

Guest Editorial

# The Past, Present, and Future of Interventional Radiology

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## Past

As I look back over past three decades, there has been a dramatic change in the field of medicine and there has been a metamorphosis in the field of minimally invasive treatment. The science of minimal invasive treatment under imaging guidance is interventional radiology (IR), which is also called as imaging-guided therapy. The science was discovered long back in early 20th century soon after the discovery of X-rays. However, the pace of its development into full-blown well-established subject of medical science is slow till end of the 20th century. Someone has rightly said that change is the law of nature. As a young radiologist in my training days, I recollect that we were mostly restricted to the desk reporting of computed tomography (CT) scans, magnetic resonance imaging (MRI) scans, X-rays, and many more. However, now the scenario has drastically changed after the confinement of IR.

## Present

The long-drawn procedures by surgeons with less optimized anesthesia, high risk of morbidity and mortality, and maximally invasive incisions have been replaced by much better fluoroscopic-guided, minimally invasive, target-oriented, and decreased risk of morbidity and mortality with an intention of better surgical outcome. Procedures, which earlier took hours, are now done in minutes. Procedures that were high risk rather I would say which involved mortality have now become day care procedures. In earlier days IR practice was limited only to metro cities in India. Now even the tier 2 cities are getting these facilities.

At present, there are two major problems pertaining to IR, the first being the provocation of students and radiology residents in medical institutions so that we can create a second rung of specialists who can gradually step into the shoes of the current practitioners, as is happening in many other countries.<sup>1</sup> At many centers, many budding radiologist are not aware of intervention subspecialty as either they have not seen any kind of interventional work during their residency days or they are least interested in knowing what intervention has to offer. As limited training centers for training of IR are available across in country, the branch has not grown up to its potential, so there is need for developing training centers. The second and the most integral part represents job opportunities as interventional radiologist and starting an individual setup of IR. Building an IR setup at an individual level in India calls for a huge amount.

## Future

Nowadays interventional radiologists are contemplated as surgeons. I would rather say that IR is a form of key hole surgery, and in the years to come, IR will be the leader in providing the most innovative, nonsurgical, high-tech, cost-effective, and image-guided diagnosis and treatment.

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