

THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

NEWSLETTER

Issue 114

Autumn 2021



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SVT President Welcome

Hello all, and welcome to the Autumn 2021 SVT newsletter.

As summer starts to become a distant memory and days start to become shorter we can often find ourselves arriving at work in the dark, working all day in the dark and then leaving work in the dark. This along with the inevitable increase in workload associated with the winter months can start to have a detrimental affect on our mood. Looking after your mental health is not something we should do only when we are struggling its something we should think about all the time and really invest time into similar to our physical health. Staying ontop of our mental health and well being is good for us now but also will help us deal with difficult times in the future. There are lots of things we can do to look after our mental health and well being on a dail basis such as making sure you have enough sleep, connecting with others, living a healthy life style with lots of exercise and fresh air. If you are struggling with your mental health and wellbeing or think someone you know is there are a number of excellent resources available with information and tips on mental health and well being including:

Mind (www.mind.org.uk)

Samaritans (www.samaritans.org)

NHS every mind matters (www.nhs.uk/every-mind-matters)

Mental Health at Work (www.mentalhealthatwork.org.uk)

In December we begin the annual festivities....not Christmas...but the SVT annual scientific meeting! This year we are back to having a face to face meeting in the great city of Manchester. We hope you will agree we have a very exciting programme on offer over two days with topics such as research skills and methods, a joint session betweek the SVT and VASBI, presentations on research proposals, completed research and case studies plus guest speakers including Mr Neil Hooper, Prof Justin Mason, Dan Carridice and Gurdeep Jandu. A full programme overview is available in the newsletter including details of the SVT drinks reception taking place on Wednesday evening at Manahatta bar.

I hope to see you all in Manchester,

Many Thanks

Lee Smith

SVT President

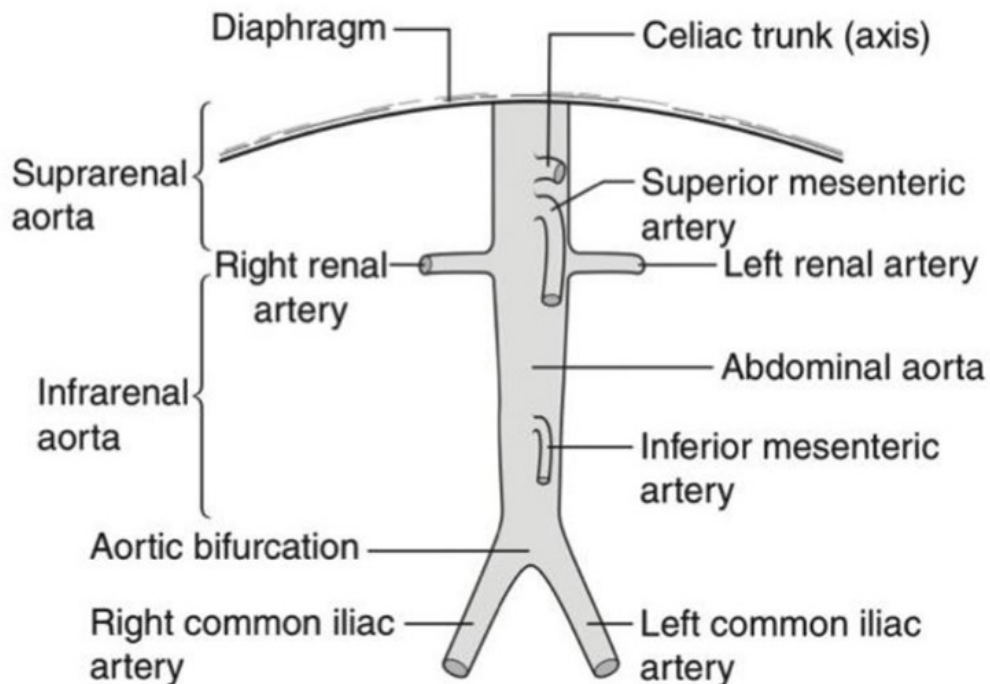
Lymphadenopathy as a pitfall in iliac artery aneurysm detection and surveillance.

Steven Wallace BSc AVS. Liverpool Vascular and Endovascular Service

The National Abdominal Aortic Aneurysm Screening Program (NAAASP) is active across the UK in the screening of men in their 65th year for Abdominal Aortic Aneurysm (AAA). This screening test is performed by screening technicians (STs) who are a group of professional staff specifically trained to visualise and accurately measure the abdominal aorta using ultrasound.

The scope of practice for screening technicians within NAAASP is the identification and differentiation of the abdominal aorta and the inferior vena cava from the level of the xiphisternum to the level of the aortic bifurcation with the subsequent measurement of the abdominal aorta at its widest point.(3) This assures abdominal aorta has been visualised in its entirety when concluding the investigation.

