennium Monument, City Park, Palace of Art, and the Museum of Fine Arts.



*P. Huppert*



*K. Hüttl*



*M. Manzi*



*J.A. Reekers*



*M. Schoder*



## Topics and Learning Objectives

### Diagnostic strategies in CLI and interventional radiology and multilevel disease

*M. Schoder (Vienna/AT)*

- The diabetic foot - specific problems
- Preprocedural diagnostic tools in CLI
- Treatment goals in patients with CLI
- Endovascular treatment - a crucial factor for patients with CLI
- Special anatomic situations
- Technical/clinical results - overview of the literature

### Below-the-knee interventions

*K. Hüttl (Budapest/HU)*

- To gain a complete understanding of the unique aspects of below-the-knee arterial occlusive disease
- To gain knowledge on some of the most important unmet needs in below-the-knee revascularisation
- To learn the current status of interventional treatment options and their limitations
- To discuss when and how to use each approach and their relative advantages and disadvantages in specific situations that ultimately affect results
- To receive updated information on new techniques and technologies developed specifically for below-the-knee revascularisation
- To evaluate the efficacy and durability of the endovascular procedures in the infrainguinal arterial segment

### Recanalisation techniques

*J.A. Reekers (Amsterdam/NL)*

- To understand the difference between CLI and DFD
- To learn about the endovascular options for treatment
- To learn about the objectives for BKT revascularisation
- To learn about tricks and tools for BTK
- To understand working within a multidisciplinary foot team
- To be able to plan a BTK procedure

### Clinical management and diabetic foot team

*M. Manzi (Abano Terme/IT)*

- To relate foot wounds with vascular functional anatomy
- To critically review revascularisation angiographic results and clinical benefits
- To know main foot surgical interventions
- To make a correct revascularisation planning (strategy and techniques)

### Dedicated access

*P. Huppert (Darmstadt/DE)*

- Antegrade transfemoral recanalisations of chronic total occlusions (CTO) in crural arteries fail in up to 20%  
Assistant retrograde guidewire passage or balloon angioplasty may improve technical success
- Various techniques of retrograde access for recanalisation of CTOs in crural arteries are presented  
These techniques include:
  - transcrural retrograde access via the anterior/posterior crural artery and the peroneal artery
  - transpedal retrograde access via the dorsal pedal artery
- Indications, methodical details, complication management and typical cases are demonstrated

## Time Schedule

### Friday, April 8, 2011

12:00	Registration
13:00-17:45	Lectures
20:00	Welcome Dinner

### Saturday, April 9, 2011

Morning: Hands-on Sessions in small groups  
 Afternoon: Interactive Case Discussion Forum  
 Late Afternoon: Voluntary Test & Certificate of Attendance

## Venue

**Semelweis University**  
**Varosmajor 68**  
**1122 Budapest**  
**HUNGARY**



# Extrahepatic Tumour Treatment

6-7 May, 2011

Local Host  
**T. Vogl**

Faculty  
**D. Breen**  
**A. Gangi**  
**R. Lencioni**  
**T. Vogl**  
**S. Zangos**

**Frankfurt (DE)**

## Who should attend?

This course is recommended for physicians at level 2-3 (intermediate) who are interested in developing their knowledge of IR treatments for non-hepatic tumours.

## What will you learn?

The course will cover:

- Role of image-guided ablation in lung tumours: techniques, devices and imaging
- Secondary lung tumours: chemoembolisation, thermal ablation and combined treatment strategies
- Renal tumours: indications, merits and limitations of image-guided ablation
- Management of tumours of the adrenals, head and neck
- Indications and techniques used in management of primary and secondary bone tumours

## Hands-on

Wherever possible, hands-on sessions in small groups will be provided on the second day of the course. The goal of these sessions will be to provide participants with practical experience of the manipulations and devices relevant to the course topic. Further details can be seen in the updated course programme at [www.cirse.org](http://www.cirse.org).

**Frankfurt**, the fifth largest city in Germany, is situated on the River Main in the state of Hesse. Modern and cosmopolitan, Frankfurt is a national centre for banking, finance, law, and media, as well as being a vital transport hub with one of Europe's busiest airports. Well known for its skyscrapers, the commercial significance of the city is proven by it being home to not only the largest stock exchange in Germany, but also the European Central Bank.

Heavily bomb-damaged during the Second World War, Frankfurt is essentially a modern looking city but amongst the often striking architecture of recent years some buildings of a traditional mediaeval style, both original and reconstructed, can be seen.

As serious as business is in Frankfurt, it is also easy to relax and there is entertainment of every variety one would expect from a multicultural city of over half a million people.



