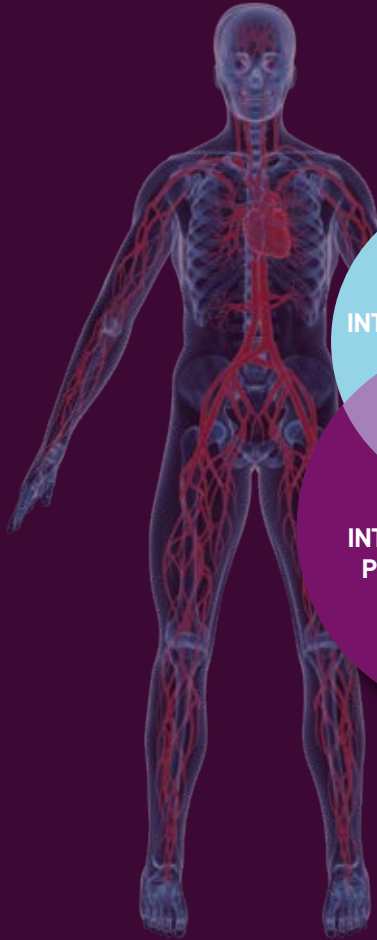


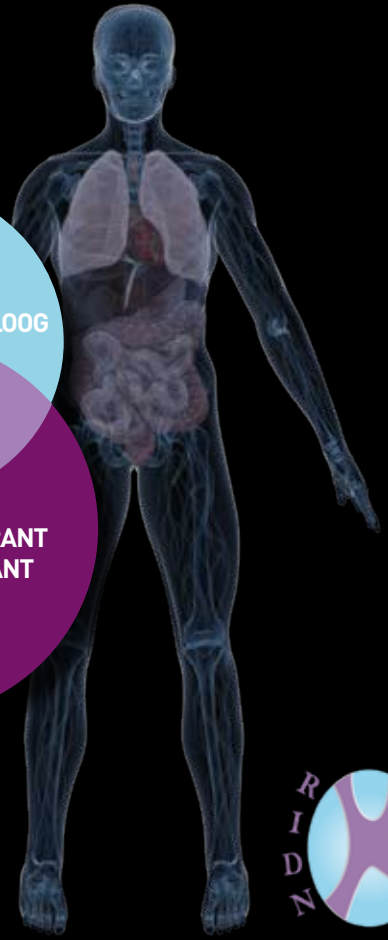
# RADIOLOGISCHE INTERVENTIE DAG NEDERLAND

2<sup>E</sup> AANKONDIGING & PROGRAMMA



INTERVENTIERADIOLOOG

INTERVENTIE LABORANT  
PHYSICIAN ASSISTANT



Vrijdag 11 januari 2019  
Radiologische Interventie dag  
Nederland (RIDN)

De Reehorst, Ede

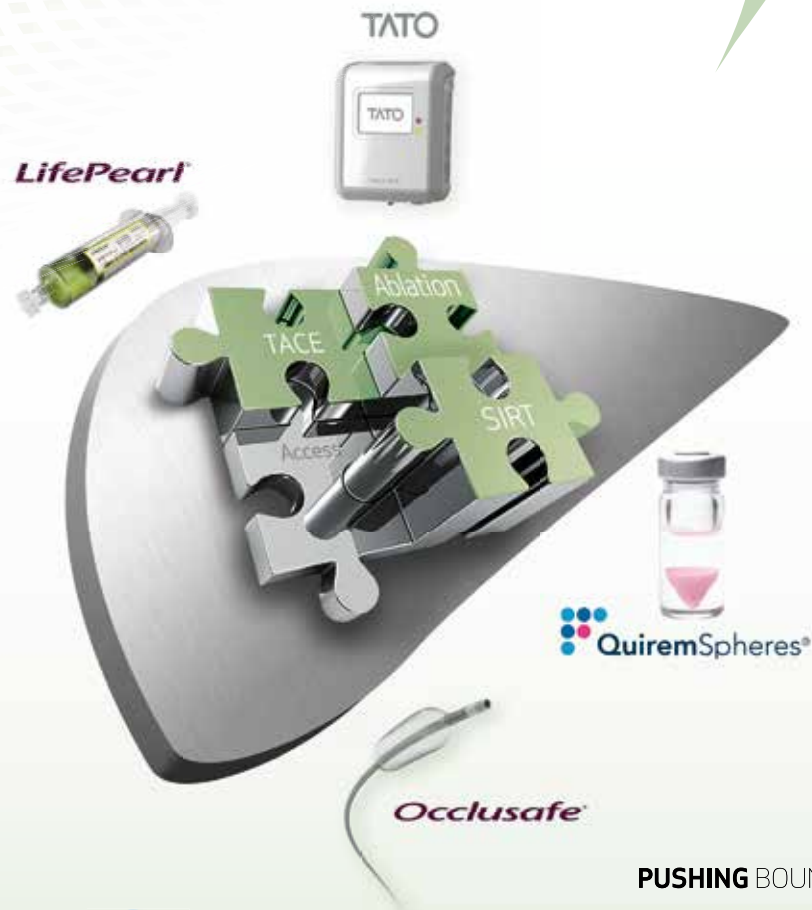
Nederlandse Vereniging voor  
Interventie Radiologie