Figure 1 Aortic anatomy identifying key anatomical points for NAAASP visualisation



Case Study

A patient attended for AAA screening and was noted to have a normal calibre aorta measuring <3cm in both transverse and longitudinal diameter. During the scan an enlarged left CIA, measuring 3.8cm in diameter (Figure 2 & 3) was recorded. As CIA assessment falls outside of the scope of the screening program practice, the patient was referred to the local vascular laboratory for confirmatory imaging.

Figure 2 NAAASP measurements

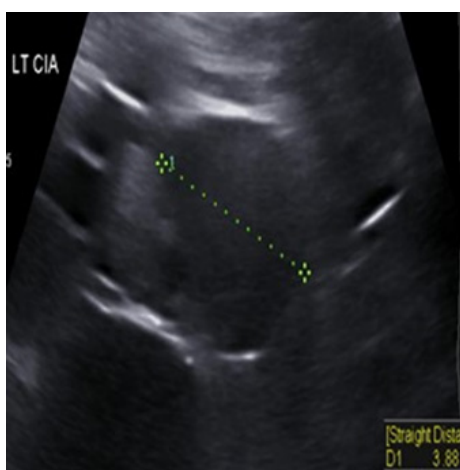
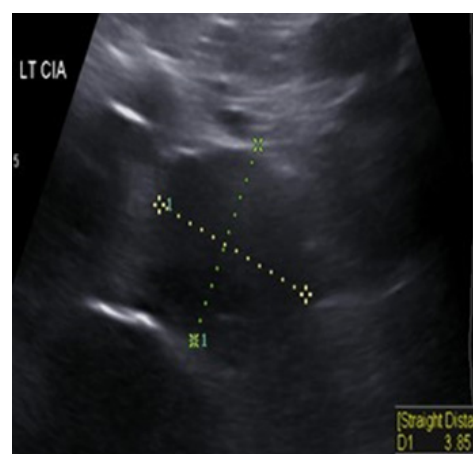


Figure 3 NAAASP measurements



On attendance to the local vascular laboratory the abdominal aorta was confirmed as normal calibre (Figure 4) and there was confirmatory ultrasound evidence of a left CIA aneurysm measuring 4cm (Figure 5). There was, however, concern noted in the report regarding the appearances of the surrounding pelvic tissues with reference made to the patient's history of malignancy. As a result, the findings were escalated to the medical team and an urgent CT angiogram was arranged (Figure 6).

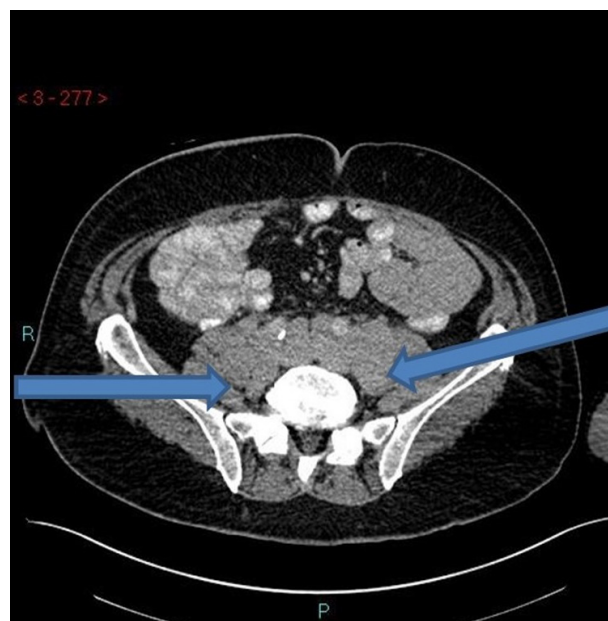
Figure 4 Transverse view of the abdominal aorta