*D. Breen*



*A. Gangi*



*R. Lencioni*



*T. Vogl*



*S. Zangos*

## Topics and Learning Objectives

### Lung tumour treatment

*R. Lencioni (Pisa/IT)*

- To describe techniques and devices used in lung ablation
- To describe the imaging findings related to lung ablation
- To discuss tips and tricks in challenging cases
- To understand the role of image-guided ablation in the therapeutic management of patients with lung malignancy

### Secondary lung tumour treatment

*T. Vogl (Frankfurt/DE)*

- To understand indications and contraindications of local chemoembolisation and thermal ablation
- To learn about combined treatment strategies in the therapeutic management of secondary lung tumors
- To discuss the safety and the results of local chemoembolisation and thermal ablation

### Renal tumour treatment

*D. Breen (Southampton/UK)*

- To understand the relative indications and merits of image guided ablation of renal tumours alongside other treatment alternatives
- To gain insight into the potential and limitations of radiofrequency, microwave and cryoablation of renal tumours
- To learn adjunctive treatment manoeuvres which can expand a practice in renal tumour ablation
- To appreciate the intra- and post-procedural imaging appearances relevant to renal tumour ablation

### Primary and secondary bone tumour treatment

*A. Gangi (Strasbourg/FR)*

- Be familiar with practical strategies of bone tumour management
- Which imaging technique can be used
- To describe different techniques and their indications
- To precise the indications of combined treatment

### Miscellaneous (adrenals, head and neck)

*S. Zangos (Frankfurt/DE)*

- To understand the principles of tumour ablation, different approaches and devices
- To learn the indications and technique of each of them
- To understand the advantages and disadvantages of different ablation techniques and to learn how to choose the most appropriate one
- To discuss complications and their prophylaxis

## Time Schedule

### Friday, May 6, 2011

12:00	Registration
13:00-17:45	Lectures
20:00	Welcome Dinner

### Saturday, May 7, 2011

Morning: Hands-on Sessions in small groups  
 Afternoon: Interactive Case Discussion Forum  
 Late Afternoon: Voluntary Test & Certificate of Attendance

## Venue

**Institut für Diagnostische  
 und Interventionelle Radiologie  
 Universitätsklinikum  
 Theodor-Stern-Kai 7  
 60596 Frankfurt am Main  
 GERMANY**



# Basic Vascular

3-4 June, 2011

Local Host  
**M. Crețeanu**

Faculty  
**V. Berczi**  
**F. Fanelli**  
**R. Nechifor**  
**J. A. Reekers**

## Bucharest (RO)

### Who should attend?

This course is recommended for physicians at level 1 (basic) who want to offer basic endovascular treatments.

### What will you learn?

The course will cover:

- How to gain arterial and venous access and closure
- Approaches and indications for iliac, aortic, SFA and BTK interventions
- Materials and devices used
- Radiation protection
- Complication prevention and management

### Hands-on

Wherever possible, hands-on sessions in small groups will be provided on the second day of the course. The goal of these sessions will be to provide participants with practical experience of the manipulations and devices relevant to the course topic. Further details can be seen in the updated course programme at [www.cirse.org](http://www.cirse.org).

**Bucharest** has had to adapt to a lot in its turbulent history: natural disasters, conflict and communist re-modelling; yet the Romanian capital proudly survives as one of the cultural centres of Europe and a top travel destination. Visitors should not be put off by the sometimes stern concrete mask this enigmatic city wears: behind the facade lie numerous lakes and green parks, varied and beautiful architecture, top class museums and galleries, and performing arts of the highest quality. Situated in the south-east of Romania, Bucharest enjoys warm summers and caters to every taste. Those who would like a faded view of times past will appreciate the charm of the Historic Quarter, which was thankfully spared from demolition and is now undergoing restoration. More traditional life can be seen at the open-air Village Museum, which displays Romanian folk architecture. To get back to the present simply relax in one of the many restaurants and bars.



V. Berczi



M. Crețeanu



F. Fanelli



R. Nechifor



J. A. Reekers



## Topics and Learning Objectives

### How to gain arterial and venous access and closure

*F. Fanelli (Rome/IT)*

- How and when perform an antegrade or retrograde femoral arterial puncture
- To evaluate the use of US guidance to gain the arterial access
- Inclusion and exclusion criteria for the use of closure devices
- To analyse the different characteristics of all the closure devices commercially available
- How to avoid and to manage complications

### Aortic / Iliac interventions

*J.A. Reekers (Amsterdam/NL)*

- To learn about selection of patients for endovascular treatment
- To learn about planning aorto-iliac revascularisation
- To learn about different techniques and materials for revascularisation
- To learn about treating both chronic and acute aorto-iliac interventions
- How to avoid and to treat complications
- To learn about the outcome

### SFA interventions

*F. Fanelli (Rome/IT)*

- Different approaches for SFA intervention: antegrade, retrograde, cross-over
- Indications for PTA
- Indications for primary and secondary stenting
- Sub-intimal recanalisation: technique and results
- CTO devices
- Drug-eluting balloons and drug-eluting stents

### Below-the-knee interventions

*R. Nechifor (Bucharest/RO)*

- Indication for BTK interventions (guidelines, studies, experts opinions)
- Endovascular approach (vascular access, materials, techniques)
- Update on latest materials
- Expected results and complications
- How BTK endovascular treatment can be integrated in the therapeutic strategy

