A NARRATIVE REVIEW OF RURAL ACCESS TO VASCULAR CARE

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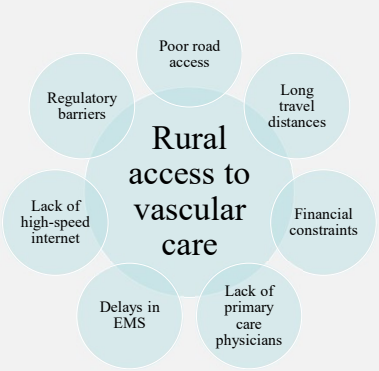
Objective

- Review literature for various vascular medical presentations and their prevalence in rural communities to characterize access to vascular care



Methods

- Original investigations
- Medical Subject Heading (MeSH) search on PubMed:
  - "vascular surgery" AND
    - "rural health" OR
    - "rural population" OR
    - "rural health services" OR
    - "hospitals, rural"
- 54 appropriate papers

Key Findings

Acute Coronary Syndrome (ACS)

- Longer door-to-device times in rural facilities that do not have 24/7 PCI facilities
- Prehospital ECGs can significantly decrease transport time

Acute Ischemic Stroke (AIS)

- New techniques and technology reach rural centers slowly
- Telestroke is beneficial for treating remote patients and diverting patients en route

Aortic Pathology

- High prevalence of ruptured AAA in rural populations suggests that more frequent outpatient AAA screening is required

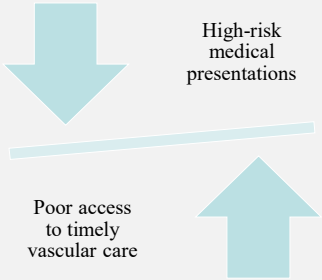
Peripheral Vascular Disease

- Access to cosmetic treatment for varicose veins is similar for both rural and urban populations
- A large number of chronic limb ischemia patients fail to receive any vascular therapies prior to need for amputation

End-Stage Renal Disease (ESRD)

- Rural and urban patients have similar rates of permanent hemodialysis access, but vastly different pre-dialysis dietary education
- Many rural patients are lost to follow-up for extensive ESRD treatment

Discussion & Conclusions



Even with the implementation of programs and policies, disparities between urban and rural populations continue to persist especially in high-risk medical presentations, such as ACS, AIS, aortic pathology, peripheral vascular disease, and ESRD.

Limitations

- MeSH search on PubMed in September of 2023 does not account for lag-time in indexing
- Literature examined here were published in or translated into English

References: