
Preface

Technology continues to make the world a smaller place. Advances in communication, especially the ubiquity of cell phones and the computer-related communications such as the World Wide Web and e-mail, have led to an unprecedented ability to bring people together. One of the truly important outcomes of this communication has led to the awareness of global disparities in many areas of concern to all humans, including nutrition, education, economy, and health care. But with recognition comes the ability to propose and attempt solutions. The Lancet Commission on Global Surgery advocates for universal access to safe and affordable surgery and anesthesia care and is aided by initiatives such as the Disease Control Priorities Network that reinforce the value and impact of global surgery.

Vascular surgery is a field of medicine that has continually embraced technology. The roots of this specialty are frequently claimed to be germinated in the wars of the 1940s and 1950s, but our science and exploration by bold pioneers preceded the wartime efforts by decades. Each new technology was incorporated into the vascular surgeon's armamentarium, culminating with the recent disruptive technology of the endovascular revolution. It is an exciting time for medicine and vascular surgery in particular. I will boldly predict that our three traditional index procedures, carotid endarterectomy, peripheral bypass, and open aneurysm repair, are transforming into the broader categories of open repair or bypass of medium-diameter vessels, central and peripheral angioplasty with stenting, and endovascular aortic repair of aneurysms and dissections; this evolution reflects our specialty's particularly unique ability to perform hybrid procedures as well as prevent deaths in the face of emergent arterial trauma and rupture. Vascular surgeons of the future will not look like us, just as we do not look like the previous generation's vascular surgeons, who did not look like their ancestors.

Despite the French and American assertions that all people are created equal, we know that this aspiration has not translated into reality. So it is for vascular surgery. Vascular surgeons must diagnose and treat local variations of disease in their indigenous, transient, or visiting patient populations, doing so within their local culture, social customs, patient beliefs, ethical and moral framework, available healthcare resources, government regulations, local economics, and occasionally even with questionable availability of basic supplies such as water, electricity, or even shelter. The similarities are almost more amazing than the differences. I am very proud of the scope of practice achieved in this book. It is clear that the specialty of Vascular Surgery is

strong, with advancing research and clinical abilities driving outstanding care of patients with vascular disease. However it is also clear that disparities exist. We can learn from the resource-poor countries of Africa and Haiti, from the trauma in Palestine, from the clever ability to deal with financial hurdles in Greece and Romania. We can continue to push vascular care ever harder to make our patients better.

As an academic vascular surgeon and the president of the International Society for Vascular Surgery (ISVS), I have had the privilege of meeting, befriending, and working with a group of friends and colleagues around the world, a privilege that would be difficult to imagine not so many years ago. Technology has enabled our meeting and growing our friendships and work, from inexpensive airplane travel that enables face-to-face meetings and stealing the time to write this Introduction to the Internet-based communication that allows real-time working, creating, complaining, commiserating, and even comforting. One side effect of this technology is a never-ending stream of messages that can be overwhelming, especially to our spouses and significant others who bear the brunt of our passions to help our patients.

This book is the product of so many friendships. First I thank my coeditors who have provided incredible guidance from and to their corners of the world; this book would not exist without their expertise. Next I thank Pauline Meyer, the executive director of the ISVS, who has kept that organization alive, enabling ISVS members to come together for our patients, wherever in the world they may be. So importantly, my colleagues at Springer, Richard Hruska who believed in this project and Patrick Carr who put it together, are magnificent; without them, we surgeons could not reach each other through this medium. In their publishing this book, they enable us to help our patients, and by higher mathematics, they are helping patients in a very meaningful and tangible way.

My parents, Herbert (Chaim) and Janet Dardik, get a special thank you. They brought the world into our home. In the 1980s and 1990s, vascular surgeons flocked to Englewood, New Jersey, to see the Dardik umbilical vein biograft, the first tissue-engineered vascular graft that was used in human patients. My parents welcomed these surgeons in our home for dinner and conversation, showing our family that we have friends all around the world and affirming to our visitor friends that vascular surgeons are people too. I am still friendly with some of these visitors, Shervanthi Homer-Vanniasinkam from England to speak of my closest. My parents also showed me the value of travel, both for enjoyment and being a method to connect vascular surgeons in such meaningful ways. I sincerely and humbly thank Toshiya Nishibe from Japan, Chang Shu and Yong-quan Gu from China, Serge Declémy and Nirvana Sadaghianloo from France, and Tulio Navarro from Brazil, for opening their operating rooms to me. This is truly the highest honor among friends and colleagues. And I do not neglect to acknowledge and appreciate my Yale partners who continually cover my practice, allowing me the academic freedom so vital to complete this project. I especially thank Robert Udelsman, chairman of Yale's Department of

Surgery, who has continually believed in and supported my academic career.

Finally I must thank my loved ones who endured my endless nights and days, weekends and weekdays, putting this project together, continually supporting with never-ending complaints. My children, Ian, David, and Kevin, thank you for allowing your father to achieve his dreams of connecting vascular surgeons around the world; may you achieve your dreams with grace and ease. My wife Susan, I love you and thank you for your continued encouragement and tolerance. I will finally get off my laptop, but only until the next project.

New Haven, CT, USA

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Vascular Surgery

A Global Perspective

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