



Unitat Docent
Clínic - CAPSBE



Àrea Integral
de Salut
Barcelona Esquerra

C S B

Consorci Sanitari de Barcelona

Ens públic de la Generalitat de Catalunya i l'Ajuntament de Barcelona
adscrit al Servei Català de la Salut

Corporació Sanitària de Barcelona

8ª JORNADA D'ATENCIÓ COMPARTIDA CIRURGIA VASCULAR

**Com millorar les perspectives de vida als pacients amb
aneurismes d'aorta: una atenció integrada entre la Primària
i l'Hospitalària.**

El seguiment a l'Atenció Primària.

**Antoni Sisó Almirall, CAPSBE.
Divendres, 15 D'ABRIL DE 2016
HOSPITAL CLÍNIC, SALA D'ACTES**

El seguiment...

Estricte control dels factors de risc cardiovascular, en el punt d'atenció al pacient...



The NEW ENGLAND JOURNAL of MEDICINE

REVIEW ARTICLE

CURRENT CONCEPTS

Point-of-Care Ultrasonography

Christopher L. Moore, M.D., and Joshua A. Copel, M.D.

N ENGL J MED 364;8 NEJM.ORG FEBRUARY 24, 2011

Harvard Medical School Students Using a Handheld Ultrasound Machine in a Teaching Exercise.



Selected applications of Point-of-Care Ultrasonography

Specialty	Ultrasound Applications
Anesthesia	Guidance for vascular access, regional anesthesia, monitoring of fluid status and cardiac function
Cardiology	Echocardiography, intracardiac assessment
Critical care	Procedural guidance, pulmonary assessment
Dermatology	Assessment of skin lesions and tumors
Emergency	FAST, focused emergency assessment
Endocrinology	Assessment of thyroid and parathyroid, procedural guidance
General surgery	US of the breast, procedural guidance
Gynecology	Assessment of cervix, uterus, and adnexa.
Obstetrics	Assessment of pregnancy, fetal abnormalities
Nephrology	Vascular access for dialysis

Selected applications of Point-of-Care Ultrasonography

Specialty	Ultrasound Applications
Neurology	Transcranial doppler, peripheral-nerve evaluation
Ophthalmology	Cornial and retinal assessment
Pediatrics	Assessment of bladder
Rheumatology	Monitoring of synovitis
Trauma surgery	FAST*, musculoskeletal applications
Urology	Renal, bladder, and prostate assessment
Vascular	Carotid, arterial and venous assessment, Aneurysms

**Focused Assessment with Sonography for Trauma*

REVIEW ARTICLE

CURRENT CONCEPTS

Point-of-Care Ultrasonography

Christopher L. Moore, M.D., and Joshua A. Copel, M.D.

ULTRASONOGRAPHY IS A SAFE AND EFFECTIVE FORM OF IMAGING THAT has been used by physicians for more than half a century to aid in diagnosis and guide procedures. Over the past two decades, ultrasound equipment has become more compact, higher quality, and less expensive, which has facilitated the growth of point-of-care ultrasonography — that is, ultrasonography performed and interpreted by the clinician at the bedside. In 2004, a conference on compact ultrasonography hosted by the American Institute of Ultrasound in Medicine (AIUM) concluded that “the concept of an ‘ultrasound stethoscope’ is rapidly moving from the theoretical to reality.” This conference included representatives from 19 medical organizations; in November 2010, the AIUM hosted a similar forum attended by 45

From the Departments of Emergency Medicine (C.L.M.) and Obstetrics, Gynecology, and Reproductive Sciences (J.A.C.), Yale University School of Medicine, New Haven, CT. Address reprint requests to Dr. Moore at the Department of Emergency Medicine, Yale University School of Medicine, 464 Congress Ave., Suite 260, New Haven, CT 06519, or at chris.moore@yale.edu.

N Engl J Med 2011;364:749-57.

Copyright © 2011 Massachusetts Medical Society.

