

Editorial

Elevating Interventional Radiology in Developing Countries: The Importance of Longitudinal Care

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Interventional radiology (IR) has firmly established itself as a vital clinical subspecialty in the Western world. However, in many developing countries, like India, IR is still in its nascent stages. This presents a unique opportunity to implement best practices from the outset, ensuring that patients receive the highest quality care. One critical aspect of this is emphasizing the importance of longitudinal care, a comprehensive approach that extends beyond the procedure itself.¹

The journey begins with a thorough preprocedure evaluation, ideally conducted in a dedicated outpatient clinic. This allows for a comprehensive assessment of the patient, including their medical history, presenting symptoms, physical examination, and relevant imaging and laboratory results. This information is crucial for formulating a personalized treatment plan, discussing potential outcomes and adverse events, and addressing any concerns the patient may have. A key element of preprocedure evaluation is obtaining informed consent. This process involves a detailed explanation of the procedure, its potential benefits and risks, and alternative treatment options. The IR specialist should strive to build a strong rapport with the patient and their family, fostering trust and confidence in the treatment plan.

Once the procedure is performed, ongoing follow-up is essential. This includes regular rounding for inpatients, scheduled outpatient evaluations, and timely ordering of any necessary imaging or laboratory tests. The focus should be on monitoring the patient's progress, assessing their quality of life, and identifying any potential complications. For example, in interventional oncology, the team would carefully monitor clinical symptoms and tumor response.

Setting up an IR practice in a developing country can present unique challenges, including resource limitations, manpower shortages, and initial resistance from other clinical colleagues.² However, these obstacles can be overcome by starting small and demonstrating the value of IR through successful outcomes. For those without dedicated inpatient beds, regular rounding in other wards can increase visibility and expose trainees to the clinical environment. By adopting longitudinal care, IR practices can achieve several benefits. Improved patient care, increased patient satisfaction, and enhanced physician morale are all direct results of this approach. It fosters a sense of continuity and trust, leading to better outcomes and a more positive perception of the specialty.

Implementing longitudinal care is crucial for developing IR in India. By prioritizing patient education, preprocedure evaluation, and ongoing follow-up, IR specialists can ensure that patients receive the best possible care, leading to improved outcomes, increased patient satisfaction, and a stronger foundation for the growth of the specialty.

References

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