### Radiation protection and complication management

*V. Berczi (Budapest/HU)*

- Amount of radiation during interventional radiological procedures for the patient and staff; means of protection
- Complications of access: minor or major haematoma, pseudoaneurysm, thrombosis, AV fistula
- Complications of PTA and stent placement: distal embolisation, dissection, arterial rupture, stent misplacement, stent fracture, elastic recoil, spasm
- Complications of selective arterial lysis
- Restenosis, secondary interventions

## Time Schedule

### Friday, June 3, 2011

12:00	Registration
12:45-18:00	Lectures
20:00	Welcome Dinner

### Saturday, June 4, 2011

Morning: Hands-on Sessions in small groups  
 Afternoon: Interactive Case Discussion Forum  
 Late Afternoon: Voluntary Test & Certificate of Attendance

## Venue

**Emergency University Hospital Bucharest**  
**Radiology and Imaging Department**  
**Interventional Radiology**  
**Splaiul Independentei 169**  
**050098 Bucharest**  
**ROMANIA**



# Aortic Disease

10-11 June, 2011

Local Host

**G. Cornalba, F. Perona**

Faculty

**R. Chiesa**

**G. Cornalba**

**L. Inglese**

**S. Müller-Hülsbeck**

**F. Perona**

**T. Rand**

**R. Uberoi**

**Milan (IT)**

## Who should attend?

This course is designed for physicians at level 3-4 (intermediate-advanced) with experience of endovascular therapy who wish to broaden their horizons in endovascular treatment of aortic disease.

## What will you learn?

The course will cover:

- Aortic disease pathology
- Diagnostic imaging, 3D reconstructions, and therapy planning
- Indications for open, endovascular, and hybrid techniques for management of dissection and aneurysm in various aortic segments
- EVAR techniques and new developments
- Emergency procedures
- Treatment outcomes and complication management

## Hands-on

Wherever possible, hands-on sessions in small groups will be provided on the second day of the course. The goal of these sessions will be to provide participants with practical experience of the manipulations and devices relevant to the course topic. Further details can be seen in the updated course programme at [www.cirse.org](http://www.cirse.org).

A city which combines ancient origins with modern style, **Milan** is the capital of the region of Lombardy in northern Italy. This cosmopolitan city of almost 1.5 million people is an international leader in fashion, sport, media and the arts, and is also renowned for its vibrant nightlife and delicious local cuisine. A leading city of the Italian Renaissance, Milan was historically a centre for art and design and remains so to the present day with many galleries and academies finding a home here. An inspiring collection of art works can be seen, including Leonardo da Vinci's famous mural 'The Last Supper'.



*R. Chiesa*



*G. Cornalba*



*L. Inglese*



*S. Müller-Hülsbeck*



*F. Perona*



*T. Rand*



*R. Uberoi*

## Topics and Learning Objectives

### A journey from open surgery to endovascular approach in aortic aneurysms

*R. Chiesa (Milan/IT)*

- Overview of the different state-of-the-art modalities for treatment of abdominal, thoracic and thoracoabdominal aortic pathology
- Current evidence-based indications of treatment of the different segments of the aorta with open, endovascular and hybrid technique

### Aorta: from anatomy to 3D reconstructions - Imaging and indication

*G. Cornalba (Milan/IT), F. Perona (Milan/IT)*

- To define the main radio-anatomic correlations
- How to use CTA to assess the anatomic conditions in aortic aneurysms
- How to use MRA to assess the anatomic conditions in aortic aneurysms
- 3D reconstructions: how to manage all the information

### Infrarenal aortic disease (aneurysm and ruptures)

*S. Müller-Hülsbeck (Flensburg/DE)*

- To review indications, techniques and complications of EVAR
- To learn about complication management of EVAR
- To review evidence for EVAR vs surgery
- To learn about new developments in EVAR, especially TPAR (total percutaneous aortic repair)

### Secondary procedures in aortic stent grafting

*R. Uberoi (Oxford/UK)*

- Indications for secondary procedures
- Early and late complications of EVAR
- Definition of complications associated with EVAR:
  - Endoleaks I-V
  - Limb Occlusion
  - Device migration
  - Accidental limb deployment and uni-iliac conversion
  - Access site complications
- Treatment options:
  - Interventional
  - Surgical
- Equipment and Techniques
- Outcomes

### Thoracic aortic diseases (aneurysm and transaction)

*T. Rand (Vienna/AT)*

- To understand the mechanisms of thoracic aortic disease
- To understand the biological background of thoracic aortic disease
- To understand and differentiate radiological sign and findings of underlying thoracic aortic disease
- To learn and understand the critical issues for planning therapies in thoracic aortic disease
- To create an overview about interventional techniques for thoracic aortic disease
- To understand basic concepts for an interactive multidisciplinary management and strategies in thoracic aortic disease

### Aortic dissection

*L. Inglese (Milan/IT)*

- Review of diagnosing type A & B TAD in the setting of an acute presentation of the patient (first aid or emergency),
- The indication for possible endovascular treatment (tevar, fenestration, bare stents)
- Hybrid strategies (open surgery + endo)