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## INLEIDING

Interventieradiologie is een dynamisch vak met telkens nieuwe ontwikkelingen. Na en bijscholing is hier een essentieel onderdeel van.

Voor het programma van RIDN 2019 hebben wij dan ook aan het eind van het programma een aparte plek ingeruimd voor de allernieuwste ontwikkelingen. Tevens komen in de sessie "dead or alive" de innovaties van de afgelopen jaren aan bod. Sommige veelbelovende nieuwe behandelingen zoals stroke behandeling en minimaal invasieve behandeling van levertumoren zijn immers niet meer weg te denken uit de zorg. Maar andere destijds veelbelovende therapieën zoals vertebroplastiek voor wervelinzakking en uterus embolisatie voor myomen lijken vrijwel van de behandelkaart verdwenen. Is dit echt zo of lijkt het maar zo? Een team van experts vertelt u hier meer over.

Minimaal invasieve vaatbehandelingen worden de laatste tijd vooral in de vaatchirurgie toenemend populair terwijl er ook kritische geluiden zijn, wat kunnen we hier verder van verwachten?

Tenslotte neemt met de toenemende vergrijzing en obesitas de problematiek van de diabetische voet steeds meer toe en lijken er ook op dit gebied nieuwe inzichten te komen.

Wij hebben geprobeerd voor u een interessant en afwisselend programma neer te zetten. De RIDN 2019 is net als voorgaande jaren bedoeld voor het hele interventieteam en alle teamleden zijn van harte welkom.

Verder is RIDN ook een uitstekende mogelijkheid om collega's van andere interventieteams te leren kennen en ervaringen uit te wisselen.

Wij hopen u allen weer op vrijdag 11 januari 2019 te ontmoeten tijdens de RIDN in Ede.

Hans van Overhagen // Jim Reekers // Daniel van den Heuvel

# PROGRAMMA VRIJDAG 11 JANUARI 2019

09:30 - 09:35 **Opening**

*Prof. dr. Jim Reekers, interventieradioloog, Amsterdam UMC*

## DIABETES

09:40 - 09:50 **Neuro-ischemisch ulcus**

*Prof. dr. Max Nieuwdorp, internist-endocrinoloog, Amsterdam UMC*

09:55 - 10:05 **Veneuze arterialisatie**

*Drs. Daniel van den Heuvel, interventieradioloog, St. Antoniusziekenhuis, Nieuwegein*

10:10 - 10:20 **Meer meten is meer weten**

*Prof. dr. Jim Reekers, interventieradioloog, Amsterdam UMC*

10:25 - 11:00 **PAUZE**

## DEAD OR ALIVE

11:05 - 11:15 **Uterus embolisatie: dead or alive?**

*Annefleur de Bruijn, arts-onderzoeker, UMC Amsterdam*

11:20 - 11:30 **Carotis stenting: dead or alive?**

*Dr. Lukas van Dijk, interventieradioloog, HagaZiekenhuis, Den Haag*

11:35 - 11:45 **Vertebroplastiek: dead or alive?**

*Dr. Paul Lohle, interventieradioloog, Elisabeth-TweeSteden Ziekenhuis, Tilburg*

11:50 - 12:00 **Stroke behandeling door interventieradiologen: dead or alive?**

*Dr. Wim van Zwam, neuro-interventieradioloog, Maastricht UMC+*

12:05 - 13:00 **LUNCH**

## AUKE NAWIJN LEZING

13:05 - 13:10 **Inleiding Auke Nawijn lezing**

*Dr. Hans van Overhagen, interventieradioloog, HagaZiekenhuis, Den Haag*

13:10 - 13:40 **Auke Nawijn lezing: The sky is the limit**

*Dr. Mariano Palena, interventieradioloog, Policlinico Abano Terme, Italy*

## VEELBELOVEND

13:45 - 13:55 **CERAB**

*Prof. dr. Jean-Paul de Vries, vaatchirurg, UMC Groningen*

14:00 - 14:10 **Prostaat Embolisatie**

*Dr. Alexander Venmans, interventieradioloog, Elisabeth-TweeSteden Ziekenhuis, Tilburg*

