



“It is so incredibly efficient, I immediately regretted not switching to Venapax sooner”

Roger Gilbert, PA-C, a seasoned harvester with over 18 years experience using legacy EVH systems

Roger Gilbert, PA-C Cardiothoracic Surgery, in Phoenix, is a seasoned harvester with almost 20 years of experience. For most of his career Roger relied on the legacy EVH systems. He recently switched to the Venapax System and Tim Mulcahy of Advanced EVH Solutions sat down with Roger for a one-on-one discussion about what the migration to Venapax was like.

**Tim: What was it that made you want to try Venapax?**

**Roger:** Truth be told, I was initially reluctant to switch to the Venapax System. I am the Chief PA for CTS and I do 550+ cases per year so speed and efficiency are paramount to my practice. I saw no need to change. Eighteen years of EVH with the legacy system is hard to compete with.

I'd heard a lot of positive buzz around the Venapax device, but it was my perfusionist who actually convinced me to try it. I thought about it for a few days and decided to stop being narrow-minded and think outside the box a little.

**Tim: How did the transition go once you decided “this is something I’m going to learn”?**

**Roger:** The first few cases were a struggle for me personally but in hindsight that was due mostly to my trying to use the device like I would on the legacy system. Once I opened my mind and stepped a little outside my comfort zone, the transition was pretty easy. Saphena has a great process in place to make new users successful in as little as a few cases. If you can just trust it and listen, there isn't a harvester out there that can't be successful in a very short period of time.

**Tim: What was your “aha” moment? When did you realize that there was no turning back?**

**Roger:** I would say midway through my third case. I realized that by not having to change out the scope I could dissect, take branches and do spot cautery at the same time. The visibility was great. There was no smoke in the tunnel and I could instantly cauterize bleeders. It was so incredibly efficient I immediately regretted not switching to the Venapax System sooner.

**Tim: How did you find the quality of conduit harvested?**

**Roger:** The vein looks healthier, it looks pink and the branches are longer. Our surgeons routinely comment on the branch length and quality. It's truly a no-touch technique that minimizes potential damage to the conduit.

**Tim: You're are about to do your 100th ERAH with Venapax. What would you say are the primary advantages of the System?**

**Roger:** Time! My average time with the legacy system was 28-29 minutes, which I thought was fast. With Venapax it's down to 10-12 minutes! I couldn't believe it. I've set that goal and reached it. The system slides so smoothly. I'm closing the arm by the time the surgeon is starting the IMA.

**Tim: You've hired a new PA that's just out of school. No experience other than a single lab and then one case. How has she progressed?**

**Roger:** Kelly is doing fantastic. She finished the entire initial case from beginning to end, which would be unthinkable on a legacy system. She did try the legacy system for several cases which took her about an hour and twenty minutes for a 2.5 metz length. Now with Venapax, she's at 25 minutes. Huge difference. She obviously chose to stay with Venapax even though our other hospitals still carry the legacy system for PAs that aren't in our group.

In general, on-boarding new PAs is now a much faster process. I venture to wager if you take 10 new PAs on the legacy system and 10 new PAs on the Venapax System, it would be a slam dunk on who wins the learning curve race! I'd love to see it!

saphena medical  
**Venapax**<sup>®</sup>

© Copyright 2021 Saphena Medical, Inc. All Rights Reserved.  
Venapax is developed and manufactured in the USA.