Figure 5 Structure identified as the left CIA

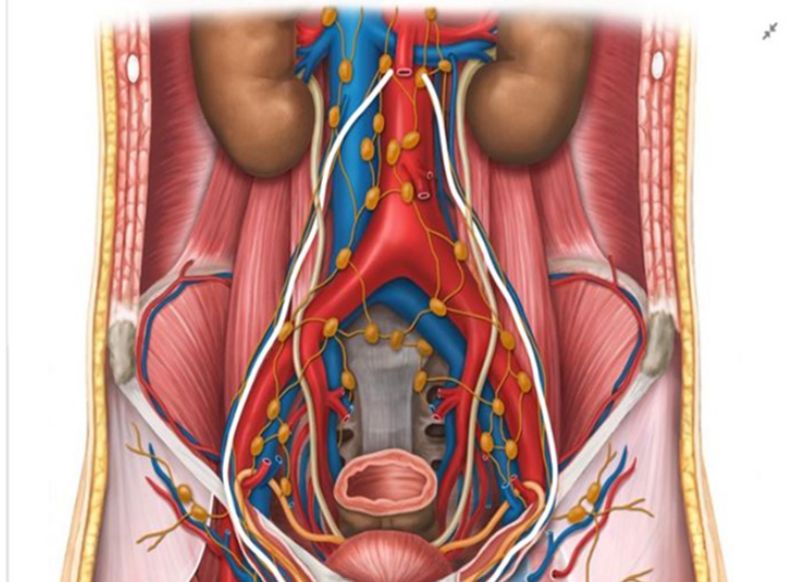


Figure 6 CT image showing bulky, retroperitoneal lymphadenopathy (arrows)



The CT angiogram (Figure 6) identified extensive retroperitoneal and iliac lymphadenopathy. Iliac nodes were reported to measure 5.5-4.4cm with subsequent poor visualisation of the left CIA reported on the previous ultrasound.

Figure 7 Iliac lymph nodes ⁽¹⁾



As a result of this and further investigation the patient underwent extensive, non-surgical, treatment for prostate malignancy.

On the patient's return for planned surveillance of the previously reported left CIA aneurysm, the imaging quality was noted to be significantly improved with no ultrasound evidence of pelvic masses or any hindrance to obtaining diagnostic ultrasound images of the iliac arterial system.

Figure 8 Proximal bilateral CIA post treatment for prostate malignancy

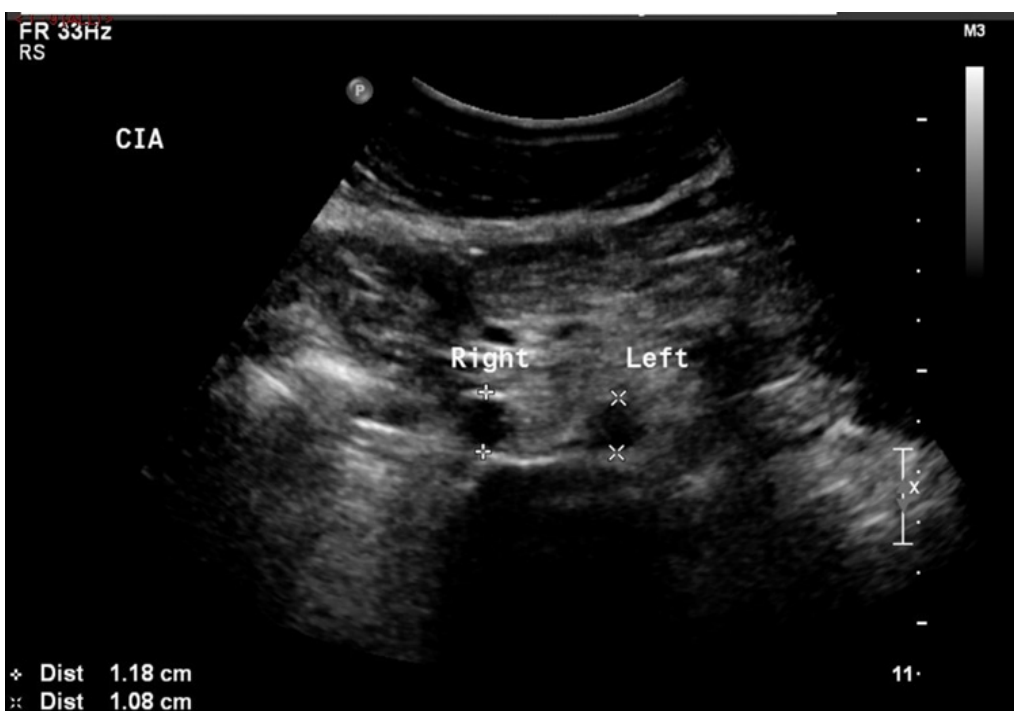
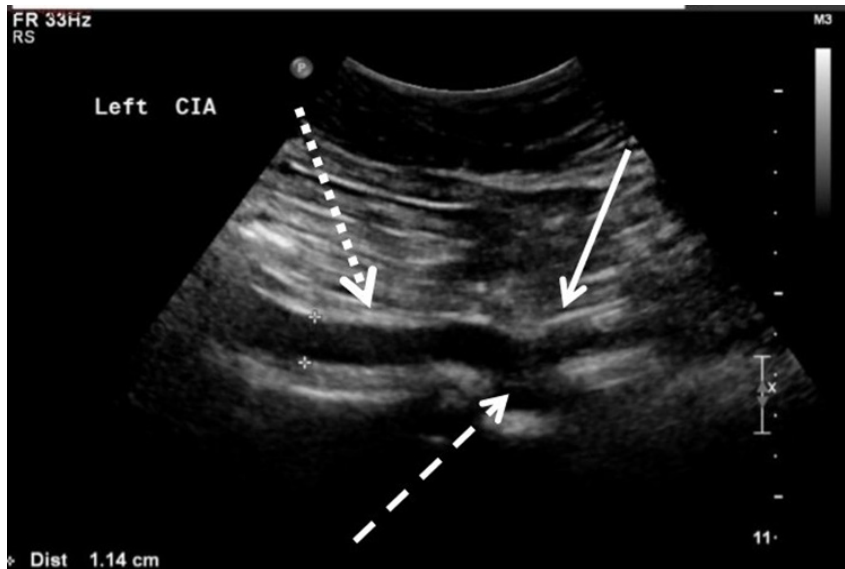


