Vascular surgery is known to mankind for more than a millennia and the records track us back to pre-ancient civilizations where traces of varicose veins, limb edema and other associated illnesses have been preserved in form of imagery. In today’s time, surgical practitioners and trainees in South Asia consider that vascular diseases are nearly non-existent in this country, which has hampered in the development of this specialty in many ways.

Pakistan is the sixth most populous country in the world and seventh country ranked with highest diagnosed diabetic people in the world.¹ Our population has a current prevalence of as high as 11% of diabetic population which makes our country susceptible to various vascular problems.² Also, Pakistan stands as a high tobacco consumer, with diabetes as an add-on to the burden of carotid stenosis, atherosclerotic plaques, limb ischemia and diabetic foot which all stays as unanswered queries. A study on local data has shown that the diabetic population of Pakistan has 39.28% subjects having ankle brachial index less than 0.9, labelling them as suffering from peripheral artery disease (PAD).³ Another fact revealed by Global Burden of Disease Survey by The Lancet, declared Pakistan as ninth most obese country in that world, that associates our general population with many variations of peripheral artery disease. In a country of diabetics and hypertensives, we concurrently see a population that have chronic renal failure requiring a vascular access for hemodialysis, a procedure that should be done by vascular surgeons.⁴ The industrial accidents, road traffic injuries and street crimes which have all contributed to excessively to the burden of vascular surgeries. There is another set of venous surgeries as well including varicose veins, venous access, post embolism surgeries, vena cava filters and spider veins that have nearly no one is authorized to control under standard protocols.⁵

Till now, most of the vascular surgeries are either taken up by general surgeons or orthopedic surgeons to maintain the limbs, though aortic problems and vein care still stays as a room for conventional approach. In west, the minimally invasive catheters and endovascular procedures have nearly replaced all the older cut-and-treat approach in many ways. Those who are operating on patients with vascular illnesses have never rotated in a real-time vascular program and most of them have no experience gained by an academic vascular surgeon. In a country that stands with 200 million people, we have only 2 vascular surgery programs, which is insane for the burden of disease and the future that we foresee in this field.

Is ‘vascular surgery’ a naïve surgical specialty in Pakistan? Yes. Keeping in mind the facts mentioned, we have walked till here by the help of general surgeons, cardiologists, orthopedic surgeons and some radiologists, who all of them have helped generously and contributed to the best of their knowledge. This doesn’t only add a burden to their work but also questions the nature and credibility of the operations they have managed so far which was not their

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primary domain. This doesn’t mean that we keep burdening our attending surgeons and do not let a separate, comprehensive and accredited surgical specialty to take over and address the problems adequately as needed. A public awareness, a surgery leadership with academic training in this field is required right away.

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REFERENCES


“The tragedy in life doesn't lie in not reaching your goal. The tragedy lies in having no goal to reach.”

Benjamin Mays

AUTHORSHIP AND CONTRIBUTION DECLARATION

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