## Time Schedule

### Friday, June 10, 2011

12:00	Registration
13:00-17:45	Lectures
20:00	Welcome Dinner

### Saturday, June 11, 2011

Morning: Hands-on Sessions in small groups  
 Afternoon: Interactive Case Discussion Forum  
 Late Afternoon: Voluntary Test & Certificate of Attendance

## Venue

**Ospedale S. Paolo - Università di Milano**  
**Via di Rudini 8**  
**20142 Milano**  
**ITALY**



# Dialysis Access & Venous Interventions

1-2 July, 2011

Local Host  
**D. Vorwerk**

Faculty  
**J. Neuerburg**  
**G. O'Sullivan**  
**L. Turmel-Rodrigues**  
**R. Uberoi**  
**D. Vorwerk**

**Ingolstadt (DE)**

## Who should attend?

This course is recommended for physicians at level 2-3 (intermediate) who wish to build on their knowledge of dialysis grafts and fistulas and venous interventions.

## What will you learn?

- Interventions in dialysis grafts: planning, techniques, pitfalls and solutions
- Interventions in autogenous dialysis fistulas
- Treatment of deep vein thrombosis: diagnosis, imaging, tools
- Cava Filters: types of device, indications and placement
- Venous caval stenting: indications and technique
- Retrieval of intravascular foreign bodies: indications, equipment, technique and complications

## Hands-on

Wherever possible, hands-on sessions in small groups will be provided on the second day of the course. The goal of these sessions will be to provide participants with practical experience of the manipulations and devices relevant to the course topic. Further details can be seen in the updated course programme at [www.cirse.org](http://www.cirse.org).

Situated on the banks of the River Danube, **Ingolstadt** is the second largest city in Upper Bavaria, Germany. With a population of 122,000 it is part of the larger Munich Metropolitan Area and offers the visitor a charming combination of tradition and modernity.

The strategic position and long historical importance of the city are given away by the Old Town, with its mediaeval walls and numerous fortifications. Why not take a stroll and enjoy the impressive architecture which ranges from gothic to neo-renaissance?

Ingolstadt is well-known for its academic pedigree with its first university founded in 1472, and many more following. The German Museum of the History of Medicine is now housed in the former anatomy department of the first university and is only one of many museums and galleries that await you.



J. Neuerburg



G. O'Sullivan



L. Turmel-Rodrigues



R. Uberoi



D. Vorwerk

## Topics and Learning Objectives

### Interventions in dialysis grafts

*D. Vorwerk (Ingolstadt/DE)*

- Access planning
- How to declot a graft
- How to deal with outflow stenoses
- Different techniques of mechanical thrombectomy
- Pitfalls and solutions

### Interventions in autogenous dialysis fistulas

*L. Turmel-Rodrigues (Tours/FR)*

- To list the 5 most current anatomic types of autogenous dialysis fistulas
- To explain what is an immature fistula
- To understand the relationship between clinical abnormalities and location of stenoses
- To make the difference between the stenoses that should be treated and those that should not
- To choose the appropriate cannulation site, guidewire and dilation balloon to pass and treat stenoses
- To be able to decide when a residual stenosis has to be either accepted or more aggressively treated
- To list the acceptable indications for stent placement
- To list the potential difficulties in the declotting of autogenous fistulas
- To list the potential most severe complications of fistula thrombectomy

### Treatment of DVT

*G. O'Sullivan (Galway/IE)*

- To fully and accurately diagnose deep vein thrombosis (DVT)
- To understand the imaging and clinical differences between acute and chronic DVT
- To decide on which patients require IVC filters
- To become familiar with the tools of acute thrombus removal
- To treat a patient from first presentation to completion

### Retrieval of intravascular foreign bodies

*R. Uberoi (Oxford/UK)*

- Indications/contra-indications
- Equipment
- Access and Techniques for removal of venous and arterial foreign bodies
- Complications

### Cava Filters and venous stenting

*J. Neuerburg (Duisburg/DE)*

#### IVC Filters

- Brief excursion into pulmonary embolism
- Historical Development of IVC filter devices
- Categories of filters
- Indications for permanent and retrievable IVC filters
- Contraindications for IVC filters
- General considerations concerning the technique of IVC filter position and placement

#### Venous caval stenting

- Indications
- Contraindications
- General considerations concerning the technique of IVC stenting

## Time Schedule

### Friday, July 1, 2011

12:00	Registration
12:30-18:00	Lectures
20:00	Welcome Dinner

### Saturday, July 2, 2011

Morning: Hands-on Sessions in small groups  
 Afternoon: Interactive Case Discussion Forum  
 Late Afternoon: Voluntary Test & Certificate of Attendance

## Venue

**Klinikum Ingolstadt**  
**Krumenauerstraße 25**  
**85049 Ingolstadt**  
**GERMANY**





# Embolisation

14-15 October, 2011

Local Host  
**M. Bezzi, F. Fanelli**

Faculty  
**M. Bezzi**  
**F. Fanelli**  
**J. Jackson**  
**J.P. Pelage**  
**O. van Delden**

**Rome (IT)**

## Who should attend?

This course is intended for physicians at level 2-3 (intermediate) who are interested in getting basic as well as advanced information on the different embolisation procedures and the use of different embolic agents and devices. A dedicated social programme will involve all attendees.

