



“By my 10th Venapax case I could confidently harvest 2.5 metz, solo. Now, 2 years in, I’m comfortable doing radials.”

Kelley Stapleton, PA-C, a second year PA on using Saphena Medical’s Venapax

Kelley Stapleton, PA-C, of Phoenix, AZ, is a second year PA who has been using the Venapax system since the beginning of her short career. She quickly became proficient at harvesting veins and has now added radials to her repertoire. Daniela Acosta of Sonoran Surgical interviewed Kelly along with her mentor, Roger Gilbert, PA-C, about Kelley’s amazing progress and their thoughts on the Venapax system.

Daniela: Kelley, as a relatively new PA, would you mind sharing your experiences learning the Venapax System?

Kelley: I began my career in EVH 2 years ago when I first became a PA. I started on the Venapax system and performed 10 or 15 cases before trying out a legacy system. I found the learning curve to be much easier with Venapax. It’s a single device and if I got into any bleeding I could easily cauterize it on the spot.

Daniela: How long did it take you to feel comfortable using Venapax?

Kelley: I was comfortable in about 5 or 6 cases, albeit with some assistance, versus 20-30 cases on the legacy device. Venapax offers a much simpler approach. One device, not as many cords to deal with, my hands are in the same position all the way up the tunnel, it’s much easier to take branches all at once instead of having to switch out devices.

I feel the design of the device helped facilitate my ability to progress quickly from EVH to ERAH procedures.

Roger: The fact that Kelley was able to move from veins to radials in 2 years is huge. You don’t find experienced PAs doing radials regularly. It’s a complicated procedure with other systems due to the switching out of the housing and losing the CO₂. It is imperative to be able to cut and dissect at the same time and Venapax solves that.

Daniela: To what do you attribute Kelley’s success?

Roger: In addition to being a very talented harvester, Kelley had an open mind. She was new and willing to listen. That seems to be the trend among up-and-coming PAs.

Daniela: Why is that?

Roger: There seems to be push back among some of the

more experienced PAs who tend to be more complacent and resistant to change.

I was recently on a call with about 30 PAs. Many of the younger PAs, like Kelley, are grasping the technology in record time. But there were some senior PAs who were reluctant to even try Venapax. I reiterated to the group that this device supports the no-touch technique we have been striving towards.

I can understand the reluctance of some of the tenured harvesters. I was the same way until I changed my mindset.

Daniela: Do you have any additional thoughts on the Venapax Device?

Roger: When evaluating EVH systems, my ultimate goal would always be conduit quality. The unexpected bonus is that Venapax represents a significant cost savings for my hospital.

When I started in late 2019 with Venapax, I began tracking my cases on a spread sheet to establish a cost benefit. To date I’ve realized a \$325K savings over the legacy systems on my cases alone.

Kelley: It’s just so much easier to become proficient. By my 10th case I could confidently harvest 2.5 metz, solo. And now I am getting comfortable doing radials.

Adds Mike Glennon, CEO of Saphena Medical

“When we developed Venapax, one of our primary goals was the invention of a device that would drastically reduce the traditional learning curve for new harvesters. It is gratifying to see Kelley, and brand new harvesters like her all over the US, master Venapax in such a short period of time!”

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