Until the 1950s, vascular disease was synonymous with old age. Most individuals with cardiovascular disease died of a heart attack in their 50s or 60s, & the remainder who survived to manifest peripheral vascular disease, suffered amputation or die of stroke, renal failure etc.

Pioneers like Carrel Kunlin, DeBakey, Sylagi and so many others invented operations, developed devices and investigated natural history of vascular disease. All of these advancements allowed vascular surgeons to care for a growing population of patients. We were successful for many reasons but primarily because of our devotion to our patients and our desire for excellence. We were also aided by the fact that the technology did not dramatically change. Moreover, many didn’t want to care for these patients. There are instances that a number present day top earning general surgeons were trained as vascular surgeons. Nobody except few wanted to perform an illpaid 6-8 hours femoro-popliteal-pedal bypass!. Well, none of these are new to you.

In the late 90s, in developed countries minimally invasive techniques started growing rapidly and world changed dramatically for vascular surgeons. Due to the lack of knowledge of interventional procedures they started staying as sideliners and followers. Other specialist started becoming primary care providers for our patients.

This scenario is different in our country. Only 10-15 years back our people did not know about this superspeciality. Even most of our doctors were also ignorant. Only few people were adamant and continued to develop the subject. We have evolved over the past several years in a way that is unprecedented. We were struggling with our identity and independence. Only recently we could overcome. The solid foundation over which we have been growing needs further strengthening. First of all we need to increase our numbers to be capable of caring for the growing number of vascular disease patients. They need to be leaders in vascular care. We must develop skill to become master surgeons, updated physicians and catheter interventionalists. During the past few years passion has been difficult to engender. We must have passion – a love of what we do.

There is a saying: “The very essence of leadership is that you must have a vision.” We need to be capable of predicting the future, we can not live in the past. What will treatment modalities including endovascular procedures be like 10-15 years from now? We must think about that and prepare ourselves.

The treatment of vascular disease will evolve. We can not control nor pull back this evolution, but we can be the ones to help it find its way. For this optimism is mandatory.

“You can not change the direction of the wind, but you can adjust your sails to always reach your destination”. We are optimistic about the future and confident that our country will perceive vascular surgeons as leaders in vascular care.