14:15 - 14:35 **FEVAR vs Chimney**

*Prof. dr. Geert Willem Schurink, vaatchirurg, Maastricht UMC+  
Dr. Kees Jan Sikkink, vaatchirurg, Zuyderland Medisch Centrum Heerlen*

14:40 - 14:50 **RFA, Embolisatie of Gamma in lever tumoren**

*Dr. Mark Burgmans, interventieradioloog, LUMC, Leiden*

14:55 - 15:05 **RFA pancreastumoren**

*Dr. Martijn Meijerink, interventieradioloog, Amsterdam UMC*

15:10 - 15:35 **PAUZE**

## NEW IN ER

15:40 - 15:50 **Nieuws van Boston Scientific**

*Dr. Hans van Overhagen, interventieradioloog, HagaZiekenhuis, Den Haag*

15:55 - 16:05 **Nieuws van Cordis**

*Dr. Jan Wever, vaatchirurg, HagaZiekenhuis, Den Haag*

16:10 - 16:20 **Nieuws van Abbott**

*N.t.b.*

16:25 - 16:35 **Nieuws van TERUMO - Opereren zonder Snijden: holmium-166 radioembolisatie van de lever**

*Dr. Marnix Lam, nucleair geneeskundige, UMC Utrecht*

16:40 - 16:50 **Nieuws van Dotter Femoral Access**

*Dr. Pieter Marsman, interventieradioloog, Dotter Femoral Access, Hilversum*

16:55 - 17:05 **Nieuws van Guerbet**

*N.t.b.*

17:10 - 17:15 **Afsluiting**

*Dr. Hans van Overhagen, interventieradioloog, HagaZiekenhuis, Den Haag*

# ALGEMENE INFORMATIE

## Datum

Vrijdag 11 januari 2019

## Locatie

De Reehorst Hotel & Congressentrum  
Bennekomseweg 24, Ede  
www.reehorst.nl

## Inschrijving

U kunt zich online inschrijven via de website(s) [www.ridn.nl](http://www.ridn.nl) of via [www.congresscare.com](http://www.congresscare.com) (zie congresskalender).

## Kosten inschrijving

Radiologen lid NVIR:	225 EUR
Radiologen i/o lid NVIR:	150 EUR
Radiologische interventielaboranten, (vaat)laboranten en physician assistants:	150 EUR
Overige deelnemers:	350 EUR

## Annulering

Bij ontvangst van uw schriftelijke annulering vóór 1 december 2018 vindt restitutie plaats onder aftrek van EUR 45 administratiekosten. Na deze datum kan geen restitutie meer plaatsvinden.

## Betaling

Uitsluitend door middel van het afgeven van een eenmalige incassomachtiging of IDEAL.

## Accreditatie

Voor de Radiologische Interventie Dag Nederland (RIDN) is accreditatie aangevraagd bij:

- Nederlandse Vereniging voor Radiologie
- Nederlandse Vereniging Medische Beeldvorming en Radiotherapie
- Nederlandse Associatie van Physician Assistants (NAPA)