## What will you learn?

The course will cover:

- Abdominal trauma and abdominal bleeding: imaging, indications for embolisation, techniques and complications
- TACE in hepatocellular carcinoma
- Women's health (fibroids)
- Men's health (varicoeles)
- Classification, imaging, treatment and complications of AVMs

## Hands-on

Wherever possible, hands-on sessions in small groups will be provided on the second day of the course. The goal of these sessions will be to provide participants with practical experience of the manipulations and devices relevant to the course topic. Further details can be seen in the updated course programme at [www.cirse.org](http://www.cirse.org).

**Rome** is the capital city of Italy and the country's largest and most populated municipality with almost three million residents. It is located in the central-western part of the Italian peninsula, on the River Tiber.

Rome is a world in itself. Ancient in its origins, the 'Eternal City' bears traces of many of the great epochs of European history, with a multitude of monuments and ruins still reflecting the glory and splendour of ages past.

The historic centre has been listed by UNESCO as a World Heritage Site and the Vatican Museums and Colosseum are among the world's most visited tourist destinations. Equally attractive are the many churches, squares and fountains.

Two airports, good rail links, a radial network of roads, and a metro system make modern Rome a bustling metropolis which even today has a global influence in politics, economy, culture, religion and media.



*M. Bezzi*



*F. Fanelli*



*J. Jackson*



*J.P. Pelage*



*O. van Delden*

## Topics and Learning Objectives

### Acute abdominal haemorrhage bleeding trauma

*O. van Delden (Amsterdam/NL)*

- To understand imaging algorithms and strategies for patients with abdominal trauma
- To understand indications for embolisation for traumatic abdominal haemorrhage
- To learn about basic and advanced techniques for embolisation of traumatic abdominal haemorrhage
- To learn about results and complications of embolisation of traumatic abdominal haemorrhage

### AVMs

*J. Jackson (London/UK)*

- To understand the classification of vascular malformations;
- To understand the best ways of imaging vascular malformations
- To understand the indications for treatment of vascular malformations
- To understand the differing vascular anatomy of arteriovenous malformations and how this affects treatment approach and outcome
- To understand those methods of embolisation of arteriovenous malformations that are likely to improve results and reduce complications

### TACE

*M. Bezzi (Rome/IT)*

- To review the indications of TACE in primary liver tumours
- To learn the procedural steps of the different TACE techniques
- To analyse the potential complications of the procedure
- To review the results of the published clinical experiences

### Uterine fibroids embolisation

*J.P. Pelage (Boulogne/FR)*

- To be familiar with patient selection for uterine fibroid embolization to be able to analyse pre- and post-procedural MRI
- To be comfortable with embolisation particles (type, size and end-points) for uterine fibroid embolisation
- To be able to prevent or recognise complications associated with uterine fibroid embolisation
- To be familiar with controversial indications such as embolisation for pregnancy-seeking patients, adenomyosis and ovarian arteries

### Varicocele

*F. Fanelli (Rome/IT)*

- How to do varicocele embolisation: different techniques
- To analyse the different embolic agents
- How to avoid and manage complications
- To compare the different treatment options

## Time Schedule

### Friday, October 14, 2011

12:00	Registration
13:00-17:45	Lectures
20:00	Welcome Dinner

### Saturday, October 15, 2011

Morning: Hands-on Sessions in small groups  
 Afternoon: Interactive Case Discussion Forum  
 Late Afternoon: Voluntary Test & Certificate of Attendance

## Venue

"Sapienza" - University of Rome  
 Via Caserta 6  
 00161 - Rome  
 ITALY



# Liver Interventions

28-29 October, 2011

Local Host  
**P. Vilares Morgado**

Faculty  
**P. Almeida**  
**J.I. Bilbao**  
**A. Denys**  
**R. Garcia-Monaco**  
**F. Orsi**  
**P. Vilares Morgado**

**Porto (PT)**

## Who should attend?

This course is designed for physicians at level 2-3 (intermediate) who wish to broaden their knowledge of endovascular liver interventions.

## What will you learn?

The course will cover:

- Principles of chemoembolisation
- Ablation techniques as primary, adjuvant or combination therapy
- Indications and technique for portal vein embolisation
- Radioembolisation mechanisms, indications, dosimetry and materials
- Indications and principles of high intensity focused ultrasound
- Complications, outcomes and post-procedural assessment

## Hands-on

Wherever possible, hands-on sessions in small groups will be provided on the second day of the course. The goal of these sessions will be to provide participants with practical experience of the manipulations and devices relevant to the course topic. Further details can be seen in the updated course programme at [www.cirse.org](http://www.cirse.org).