Portabilidad

EXPERIÈNCIA AL CAPSE



ERP Net
External Research Program
for Investigator-Initiated Trials



Screening Programme for Abdominal Aortic Aneurysms by Hand-Held-Ultrasonography in Primary Health Care

PI, Antoni Sisó Almirall MD PhD.

Co-Investigators:

Marta Navarro González MD. Daniel Cararach Salami MD. Alfonso Pérez Jiménez MD. Belchin Adriyanov Kostov MSc PhD. Rosa Gilabert Solé MD. PhD. Concepció Bru Saumell MD. PhD. Vicenç Rimbau Alonso MD. PhD. Jaume Benavent Àreu MD.

CAPSE (EAP Les Corts, EAP Casanova, EAP Borrell) y Servicios de Radiodiagnóstico y Cirugía Vascolar, Hospital Clínic.



MEDICINA CLINICA

www.elsevier.es/medicinaclinica



Original

Utilidad de la ecografía portátil en el cribado del aneurisma de aorta abdominal y de la ateromatosis de aorta abdominal

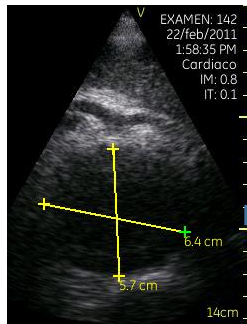
Antoni Sisó-Almirall ^{a,*}, Rosa Gilabert Solé ^b, Concepció Bru Saumell ^b, Belchin Kostov ^a,
Minerva Mas Heredia ^a, Luis González-de Paz ^a, Laura Sebastián Montal ^a y Jaume Benavent Àreu ^c

^a Centro de Salud Les Corts, Consorci d'Atenció Primària de Salut l'Eixample (CAPSE), Grupo Transversal de Investigación en Atención Primaria, Institut d'Investigacions Biomèdiques August Pi i Sunyer (IDIBAPS), Barcelona, España

^b Servicio de Radiodiagnóstico, Centro de Diagnóstico por la Imagen, Hospital Clínic, Institut d'Investigacions Biomèdiques August Pi i Sunyer (IDIBAPS), Universidad de Barcelona, Barcelona, España

^c Institut Català de la Salut, Generalitat de Catalunya, Barcelona, España

CONCORDANCIA y ANÁLISIS DE SENSIBILIDAD



AAA

Concordancia
(Kappa)

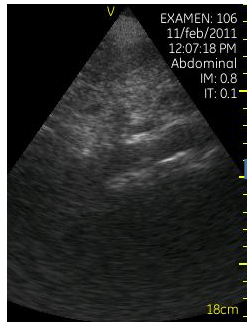
1,0
(absoluta)

