My name is Diego Ruiz Chiriboga and I am a vascular surgeon in the Hospital Universitario Gregorio Marañón in Madrid, Spain. Currently in our hospital, the treatment of thoracoabdominal aneurysms is done by endovascular technique. In the next few years our hospital is being reformed and acquiring new equipment and adaptations to improve the complex treatment of various pathologies, in our case the complex aorta.

That is why I decided to perform an external rotation in a large vascular surgery service, such as represented by the San Raffaele Hospital, in Milan-Italy; thanks to the European Society of Vascular Surgery (ESVS) that allowed me with grand scholarship support to going there.

Professor Roberto Chiesa leads one of the most qualified services in the management of the complex aorta, and I could witness for a month (from January 20 to February 14, 2020) the great organization, experience, surgical management, anesthetic and all the surrounding staff that work with him; that is the reason of why they have such good results.

The surgical team work very hard from 8am until 8-9 pm and they perform each day between 6-7 surgeries in one OR and the have another one with maybe 3-5 additional surgeries.

Recently they have acquired a hybrid operating room where they perform surgeries of high endovascular complexity. In the month I was with them I could see a complete repair of aortic arch double-branch system, two T-branches, two cases of chimneys, about 4 TEVAR (second phase of endovascular repair of thoracoabdominal aneurysms TAA), six EVAR, implantation of plugs, IMPELLA device placement, two cases of MMII revascularization, one case of CERAB, one urgent case of Angiojet thrombectomy, three cases of carotid stent and one case of venous stent revascularization for a May-Thurner syndrome.

The cases of open surgery have been amazing; even though my rotation was only one month I could witness about 6 cases of open repair of TAA, 4 cases of infrarenal aneurysms and 3 of juxtarenal aneurysms, 2 repairs of aortoenteric fistulas (one urgent and one scheduled), about 20 carotid endarterectomies (most of them using locoregional anesthesia), three cases of subclavian carotid bypass, one TOS surgery, and two cases of open reconversion of previous EVAR.

In some cases they allowed to scrubbing and assist in the operating room, and the rest of the cases you can see them by the HD cameras they have with great quality or some big stairs that they have in the operating room.

I would like to thank again the entire vascular surgery team again (surgeon, residents, nurses, and other fellows) and especially Prof. Roberto Chiesa, Prof Germano Melissano and Dr. Luca Bertoglio for their kindness and predisposition to let me attend the interventions they had performed.

I really believe that it is an ideal place to learn the correct management of complex aortic pathology and I hope to implement some of the things that I have been able to observe.

I would also like to thank ESVS for the opportunity they have given me to be able to perform this rotation.

My e-mail address is: drdiegoruiz@gmail.com, and please do not hesitate to contact me if you require any further information about my rotation.

DIEGO RUIZ CHIRIBOGA MD

HOSPITAL GENERAL UNIVERSITARIO GREGORIO MARAÑÓN, MADRID, SPAIN