Figure 9 Left iliac vessel imaging post treatment for prostate malignancy



- Dotted arrow – Left CIA.
- Solid arrow – left external iliac artery.
- Dashed arrow – left internal iliac artery

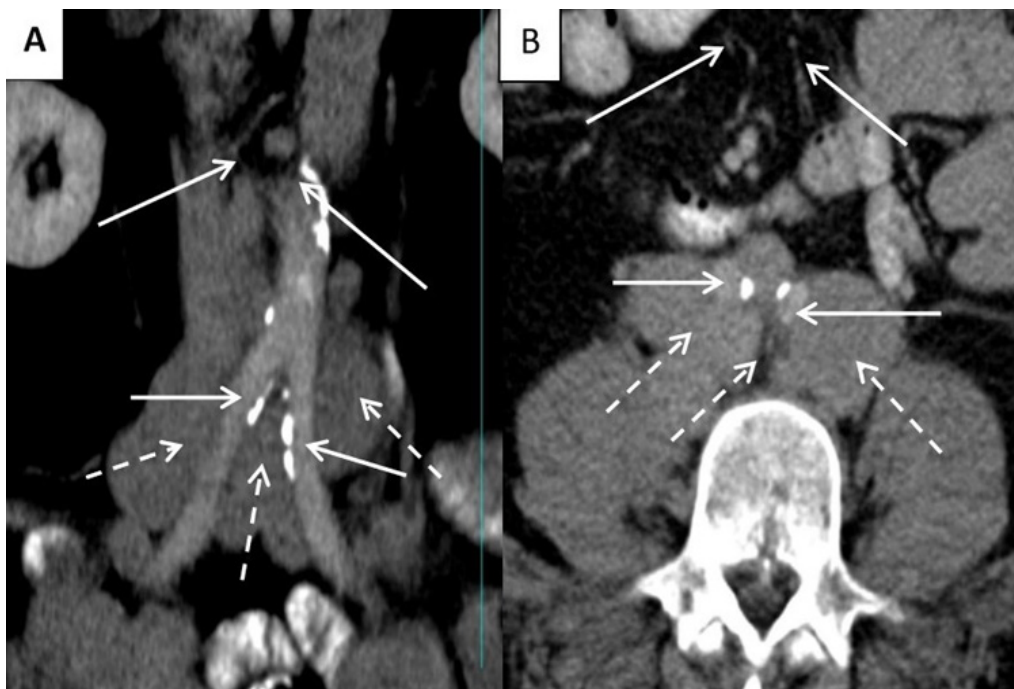
At this event, six months from the original ultrasound investigation, the left iliac was noted to be of normal calibre measuring 1cm in transverse diameter and 1.14cm in longitudinal section (Figures 8 & 9 respectively) with no evidence of any aorto-ilaic aneurysm extension or other arterial abnormality

Conclusion

The misidentification of iliac aneurysm due to lymphadenopathy is not well documented and should be considered when there is an atypical appearance in the region of the iliac vessels.

Given the anatomical location of the iliac lymph nodes (figure 7), lymphadenopathy can obscure and/or mimic enlarged iliac vessels. In circumstances when grey scale imaging is sub optimal, visualisation, patency and anatomy of the iliac vessels should be confirmed with colour Doppler.

Figure 10 Coronal (A) and Axial (B) CT images of the aortic bifurcation illustrating the normal calibre common iliac vessels (solid arrows) and surrounding lymph nodes (dashed arrows)



Even in the hands of an experienced operator, the subjectivity of ultrasound is illustrated in this case; however recognition of atypical appearances and the ability to direct the patient to the medical team demonstrates the importance of wider knowledge and skill sets when performing vascular ultrasound imaging.

This case highlights one of the many pitfalls of ultrasound imaging the pelvic vasculature and when access to a second modality is beneficial.