Sensibilidad

100%

Especificidad

100%

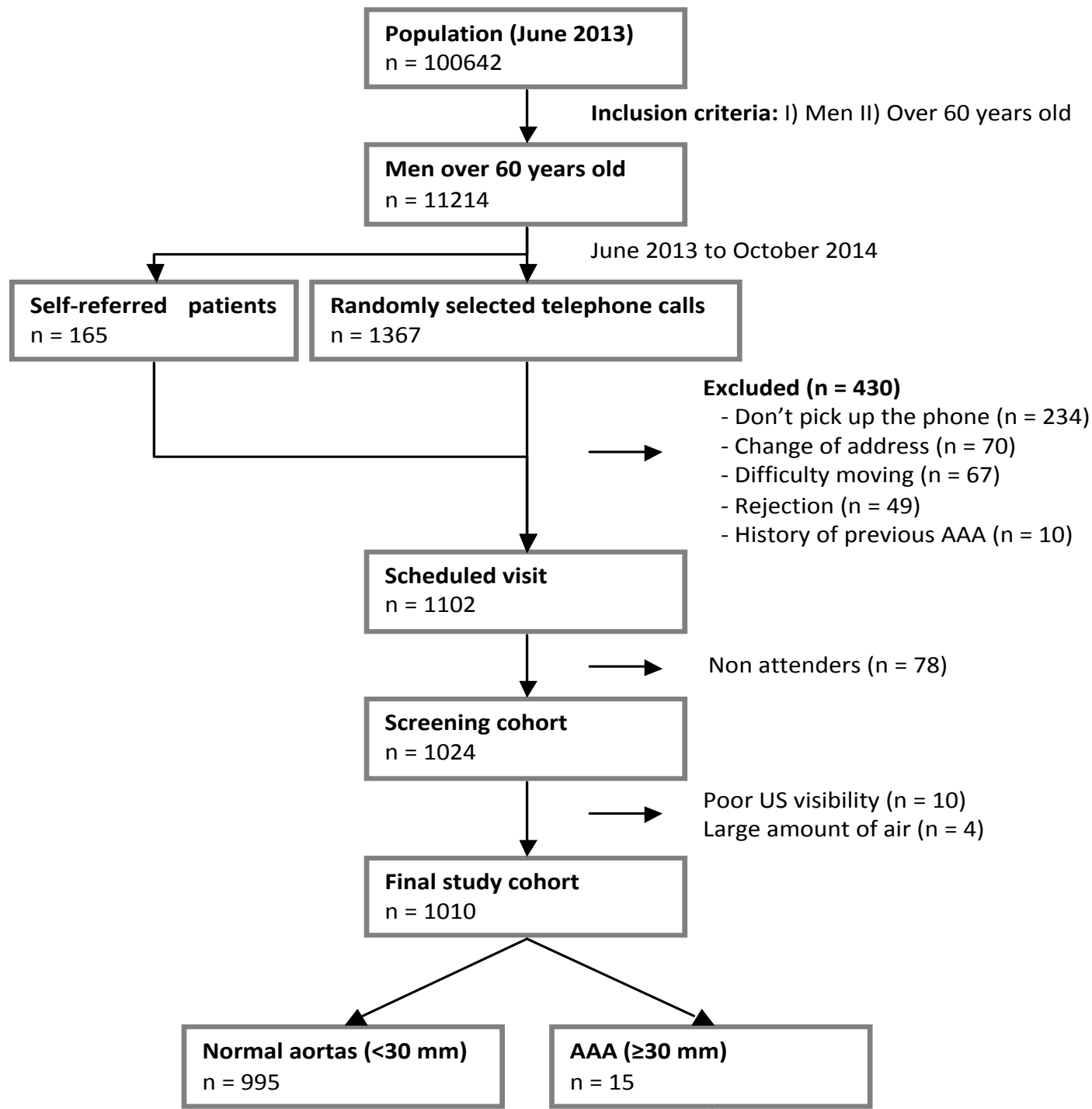


AA-At

0,43
(moderada)

89,7%

57,1%



Stage I: Cross-sectional

Men over 60 years old
n=11214

Stage II: Prospective (screening)

Men invited for screening
n=11054

Not invited (n=160)
- History of AAA-repair, n=86
- Known AAA under surveillance, n=74

Men screened (attenders)
n=1024

Non attenders (n=10114)
- History of AAA-repair, n=3
- Known AAA under surveillance, n=9

Final screening cohort
n=1010

Excluded for poor US visibility
n=14

Normal aortas (≤ 25 mm)
n=963
(95.3%, 95% CI 94.0-96.6)

Ectatic aortas (26-29 mm)
n=32
(3.2%, 95% CI 2.1-4.3)

'New' AAA (≥ 30 mm)
n=15
(1.5%, 95% CI 0.8-2.2)

History of AAA
n=172
(1.7%, 95% CI 1.5-1.9)

