The references cited by him and the information presented in Table 2 of our report clearly indicate that patients increase their effort tolerance in the weeks immediately after discharge. This effect is, in part, due to a change in the end points that favor an enhanced effort tolerance. In our program, formal exercise training commences only after the 6 weeks postdischarge exercise test. In our report, the work done in the postdischarge test was given erroneously as 73 \pm 3 W. It should have been 103 \pm 2 W.

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Board Certification in Peripheral Vascular Disease

The report by DeMaria in the September 1988 President's Page (1) is both inaccurate and misleading. DeMaria states that "Board certification in the field of peripheral vascular disease is nonexistent...". For many years, the American Board of Surgery (ABS) has promulgated a definition of general surgery in which vascular disease is described as a primary component of the discipline. Candidates for certification by the American Board of Surgery are questioned in written and oral examinations about peripheral vascular disease and Diplomates of the Board are expected to be able to provide for the diagnosis and the preoperative, operative and postoperative care of patients suffering from peripheral vascular disease. Moreover, since 1982, the American Board of Surgery has awarded additional certificates in vascular surgery. The current ABS Certificate of Added Qualifications in General Vascular Surgery requires a year of postgraduate study beyond the 5 years of general surgery residency and successful completion of a written and oral examination both of which are entirely devoted to the field of peripheral vascular disease. Therefore, certification of a specialty board in peripheral vascular disease is in place and is well recognized.

My personal observations of what is occurring as the cardiologists and interventional radiologists invade the field of peripheral vascular disease, sadly all too often without consulting a vascular surgeon, is that inappropriate and unnecessary procedures are being performed. A 90% occlusion of a superficial femoral artery in a patient with intermittent claudication does not portend the same disease is described as a primary component of the discipline. The passions that can be incited by a discussion of peripheral vascular disease, a fact attested to by the activities of a number of vascular surgeons, is never mentioned before the percutaneous or surgical. It is available and what patients do not require intervention, either percutaneous or surgical.

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References


Reply

The letter from Ward O. Griffen, Jr., MD bears vivid testimony to the passions that can be incited by a discussion of peripheral vascular disease in our current environment. As I indicated, new diagnostic and therapeutic techniques are modifying the management of patients with peripheral vascular disorders and leading to a reexamination of the contribution of various specialists to the care of these patients. The basis for the involvement of the cardiovascular specialist in the care of these patients was outlined in that address, and the need for a College committee on peripheral vascular disease was discussed. Change is often difficult, and it is not surprising that some tensions have been produced by moving from the status quo.

Dr. Griffen takes issue with my statement that board certification in the field of peripheral vascular disease is nonexistent. He points out that the American Board of Surgery has included peripheral vascular disease in its definition of general surgery, and currently awards a Certificate of Added Qualifications in General Vascular Surgery. I agree that the President's Page would have been more complete if reference to this process of the American Board of Surgery had been cited. However, the certification by Dr. Griffen describes applies only to general surgery and does not represent a primary board but only a certificate of added qualifications in general vascular surgery. Questions regarding peripheral vascular disorders also comprise an integral part of the subspecialty board examination in cardiovascular disease. Internists of various types have long played a major role in the care of patients with peripheral vascular disease, a fact attested to by the activities of a number of major medical institutions. The Cleveland Clinic has a Department of Peripheral Vascular Diseases headed by an internist, and the Brigham and Women's Hospital has created a Division of Vascular Medicine and Atherosclerosis at Harvard Medical School. For many years the Mayo Clinic has had a track dedicated to peripheral...