Slow Medicine
Measured Respectful Equitable

CHOOSING WISELY ITALY
Doing more does not mean doing better

Collegio Italiano dei Primari Ospedalieri di Chirurgia Vascolare

Tests, treatments and procedures at risk of inappropriateness in Italy
that Physicians and Patients should talk about.

Five Recommendations from the Italian College of the Directors of Vascular Surgery

1	**Do not request a Duplex scan as a first level test for lower limb arterial disease, in patients that are asymptomatic or with mild claudication. Measure instead the Ankle Brachial Index (ABI)**
	Duplex scan is often requested for paresthesias with palpable distal pulses. ABI measurement is adequate to diagnose arterial disease and start treatment. If the symptoms are severe the patient can be sent to the vascular surgeon. Following this recommendation would eliminate at least 25% of all Duplex scans performed.
2	**Do not perform Duplex scan or Chest CT scan as first level tests for patients that, according to Wells or Geneva score, have a low probability of Deep Venous Thrombosis (DVT). D-dimer determination has a high sensitivity as a first level test.**
	DVT and Pulmonary Embolism (PE) are very rare in the absence of elevated D dimer levels or specific risk factors. DVT of the lower limbs is a common disease and it is usually suspected in the presence of swelling. Swelling may be due to orthopedic, cardiac or lymphatic disease. The majority of the Duplex scans performed for suspected DVT are negative and would be avoided by an inexpensive test such as D dimer determination. If the D dimer is negative and there are no risk factors we can discount a diagnosis of DVT.
3	**Do not request a Duplex scan of the carotid arteries for vertigo, tinnitus, headache, neck pain, unless there are neurologic signs.**
	Symptoms of cerebrovascular insufficiency are often confused with those of other diseases. Furthermore, the term Transient Ischemic Attack (TIA) is often used inappropriately. It should be reserved only for a sudden, focal neurologic attack lasting less than 24 hours, due to cerebral ischemia. Without focal signs the patients will undergo a useless Duplex scan of the carotid arteries that may confuse the issue.
4	**Do not perform open or endovascular treatment of lower limb lesions unless there is disabling claudication, critical limb ischemia or diabetic foot.**
	Treating a stenotic or occluded artery of the lower limbs that does not cause symptoms is inappropriate. There is no evidence that such a treatment would improve the evolution of the disease. Any treatment may expose the patient to the risk of relapse, often with a final result that is worse than before the procedure.
5	**Do not stent a stenotic renal artery unless there is refractory hypertension or declining renal function.**
	Renal artery stenting requires excellent expertise because it may cause rupture, dissection or thrombosis of the artery. Furthermore, there is no difference between best medical treatment and stenting, according to recent studies.

Please note that these items are provided only for information and are not intended as a substitute for consultation with a clinician. Patients with any specific questions about the items on this list or their individual situation should consult their clinician.

released: 1 November 2015

How this list was created

Health care must be sustainable; a correct use of available resources entails careful and shared planning of what is really appropriate. Guidelines are often viewed as a defense mechanism for physicians because they are supported by national and international scientific consensus. There is a need for other instruments to support clinical decision making, especially in the Italian health system with limited resources and the need to implement services that really benefit the population. In order to create this list we gathered a Commission made up of Hospital and University based Vascular Surgeons. Other scientific societies that endorsed the list were the SICVE (Italian Society of Vascular and Endovascular Surgery), the SIAPV (Italian Society of Angiology and Vascular Pathology) and FNOMCEO (Italian Federation of Physicians, Surgeons and Dentist). Finally, the Board of the College of Directors of Vascular Surgery presented at the EXPOSALUTE meeting in Milan the fourth of October 2015 a list of nine procedures considered at risk of being inappropriate. Five of those were voted and listed herein.

Sources

1

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Slow Medicine, an Italian movement of health professionals, patients and citizens promoting a Measured, Respectful and Equitable Medicine, launched the campaign **"Doing more does not mean doing better- Choosing Wisely Italy"** in Italy at the end of 2012, similar to Choosing Wisely in the USA. The campaign aims to help physicians, other health professionals, patients and citizens engage in conversations about tests, treatments and procedures at risk of inappropriateness in Italy, for informed and shared choices. The campaign is part of the Choosing Wisely International movement. Partners of the campaign are the National Federation of Medical Doctors' and Dentists' Orders (FNOMCeO), that of Registered Nurses' Orders (FNOPI), the Academy of Nursing Sciences (ASI), National Union of Radiologists (SNR), Tuscany regional health agency, PartecipaSalute, Altroconsumo, the Federation for Social Services and Healthcare of Aut. Prov. of Bolzano, Zadig. www.choosingwiselyitaly.org; www.slowmedicine.it

The Italian College of the Directors of Vascular Surgery endorses national scientific investigations and quality control systems in Vascular Surgery; endorses adhesion to Trials and creation of national and international guidelines in Vascular Surgery; endorses interventions aimed at improving the care of vascular patients, optimizing resource management and medical education; endorses the planning and distribution of Vascular Surgery Departments in the nation in accord with the Department of Health.
Presently the College is composed by 140 members. It cooperates with other societies which deal with vascular pathology, in full compliance with ethical and deontological principles that should prevail in the choices of physicians. www.sicve.it