Comparison of the risk factors associated with the presence of AAA

Risk Factor	No AAA (n=995)	AAA* (n=15)	<i>P</i> [†]	OR [95%CI] [‡]
Obesity (BMI>30 kg/m ²)	237/981 (24.2)	4 (36.4)	0.313	
Physical activity			0.640	
Sedentary lifestyle	146/931 (15.7)	1 (9.0)		
Moderate	501/931 (53.8)	5 (45.5)		
Intense	284/931 (30.5)	5 (45.5)		
Hypertension	655 (65.6)	7 (63.6)	1	
Diabetes mellitus	272 (27.3)	3 (27.3)	1	
Hyperlipidemia	537 (53.8)	9 (81.8)	0.074	2.7 [0.7-18.0]
Current smoker	142 (14.2)	1 (9.1)	1	
Ever smoked	654 (65.5)	10 (90.9)	0.110	4.3 [0.8-80.5]
Family history of AAA	13 (1.3)	0 (0)	1	
COPD	74 (7.4)	3 (27.3)	0.045	3.3 [0.7-12.1]
Coronary heart disease	131 (13.1)	5 (45.5)	0.010	4.6 [1.3-15.9]
Cerebrovascular disease	37 (3.7)	1 (9.1)	0.346	
Claudication	41 (4.1)	1 (9.1)	0.375	
Renal Disease	98/662 (14.8)	1/8 (12.5)	1	
REGICOR risk score			0.557	
Low (<5)	224/641 (34.9)	2/7 (28.6)		
Moderate (5-9)	312/641 (48.7)	3/7 (42.8)		
High (10-14)	81/641 (12.6)	2/7 (28.6)		
Very high (>=15)	24/641 (3.8)	0 (0)		

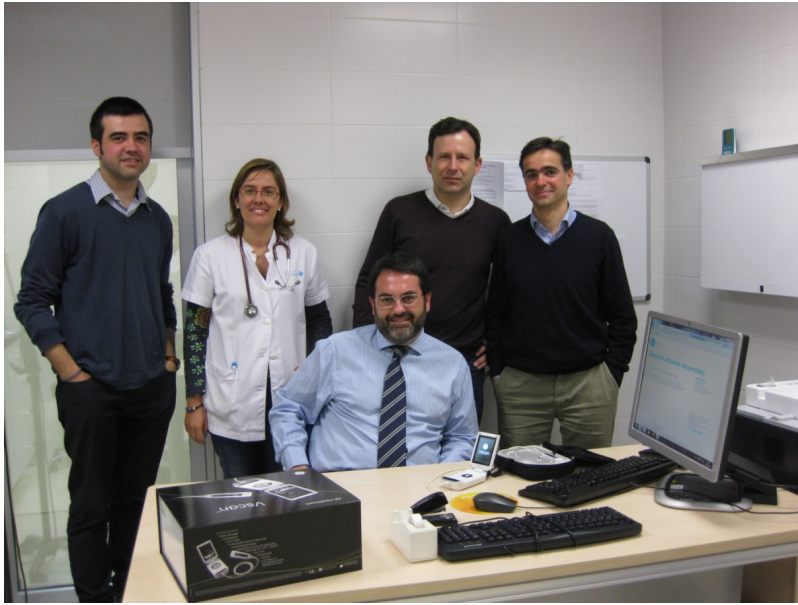
Values are shown as mean ± SD or frequency (%)

BMI: Body mass index; COPD: Chronic obstructive pulmonary disease

[†] Percentages were compared using uncorrected χ^2 test or fisher exact test

[‡] Multivariate logistic regression analysis of the variables associated with the presence of AAA.

Screening Programme for Abdominal Aortic Aneurysms by Hand-Held-Ultrasoundography in Primary Health Care



Conclusions.

Screening programme performed by trained Family Physicians using hand-held-ultrasound is a feasible, safety, reliable and inexpensive tool for early detection of AAA in any point of care.

ClinicalTrials.gov Identifier:
NCT01882634



PASADO, PRESENTE... FUTURO?



Siglo XIX



Siglo XX



Siglo XXI

Moltes gràcies

asiso@clinic.cat