**Porto** is the second-largest city in Portugal and is situated in the north of the country on the Douro estuary.

There are many things to see in Porto, for example the baroque Tower of Clérigos, which was the tallest building in the country when first built. Sitting beneath the Tower is the Old Town which is characterised by mediaeval red-roofed buildings that lie along winding cobbled alleys.

Nestled on the sloping banks between the river and the imposing cathedral is the district of Ribeira, where many waterfront restaurants and cafes appeal to the hungry visitor with delicious local cuisine that includes many pastries and cakes, and of course the eponymous Port Wine. It is also here that the typical Rabelo boats can be seen that were traditionally used for transporting wine along the Douro River. Nowadays many pleasure craft take to the water, from where the "city of bridges" can be enjoyed with unique perspective.



*P. Almeida*



*J.I. Bilbao*



*A. Denys*



*R. Garcia-Monaco*



*F. Orsi*



*P. Vilares Morgado*



## Topics and Learning Objectives

### Liver tumour ablation

*P. Almeida (Coimbra/PT)*

- Basic principles about ablation techniques focusing on RF and MW
- How to perform puncturing and correct positioning of electrodes guided by US and/or CT
- What structures should be avoided or protected during thermal ablation
- Indications for the use of percutaneous ablation as treatment of hepatic tumours (primary, secondary, volume, number and location, etc.)
- Role of thermal ablation as an adjunctive (surgery) or with combined therapy (radio- /chemotherapy)
- Post-procedural evaluation (how and when)
- Complications

### Radioembolisation and experience with SIR Spheres

*J.I. Bilbao (Pamplona/ES)*

- To understand the treatment protocol
- To discuss the relevance of imaging and anatomy
- To discuss the safety and the results of radioembolisation

### Radioembolisation and experience with TheraSphere

*P. Vilares Morgado (Porto/PT)*

- Rationale for Yttrium 90 microsphere therapy patient selection
- Radiological evaluation of patients with hepatic tumors
- Vascular anatomy relevant for radioembolisation
- Dosimetry and dose calculation
- Nuclear medicine for treatment evaluation
- Assessment of tumour response
- Results from literature
- Personal experience with TheraSpheres

### Portal vein embolisation

*A. Denys (Lausanne/CH)*

- To understand the rationale for portal vein embolisation in the pre-operative setting
- To identify selection criteria as well as contraindication for portal vein embolisation
- To select adequate interventional technique in term of portal access route, and embolic material
- To know some specific points about PVE in cirrhotic patients
- To know the results and possible complications of portal vein embolisation and how to manage them

### HIFU

*F. Orsi (Milan/IT)*

- To understand HIFU's basic principles
- Main indications for HIFU treatments
- Reviewing literature and statistics

### Chemoembolisation

*R. Garcia-Monaco (Buenos Aires/AR)*

- Principles of liver of chemoembolisation
- Discuss common indications of chemoembolisation
- Describe technique, including conventional-lip and drug-eluting beads
- Explain pre-, intra- and post-procedural management
- How to avoid complications
- Analysis of results in different tumours
- Imaging and clinical follow-up

## Time Schedule

### Friday, October 28, 2011

12:00	Registration
13:00-17:30	Lectures
20:00	Welcome Dinner

### Saturday, October 29, 2011

Morning: Hands-on Sessions in small groups  
 Afternoon: Interactive Case Discussion Forum  
 Late Afternoon: Voluntary Test & Certificate of Attendance

## Venue

**Hospital S. João, Porto Medical School–  
 Radiology Department  
 Alameda Prof. Hernani Monteiro  
 4200-319 Porto  
 PORTUGAL**



# Drainage, Biopsies & Venous Access

4-5 November, 2011

Local Host  
**D. Brophy**

Faculty  
**D. Brophy**  
**M. Given**  
**J.P. Schäfer**  
**D. Tsetis**

## Dublin (IE)

### Who should attend?

This course is recommended for physicians at level 2-3 (intermediate) who would like to enhance their knowledge of drainage, biopsies and venous access.

### What will you learn?

- Drainage and nephrostomies
- Biopsies
- Peripheral lines and ports
- Obtaining venous access: technique, difficulties and ultrasound guidance
- Complications management

### Hands-on

Wherever possible, hands-on sessions in small groups will be provided on the second day of the course. The goal of these sessions will be to provide participants with practical experience of the manipulations and devices relevant to the course topic. Further details can be seen in the updated course programme at [www.cirse.org](http://www.cirse.org).

Located at the mouth of the River Liffey, **Dublin** is the capital of Ireland and home to a multi-cultural population of half a million.

Dublin is a pleasant and welcoming city renowned for its literary heritage, traditional pubs, fine Georgian architecture and beautiful parks.

The proud tradition of excellence in academia is demonstrated by the number of universities and higher education institutions situated in the city, including Trinity College which was founded in 1592.

Easy to get around on foot or by public transport, Dublin attracts visitors from all walks of life, from those who are looking for good shopping to those who enjoy the fine and performing arts. Many also relish the opportunity to sample the world-famous Guinness, which has been brewed in the city since 1759.