## Hoofdsponsors:



## Sponsors:

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## Twitter

 #RIDN en volg ons @RIDN\_cc

**DFA** DOTTER FEMORAL ACCESS

**ANTEGRADE FEMORAL APPROACH in HOSTILE GROIN?**

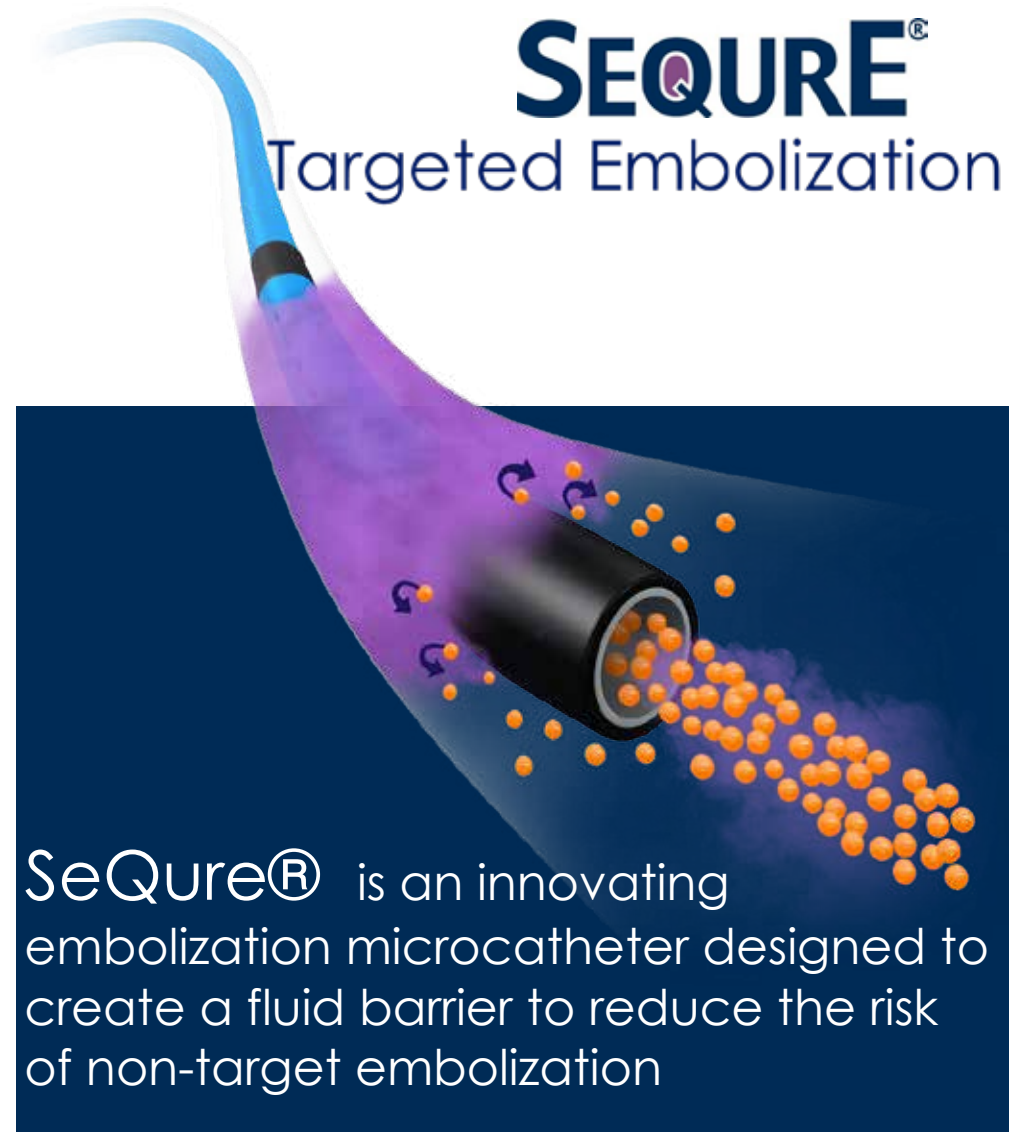
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Contactpersoon: Martijn de Bruijn

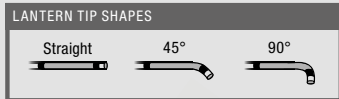
E-mail: martijn.debruijn@guerbet.com

mobiel: +31 06 13 13 83 32

**Ruby Coil**  
Frame & Fill



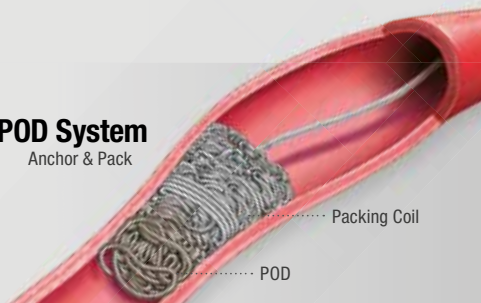
**LANTERN**  
High-Flow Microcatheter



**Embolisation System**

Large Volume Detachable Coils

**POD System**  
Anchor & Pack



**Indigo System**  
Power Aspiration



Prior to use, please refer to the Instructions for Use for Ruby Coil System, POD System, Penumbra Delivery Microcatheters, Indigo Aspiration System, and Penumbra Pump MAX for complete product indications, contraindications, warnings, precautions, potential adverse events, and detailed instructions for use.

**Ruby Coil System – Intended Use**  
The Ruby Coil System is intended for arterial and venous embolizations in the peripheral vasculature.

