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Dustin Bartlett,

MS PA-C CAQ, a seasoned harvester with over 12 years on EVH systems

Dustin Bartlett, MS PA-C CAQ Cardiothoracic Surgery, Chief PA and Chad Oliver, PA-C of Springfield MO are recent converts to the Venapax EVH System. Dustin has been harvesting for 12 years while Chad has been at it for only 1 year. Dustin hired Chad as a new grad and was able to observe his progression as a new harvester. Tim Mulcahy of Advanced EVH Solutions interviewed Dustin and Chad on their experiences in learning the Venapax system.

Tim: You were using legacy EVH systems for 12 years. How did you decide that this was something you were going to learn?

Dustin: Truthfully, I wasn't interested in change. Our team leader in the operating room was really excited about it so I decided to do some research. I checked out the Saphena website and videos, read the articles in the APACVS journal and decided to give it a try. I scheduled a training session, did 2 cases with a proctor and I was on my own. I was completely comfortable at the 5-case mark.

I found it to be a significant improvement over legacy systems—dryer tunnels, no smoke and great visibility. The results were pristine looking veins and long branches.

In the end it really was a mindset of trying a new technology even though I had grown comfortable with what I was using.

Tim: You had the opportunity to go through the learning process with legacy systems as well as with Venapax. You were onboarding a new PA on an EVH system and still had multiple systems in your hospital. Why did you choose Venapax?

Dustin: I believe the other systems are much more complex. “Do this, turn your cautery this way, now activate, don't be too close, be on this side of the branch, never cauterize it this way, etc”. With Venapax it was much more intuitive for me. You actually operate like you have a pair of Metz in your hands. It has been a more methodical approach with fewer repairs, which is important for new harvesters. Our entire department uses Saphena's Venapax now. Even colleagues that resisted say they are faster with Venapax.

"I chose Venapax for one simple reason—it's one single device"

Chad Oliver, PA-C, first year harvester

Tim: Chad, you're hired as a PA, fresh out of school, to be part of the CT program. There is a lot to learn. At the time, your hospital carried multiple EVH systems. Why Venapax?

Chad: The amount to learn can be overwhelming coupled with the tremendous pressure of performing a procedure on a patient that I have a direct impact on. I observed our senior harvester take vein with legacy systems during my CT rotations while in school. I also watched Dustin take vein with Venapax. I chose Venapax for one simple reason—it's one single device. I didn't have to switch anything out and it's much more efficient. It's a device that has a minimal learning curve. My hands are in one spot the entire time. I can control the device with a couple of fingers.

Tim: How many cases did it take for you to feel comfortable? Did you have hands-on training or assistance while learning?

Chad: I felt comfortable with the device around my 8th case. I did the entire case on my own. I had support from Dustin during my first 7 cases.

Dustin: Let me add that Chad says that but I actually barely helped him. I would show him some movements but he truly did the cases.

Tim: Any other insights for colleagues in CT surgery regarding Venapax? What's the mindset one should have when approached with the opportunity to learn Venapax?

Dustin: Do your research as I did. Watch the videos. Read the articles. Talk with harvesters that have converted. Most importantly, be open-minded. There is absolutely a better way and it can be so much more efficient. Not to mention the financial side of equation. I'm sure my CFO is loving the financial benefits. I won't switch back.

Chad: I totally agree. It's simple, efficient and so easy to learn. Be open. Be willing to learn. It's not a trial.

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