*D. Brophy*



*J.P. Schäfer*



*D. Tsetis*

## Topics and Learning Objectives

### Drainage & Nephrostomies

*D. Brophy (Dublin/IE)*

- Identify clinical, anatomic and pathophysiologic considerations that define indications and contraindications of drainage procedures in chest, abdomen and pelvis including nephrostomies
- Delineate considerations that determine choice of imaging guidance and technical equipment for purposes of drainage and nephrostomy procedures
- Review techniques and results of drainage procedures in neck, chest, abdomen and pelvis including nephrostomies
- Recognise complications associated with drainage and nephrostomy interventions and discuss methods of treatment

### Biopsies

*J.P. Schäfer (Kiel/DE)*

- Understand proper patient selection and diagnostic options in terms of biopsy
- Understand pre-procedure evaluation and post-procedure management and follow-up for biopsy procedures and patients
- Define comprehensively informed consent for biopsy procedures
- Identify necessary technical equipment for biopsy procedures
- Plan and create a biopsy scenario that adapts best to the individual patient
- Review the performance characteristics, advantages and disadvantages of various biopsy devices
- Predict patients at risk of complications, identify complications peri-procedure, and manage specific complications

### Peripheral lines and ports

*M. Given (Dublin/IE)*

- Venous anatomy
- Accessing the jugular, brachial and femoral veins
- Equipment - PICCs, ports and tunneled catheters
- Complications and device removal

### Difficult venous access

*D. Tsetis (Heraklion/GR)*

- Patient and vein characteristics that affect successful venous access
- US-guidance in patients with difficult vascular access
- Choice of technique depending on the clinical situation and equipment available
- Management of iatrogenic complications during difficult venous access

## Time Schedule

### Friday, November 4, 2011

12:00	Registration
13:00-17:45	Lectures
20:00	Welcome Dinner

### Saturday, November 5, 2011

Morning: Hands-on Sessions in small groups  
 Afternoon: Interactive Case Discussion Forum  
 Late Afternoon: Voluntary Test & Certificate of Attendance

## Venue

**St. Vincent's University Hospital,  
 Elm Park, Dublin 4  
 IRELAND**



# Keep the wheel of knowledge turning



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## Institute Courses 2011

In co-operation with Cordis!



In addition to the 9 Local Courses, the CIRSE Foundation will organise 3 Hands-On courses at the training institute of our industry partner Cordis.

The scientific and educational programme as well as the faculty will be determined exclusively by CIRSE. Our industry partner will kindly provide the infrastructure of their institutes including the latest simulator technology.

*For more information on CCVI please refer to [www.ccvj-online.com](http://www.ccvj-online.com).*

### **Cordis Cardiac & Vascular Institute (CCVI) Hamburg (DE)**

- **Introduction to Peripheral Vascular Interventions – Hands-On Course**  
March 15-16, 2011 at CCVI
- **Introduction to Peripheral Vascular Interventions – Hands-On Course**  
October 11-12, 2011 at CCVI
- **Advanced Peripheral Vascular Interventions - Hands-On Course**  
November 8-9, 2011 at CCVI

*For further information and registration, please refer to [www.cirse.org](http://www.cirse.org).*





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## Institute Courses 2011

In co-operation with Synthes!



In addition to the 9 Local Courses, the CIRSE Foundation will organise 2 Hands-On courses on Stentoplasty, supported by Synthes, at the Department of Radiology of the University of Strasbourg.

The scientific and educational programme as well as the faculty will be determined exclusively by CIRSE.

Synthes will additionally provide 2 Education Grants of € 10,000 each for exclusive training on Skeletal Interventions / Stentoplasty at an expert centre in Europe.

For more information about Synthes, please refer to [www.synthes.com](http://www.synthes.com)

### University Hospital of Strasbourg Strasbourg (FR)

- Stentoplasty – Hands-On Course Strasbourg (FR), May 11-12, 2011
- Stentoplasty – Hands-On Course Strasbourg (FR), November 16-17, 2011

For further information and registration, please refer to [www.cirse.org](http://www.cirse.org).



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## CIRSE Foundation Education Grants 2011!

**The purpose of the education grant is to advance training and education in Interventional Radiology. The grants are available for CIRSE Members, particularly Fellows or Junior Faculty, who wish to train or experience new procedures at a different European institution.**

**For example, the grants can be used to learn a new procedure and/or skills that may be needed at the applicant's institution or to undergo training not available at the applicant's own institution.**

Applications can be submitted for two grant categories:

### **Training in any IR topic possible (European residency required):**

9x Fellowship Education Grants  
(minimum 3 months, € 10,000)

5x Visiting Scholarship Grants  
(minimum 2 weeks, € 2,000)

## Synthes

**Kindly sponsored by a restricted educational grant from Synthes®**

**Training in the following topic:  
(European residency required):**

### **Stentoplasty:**

2 x Fellowship Education Grants  
(minimum 3 months, € 10,000)



## Cooking up the Future

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**Training in following topics only:**

**Embolotherapy, Arterial Leg Therapy, Critical Limb Ischemia, PE Preventions:**

2 x Fellowship Education Grants dedicated to members from South America  
(minimum 3 months, € 10,000)

1 x Fellowship Education Grant dedicated to members from China  
(minimum 3 months, € 10,000)

1 x Fellowship Education Grant dedicated to members from EMEA, Europe – Middle East Asia  
(minimum 3 months, € 10,000)



For more information about the Education Grant Programme please refer to [www.cirse.org](http://www.cirse.org).