References

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2. Public Health England. 1st February 2018. Non-visualised aortas. Guidance for local AAA screening programmes in the management of non-visualised screening results. <https://www.gov.uk/government/publications/aaa-secondary-ultrasound-screening>
3. Public Health England. 15th December 2014. AAA screening: clinical guidance and scope of practice for professionals involved in the provision of the ultrasound scan within the NHS Abdominal Aortic Aneurysm Screening Programme. <https://www.gov.uk/government/publications/aaa-screening-clinical-guidance-and-scope-of-practice>
4. <https://www.sciencedirect.com/topics/medicine-and-dentistry/external-iliac-lymph-nodes>
5. Solivetti FM, Elia F, Graceffa D, Di Carlo A. Ultrasound morphology of inguinal lymph nodes may not herald an associated pathology. J Exp Clin Cancer Res. 2012;31(1):88. Published 2012 Oct 18. doi:10.1186/1756-9966-31-88



SVT Manchester 2021

Annual Scientific Meeting

Wednesday 1st and Thursday 2nd December 2021



Programme 2021

Manchester Central Convention Centre

Join us for an exciting two days on *The Future of Vascular Science*

This year's prizes:

Best Research Proposal - £100 + SVT trophy

Best Completed Study - £250 + SVT trophy

Best Scientific or Case Study Presentation - £500 + SVT trophy

SVT Evening Drinks Reception

Wednesday 1st December

The Argyle Suite, Manahatta,
188-192 Deansgate, Manchester M3 3ND

<https://www.manahatta.co.uk/bars/deansgate/private-hire-manchester>

Dress code – smart casual, no trainers or sportswear

Come and join the SVT for a taste of New York in the heart of Manchester at Manahatta while you chat and unwind with friends and colleagues. Prosecco and nibbles will be available from 7:30pm on a first come first served basis.



THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Wednesday 1st December Programme

REGISTRATION OPENS

Room – Charter 3

09:00 - 09:05 WELCOME

Lee Smith, SVT President

09:00 - 12:00 RESEARCH SKILLS AND METHODS WORKSHOP

A live data exercise supported by theory to support members in undertaking their own research. This workshop will provide members with the theoretical knowledge for undertaking STP Equivalence.

12:00 - 13:00 LUNCH AND EXHIBITION

Served in the main exhibition hall

13:00 - 13:20 KEYNOTE SPEAKER

Dr Beth Harris, NIHR Senior Programme Manager,
"NIHR funding to develop your research career"

13:25 - 15:00 STP RESEARCH PROPOSALS

The afternoon will be composed of research proposals from STP students and closed with a one-hour joint session with VASBI on endovascular AVF

15:00-15:30 COFFEE BREAK

Served in the main exhibition hall

15:30-1630 JOINT VASBI-SVTGBI SESSION

"Endovascular AVF and ultrasounds role"

Miss Amy Bolsworth, Vascular Scientist, Barts Health NHS Trust

Dr Ounali Jaffer, Consultant Interventional Radiologist, Barts Health NHS Trust

Dr Zaib Khawaja, Specialty Doctor in Transplant/Dialysis Access, University Hospitals Birmingham

Mr Jon De Siqueia, Deputy Chair, Vascular Access Special Interest Group,
Vascular Society GB&I

"Vascular access research priorities from the priority setting partnership"

17:00 - 18:00 SVT HEADS OF SERVICING MEETING

Agenda to be provided by the President

18:00 - 20:00 VASCULAR SOCIETY WELCOME RECEPTION

Drinks served in the Exhibition Hall

19:30 SVT DRINKS RECEPTION – MANAHATTA BAR

188-192 Deansgate, Manchester, M3 3ND.

Research Skills and Methods Workshop

A live data exercise supported by theory to support members in undertaking their own research. This workshop will provide members with the theoretical knowledge for undertaking STP Equivalence.

REGISTRATION OPENS

Room – Charter 3

PRE-COURSE LEARNING – Good Clinical Practice

<https://sites.google.com/a/nih.ac.uk/crn-learn-help/accessing-nih-learn>

09:00 - 09:02 INTRODUCTION BY CHAIRS

09:02 - 1030 ROADMAPS, PITFALLS, PATIENTS AND DATA

- 09:02 - 09:22: **Dr Richard Simpson**, Principle Vascular Scientist – Nottingham NHS FT
"A roadmap to research"
- 09:22 – 09:42: **Prof. Cliona Kirwan**, Royal College of Surgeons Professor of Clinical Trials, North West Surgical Trials Centre and The University of Manchester
"Levels of Evidence, Pitfalls of Research and Patient and Participant Involvement"
- 09:42 – 1030: A live data exercise on ABPI vs TBPI vs Duplex. Group work to identify errors and pitfalls to gain experience in working with your data.