**Potential Adverse Events**  
Possible complications include, but are not limited to, the following: acute occlusion; air embolism; allergic reaction and anaphylaxis; false aneurysm formation; hematoma or hemorrhage at puncture/access site/site of entry; infection; intracranial hemorrhage; ischemia; neurological deficits including stroke; vessel spasm, thrombosis, dissection, or perforation; thromboembolic episodes; neurological deficits including stroke and possibly death; vascular thrombosis; post-embolization syndrome; revascularization; recanalization; inadequate occlusion; aneurysm rupture; parent artery occlusion;

incomplete aneurysm filling.  
**POD System – Intended Use**  
The POD System is intended for the endovascular embolization of:  
• Intracranial aneurysms  
• Other neurovascular abnormalities such as arteriovenous malformations and arteriovenous fistulae  
• Arterial and venous embolizations in the peripheral vasculature

**Potential Adverse Events**  
Possible complications include, but are not limited to, the following: acute occlusion; air embolism; allergic reaction and anaphylaxis; arteriovenous fistula; coagulopathy; coil herniation into parent vessel; death; device malfunction; distal embolization; emboli; embolic stroke and other cerebral ischemic events; false aneurysm formation; hematoma or hemorrhage at access site of entry; incomplete aneurysm occlusion; infection; intima dissection; intracranial hemorrhage; ischemia; myocardial infarction; neurological deficits including stroke; parent artery occlusion; peripheral thromboembolic events; post-embolization syndrome; premature

device detachment; recanalization; renal failure; respiratory failure; revascularization; thromboembolic episodes; vessel spasm, thrombosis, dissection, or perforation.  
**Penumbra Delivery Microcatheters – Intended Use**  
The Penumbra Delivery Microcatheters are intended to assist in the delivery of diagnostic agents, such as contrast media, and therapeutic devices, such as occlusion coils to the peripheral and neuro vasculature.

**Potential Adverse Events**  
Possible complications include, but are not limited to, the following: acute occlusion; hematoma or hemorrhage at access site; death; intracranial hemorrhage; hemorrhage; infection (at access site); distal embolization; ischemia (cardiac and/or cerebral); embolus (air, foreign body, thrombus, plaque); aneurysm perforation; false aneurysm formation; neurological deficits including stroke; vessel spasm, thrombosis, dissection, perforation or rupture; air embolism; emboli.

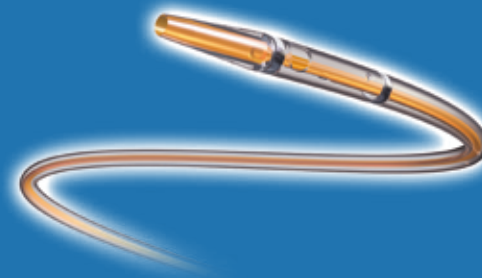
**Indigo Aspiration System – Intended Use**  
The Indigo Aspiration System is intended for the removal of fresh, soft emboli and thrombi from vessels of the peripheral arterial and

venous systems using continuous aspiration.

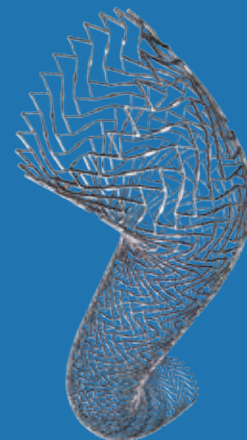
**Potential Adverse Events**  
Possible complications include, but are not limited to, the following: allergic reaction and anaphylaxis from contrast media; acute occlusion; air embolism; arteriovenous fistula; death; device malfunction; distal embolization; emboli; false aneurysm formation; hematoma or hemorrhage at access site; inability to completely remove thrombus; infection; hemorrhage; ischemia; kidney damage from contrast media; neurological deficits including stroke; vessel spasm, thrombosis, dissection, or perforation; intimal disruption; myocardial infarction; emergent surgery; fibrillation; hypotension; respiratory failure; peripheral thromboembolic events.

**Penumbra Pump MAX – Intended Use**  
The Penumbra Pump MAX is intended as a vacuum source for the Penumbra Aspiration Systems.

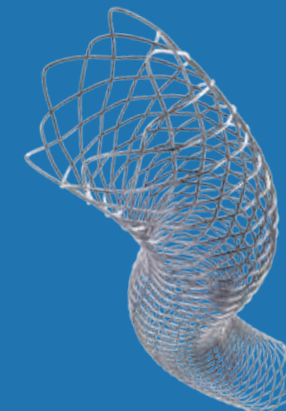
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Product availability varies by country. Renderings for illustrative purposes only. Individual results may vary depending on a variety of patient-specific attributes. Please contact your local Penumbra representative for more information.

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1. Torsello G, Brunkwall J, Scheinert D. Cordis INCRAFT™ ultra-low profile AAA Stent-Graft System. J Cardiovasc Surg (Torino). 2011;52(5):661-667.

2. Innovation 5-year results. Torsello G. LINC. 2017.

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