# GEST 2011 Europe

27-30 April, 2011

Paris (FR)

## Be sure not to miss Europe's premier embolisation conference!

Embolotherapy has become a central part of daily Interventional Radiology work. Embolisation indications have substantially increased over the last decade, and continue to do so. Embolisation for fibroids, trauma and GI-haemorrhage are being increasingly demanded, while treatment of vascular malformations is fully dependent on embolisation techniques. Oncology patients are also benefitting, with drug-eluting and target-specific beads offering another line of therapy.

This growth in demand and impact has led to the establishment of dedicated embolisation conferences, with GEST Europe representing the biggest European embolisation conference. Following the tremendous success of previous meetings, GEST 2011 will once again feature a wide range of lectures and hands-on workshops, as well as the demonstration of state-of-the-art devices and techniques. Video case presentations will also be introduced as a new feature of GEST Europe.

To view the full programme or register for the conference, please visit our website: [www.gest2011.eu](http://www.gest2011.eu).

We look forward to welcoming you in Paris!

[www.gest2011.eu](http://www.gest2011.eu)



## Scientific Programme

### Wednesday, April 27

- Coils, plugs and microcatheters  
(Video case presentation)
- GI bleeding
- Visceral aneurysms and endoleaks
- Satellite Symposium  
Boston Scientific
- Satellite Symposium  
CeloNova BioSciences
- Genitourinary
- Hands-on Workshop  
Coils & Plugs (2 sessions)
- Clinical Case Based Discussion  
Postpartum  
Kidney  
Hypogastric embolization
- Thorax interventions
- Satellite Symposia

### Thursday, April 28

- Particles and gelfoam  
(Video case presentation)
- UFE
- Imaging
- Satellite Symposium  
Cook Medical
- Satellite Symposium  
AGA Medical
- Neuro and ENT
- Hands-on Workshop  
Sclerotherapy (2 sessions)
- Clinical Case Based Discussion  
Haemoptysis  
UFE  
Trauma
- Morbidity & Mortality
- Satellite Symposia

### Friday, April 29

- Glue, onyx and liquid embolics  
(Video case presentation)
- AVM
- Liver embolization: non HCC
- Satellite Symposium  
Terumo Europe
- Satellite Symposium  
Sirtex Medical
- HCC
- Hands-on Workshop  
Glue & Onyx (2 sessions)
- Clinical Case Based Discussion  
Portal vein embolization  
Visceral aneurysms  
GI bleeding
- HCC and radioembolization
- Satellite Symposia

### Saturday, April 30

- Best of the rest
- Trauma

## Important Addresses

### Conference Venue

Paris Marriott Rive Gauche  
Hotel & Conference Center  
17, Boulevard Saint-Jacques  
75014 Paris, France

### Organising Secretariat

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For more information about the **GEST 2011 Europe** meeting, please email us at [office@esir.org](mailto:office@esir.org) or refer to [www.gest2011.eu](http://www.gest2011.eu)



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## Registration & Application

### Registration for ESIR 2011 courses:

Members and non-members may register for one or more ESIR 2011 courses through the online facility provided at [www.cirse.org](http://www.cirse.org).

Additionally the CIRSE Foundation offers all participants the possibility of purchasing insurance with our partner, "Europäische Reiseversicherung".

*For further information please visit our website at [www.cirse.org](http://www.cirse.org).*

### Registration for Institute Hands-On Courses:

Application for Institute Hands-on Courses should be made by submission of the relevant registration form, available at [www.cirse.org](http://www.cirse.org), along with a C.V. and letter of motivation stating why you want to take part. Only CIRSE members who fulfill the criteria stated in the respective course programme and registration form are eligible to apply.

### Application for Education Grants:

Interventional radiologists who wish to train or experience new procedures at a different European institution should submit the application form for the relevant grant category alongside the following documents:

1. Covering letter explaining why you want to visit the chosen institution.
2. Letter of recommendation from the Head of the Department where you are currently working.
3. Letter from the chosen institution confirming your visit, the duration of your stay and an outline of the training offered.
4. Detailed budget outlining how the Education Grant will be spent.
5. Curriculum vitae.

### Esir.org:

The ESIRonline database is available to CIRSE members all year round.

The registration fee for scientific participants at conferences and ESIR courses includes limited access to presentations from the respective events.

This access expires 3 months after the final day of the event.

To find out more about the benefits of CIRSE membership and to join the society visit [www.cirse.org](http://www.cirse.org).

### Registration for GEST 2011:

*For online registration please refer to [www.gest2011.eu](http://www.gest2011.eu)*

## Impressum

The CIRSE Foundation would like to gratefully acknowledge the support of its co-operate partners, especially:



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