10:30 - 11:00 COFFEE BREAK

Served in the main exhibition hall

11:00 – 12:00 FUNDING, REGULATIONS, APPROVALS, STATISTICS AND
DISSEMINATION

- 11:00 – 11:20: **Prof. Matt Bown**, Professor of Vascular Surgery, University of Leicester.
"Funding and Grants(wo)manship"
- 11:20 – 11:40: **Dr Steven Rogers**, NIHR Clinical Lecturer, University of Manchester.
"When is research, research and what paperwork do I need?"
- 11:40 – 11:55: **Miss Emma Barrett**, Junior Medical Statistician, Manchester University NHS FT and University of Manchester.
"Basic Statistics for Vascular Science"
- 11:55: - 12:00: **Ms Yvonne Sensier**, Senior Clinical Vascular Scientist, Leicester Hospitals NHS FT.
"Reporting and disseminating results"

12:00 SESSION CLOSE

12:00 – 13:00 LUNCH AND EXHIBITION

Served in the main exhibition hall

STUDENT RESEARCH PROPOSALS

The clinical efficacy of vascular ultrasound screening prior to kidney transplantation.	Mr Louis Alexander, Clinical Scientist, King's College Hospital NHS Foundation Trust
Understanding the impact and associations of Health Literacy with outcomes for Chronic Limb-threatening Ischaemia (CLTI); The HealTHI study	Miss Chloe Bishop, Trainee Vascular Scientist, Newcastle upon Tyne Hospitals NHS FT
A prospective evaluation of the current diagnostic pathway for patients with suspected giant cell arteritis	Miss Sophie Bowen, Trainee Vascular Scientist, University Hospitals Bristol
Transthoracic ultrasound evaluation of Thoracic aortic aneurysms.	Miss Hannah Davey, Trainee Vascular Scientist, University Hospital Southampton NHS FT
A retrospective service evaluation investigating the role of carotid artery screening prior to elective cardiac surgery in reducing perioperative stroke rate.	Miss Shannon Halliwell, Trainee Vascular Scientist, University Hospitals Bristol
A single centre service evaluation examining the effectiveness of contrast enhanced ultrasound compared to computed tomography angiography and duplex ultrasound in the detection of endoleaks post endovascular aneurysm repair	Mr David Machin, Trainee Vascular Scientist, Gloucestershire Hospitals NHS Foundation Trust
An evaluation of using Ankle-Brachial Pressure Index (ABPI) and Toe-Brachial Index (TBI) as a screening tool post-angioplasty.	Mrs Rebecca Nygaard, Trainee Vascular Scientist, Nottingham University Hospitals NHS Trust
A retrospective study on ultrasound velocity criteria for suspected Popliteal Artery Entrapment Syndrome (PAES)	Miss Abigail Traynor, Trainee Vascular Scientist, Imperial College Healthcare NHS Trust

Thursday 2nd December Programme

REGISTRATION OPENS

Room – Charter 3

09:00 - 09:05 WELCOME

Lee Smith, SVT President

09:00 - 10:30 RECENTLY COMPLETED STUDIES ORAL PRESENTATIONS

10:30-11:00 COFFEE BREAK

Served in the main exhibition hall

11:00 – 13:00 SCIENTIFIC AND CASE STUDY PRESENTATIONS

13:00 - 14:00 LUNCH AND EXHIBITION

Served in the main exhibition hall

14:00 - 14:44 THE GREAT DEBATE

"Should vascular ultrasound *only* be performed by experienced vascular scientists"

For the motion: **Lynne Macrae**, SVT membership Secretary
Alun Davies, Professor of Vascular Surgery

Against the motion: **Kamran Modaresi**, SVT Vice President Elect
Sophie Renton, Vascular Society Honorary Secretary
Louise Allen, SVN President

1445-1530 KEYNOTE AND INVITED SPEAKERS

Prof. Justin Mason, Professor of Vascular Rheumatology, Imperial Collage London

"Role of MRA and PET, compared with US, in the management of patients with large vessel vasculitis"

Mr Neil Hopper, Consultant Vascular Surgeon, Royal Cornwall NHS FT.

"Being a vascular surgeon and bilateral lower limb amputee; How can my experience help my patients"

15:30-16:00 COFFEE BREAK

Served in the main exhibition hall

16:00 - 1620 JACKIE WALTON LECTURE

Mr Gurdeep Jandu, Interventional Vascular Scientist, My Vein Clinic

"The role of an interventional vascular scientist in venous procedures and my journey so far"

16:20-16:30 VENOUS RESEARCH PRIORITIES

Mr Dan Carridice, Chair, Venous Special Interest Group, Vascular Society GB&I

"Venous research priorities from the priority setting partnership"

16:30 – 17:15 ANNUAL GENERAL MEETING & TRAINEE BREAKOUT SESSION

17:15 – 17:30 ANN DONALD AWARD, PRIZE GIVING & HONORARY MEMBERSHIP

1930-0000 GALA DINNER

Manchester Central Convention Centre

RECENTLY COMPLETED RESEARCH BY NEWLY QUALIFIED CVS

Retrospective analysis of abdominal aortic aneurysm growth rate in patients undergoing local ultrasound surveillance	Mr Ian Hornby, Junior Vascular Scientist, University Hospitals Bristol
Prospective evaluation of inpatient treatment for lower limb Deep Venous Thrombosis (DVT)	Miss Emily Morgan, Clinical Vascular Scientist, University Hospitals Bristol
The feasibility of assessing Cerebrovascular Reactivity with Carotid Duplex ultrasound (Duplex-CVR)	Dr Osian Llwyd, Trainee Vascular Scientist, Oxford University Hospitals NHS FT
A service evaluation of abdominal aortic aneurysm ultrasound surveillance in a large London teaching hospital	Miss Hannah Lord, Trainee Vascular Scientist, King's College Hospital NHS Foundation Trust
Should the iliac veins and veins below the knee be scanned routinely as part of the protocol in ultrasound scanning for deep vein thrombosis diagnosis?	Mr Amine Turay, Trainee Vascular Scientist, Imperial College Healthcare NHS Trust

SCIENTIFIC AND CASE STUDY PRESENTATIONS

Case study – Superior Mesenteric Artery (SMA) syndrome	Miss Emily Hillier, Vascular Scientist, King's College Hospital NHS Foundation Trust
Semi-automatic measurement of carotid plaque volume using 3D ultrasound: a potential new clinical tool	Miss Alison Phair, PhD Student, University of Manchester
Persistent Sciatic Artery	Mrs Nicolette Kelly, Vascular Scientist, Worcestershire Acute NHS Trust
Popliteal Artery Entrapment Syndrome – Using Ultrasound to Determine What is Normal vs Pathogenic.	Dr David Barrett, Trainee Vascular Scientist, Manchester University NHS FT
Case study - Transient Perivascular Inflammation of the Carotid artery (TIPIC) syndrome	Ms Helen Dixon, Senior AVS, King's College Hospital NHS Foundation Trust
Measuring carotid plaque content with grey-scale median by 3D ultrasound	Miss Alison Phair, PhD Student, University of Manchester
Carotid Web; Missed on Duplex	Dr Nazia Saeed, Senior AVS, London North West University Healthcare NHS Trust

Trainee Breakout Programme

Thursday 2nd December

Room – Exchange 10

1630-1645 Review of the SVT training pathway

Review of the process of gaining your AVS and maintaining it beyond accreditation (including introduction of CPD and audit)

1645-1700 Survey of training experiences

Interactive session including a PowerPoint to assess the provision of training across centres and to encourage discussion on the experience of trainees

1700-1710 Trainee discussion and questions

Open discussion regarding training and questions to the education team

1710-1715 Signposting and close

Close of session including contact details for committee and signposts for trainee wellbeing

17:15 Trainees to join main programme in Charter 3 for prize giving



THE SOCIETY FOR
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SVT RESEARCH SKILLS AND METHODS WORKSHOP

**9-12pm Wednesday 1st Dec
2021 Vascular Societies ASM
Manchester Central**

Funding and grantsmanship
Basic statistics for Vascular science
Regulations and Approvals
Levels of evidence
Pitfalls of Research
Live data exercise!

SPEAKERS

**Prof Cliona Kirwan
Richard Simpson
Steven Rogers
Emma Barrett
Yvonne Sensier**

Pre course reading

<https://sites.google.com/a/nih.ac.uk/crn-learn-help/accessing-nih-learn>



THE SOCIETY FOR
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STP EQUIVALENCE FUNDING

Interested in gaining AHCS equivalence to become a Clinical Scientist on the HCPC register?

In 2022, the SVT are excited to announce that they will be providing the funding for 4 AVS accredited members to apply for AHCS equivalence (worth £350 each).

See the SVT Website and Spring Newsletter for more details!

[HTTPS://WWW.AHCS.AC.UK/EQUIVALENCE/](https://www.ahcs.ac.uk/equivalence/)

<https://www.svtgbi.org.uk>



THE SOCIETY FOR
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The online meeting will be held between Monday 29th November and Thursday 9th December 2021.

<https://www.bmus.org/ultrasound-2021/>



The Outer Hebrides Challenge 2021

Huge CONGRATULATIONS to our very own Vice President, Emma Waldegrave, who completed the Outer Hebrides Cycle Challenge 2021 in a bid to raise much-needed awareness and funding for the Circulation Foundation.

The team of vascular surgeons, nurses and healthcare scientists completed the gruelling 185-mile cycle challenge in October. Initially aiming to raise £8,000 to go towards the funding and promotion of research into the causes, prevention, and treatment of vascular disease, the team smashed this target and have raised an amazing £10,292 to date.

“Multiple times each and every day of the trip, in between groans and winces from sore quads and achy backs, someone called out for an update on the JustGiving page, it became a comical obsession! We all agree it was absolutely worth it and we want to thank all of you so so much, it really means a lot!!”

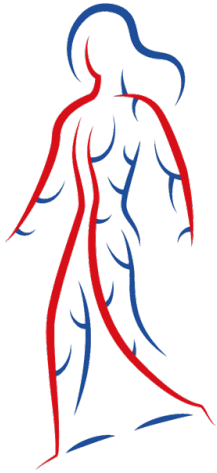
Emma Waldegrave.





There is still time to donate by clicking on the link below!

<https://www.justgiving.com/fundraising/circulationfoundation-outerhebrideschallenge>



THE BODY WALK

September was Vascular Awareness Month and the Circulation Foundation's #TheBodyWalk national campaign saw teams walking, running, cycling and swimming to raise awareness of vascular disease and raise imperative funding.

Leicester Vascular Unit topped the distance leader board with a whopping 2499 miles completed during the 4-week challenge.

GSTT Vascular Unit came out on top of the donation leader board having raised £1850

Congratulations and thank you to all our members who took part or donated!



THE LONDON MARATHON 2022

The Virgin Money London Marathon is the largest annual fund raising event – runners have raised more than £1 billion for good causes since the race began in 1981.

London Marathon's 2022 event is planned to go ahead Sunday, 24th April 2022. If you want to run for the Circulation Foundation then please register your interest by emailing info@circulationfoundation.org.uk.

Thank you once again and if you do require any further information please contact info@circulationfoundation.org.uk.



Committee Vacancies

Would you like to be more involved in the SVT?

The SVT relies on the good will and dedication of its members to support and promote the development of our profession. Although a relatively small professional group, we have always been extremely fortunate to attract new enthusiastic and willing volunteers every year to help run and influence our society. This continual cycle of refreshing our committees and working groups ensures that there is always an assortment of opinions, skills and knowledge leading our profession into the future.

SVT roles are wide and varied. At present we would like to invite any members interested in becoming member without portfolio for the Executive Committee or STP trainee representative on the Education committee. Typically members attend 3-4 meetings per year (expenses are paid). Being involved is interesting, great team work and a really fantastic opportunity to make new contacts and learn from colleagues. You will also be awarded CPD points for being on a committee.

For expression of interest and more information please email the following:

Member without portfolio: Lee Smith SVT President

STP training representative: Hannah Lines Chair of the Education Committee

Ultrasound Gel Guidance

The UK Health Security Agency (UKHSA) published updated guidance on the use of ultrasound gel on 10 November 2021.

Sterile ultrasound gel in single-use containers should be used in the following scenarios:

- for invasive procedures, that is any ultrasound-guided procedure that involves passing a device through skin into sterile tissue, such as intravenous line insertion or fine needle aspirate
- if an invasive procedure is likely to be undertaken in the following 24 hours – this includes ‘viewing or initial assessment’ of a site by ultrasound prior to undertaking an (aseptic) invasive procedure
- where there is contact with or near to non-intact skin (any alteration in skin integrity such as a rash or surgical wound, including umbilicus in neonates)
- where the ultrasound examination is near to an indwelling invasive device, such as an intravenous line or suprapubic catheter
- where there is contact with a mucous membrane (for example for transrectal, transvaginal or ophthalmic procedures) – note: sterile gel to be used inside and outside of probe covers
- for examinations on severely immunocompromised individuals
- in an intensive-care setting, high-dependency, or equivalent unit/s, including neonatal intensive care units

Non-sterile ultrasound gel in single use and multi-patient use containers may be used:

- during examinations in areas involving intact skin:
 - in examinations that do not involve invasive procedures
 - more than 24 hours prior to a probable invasive procedure at or near the same site

The warming of gel is not recommended unless there is a clinical benefit that outweighs applying gel at room temperature. Where warming of gel is performed:

- use dry heat warmers instead of warm water
- gel bottles should be kept upright in warmers and not inverted
- warmers should be cleaned regularly according to the manufacturer's instructions, where these exist, or clean according to local guidance

National Patient Safety Alert - UKHSA - ACTIONS REQUIRED.

Please note the information above is not the full guidance published by the UK Health Security Agency. We only included the most relevant information for Vascular scientists. To assess the full document please visit the [GOV.UK](https://www.gov.uk) website.

