Welcome and Opening Remarks

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Vascular Disease Management
Global Vascular Digest

Fellows Course
Complex Strategies for Peripheral Interventions
WELCOME

• You ARE the future of Peripheral Vascular Medicine
• This is the greatest time ever for treating patients
• We have available continued medical education programs
• We want honest feedback on your experience so that we can improve
• If you enjoy the course please tell your peers
• We encourage you to join the Horizons International Peripheral group to further training and teaching on peripheral arterial and venous disease.
• The Horizons group welcomes further communication with you if you need help or advice in treating these disorders.
There is an epidemic of PVD

- Mary Yost of the Sage Group estimates up to 20 million Americans have PVD. In 2006 between 1 million and 2.5 million people in the U.S. had CLI. (Estimated this will grow to 2.8 million by 2020).

- PAD is a marker for death with 1 year mortality or major CV event rates of 20%.

- The Majority of patients with PAD or either asymptomatic or ascribe their symptoms to etiologies other than PAD.

- THE OVERWHELMING MAJORITY OF PATIENTS WITH PAD ARE UNDIAGNOSED.

- AND THIS DOESN’T EVEN ADDRESS VENOUS DISEASE
Why Every Physician Must Diagnose Peripheral Artery Disease

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Prevalence of PAD in High-Risk Patients (PARTNER’S Trial)

29% of patients were diagnosed with PAD defined as ankle-brachial index < 0.9

N = 6,979
Age > 70 years or 50 – 69 years + diabetes or smoking

29%
44%
56%

PAD only  PAD and CAD

Symptomatic And Asymptomatic PAD (PARTNER’s Trial)

Most are Asymptomatic

Prior Diagnosed PAD (n=366)
- No Symptoms: 12.5%
- Nonspecific Symptoms: 25.8%
- Claudication: 61.7%

Newly Diagnosed PAD (n=457)
- No Symptoms: 5.5%
- Nonspecific Symptoms: 48.3%
- Claudication: 46.3%

Patient Survival by Ankle-Brachial Index in Cardiovascular Health Study

Newman et al ATVB 1999;19:538-545
Amputation - the far end of the spectrum

- BKA 5 – 8% perioperative mortality
- AKA 8 – 12% perioperative mortality
- 1/3 discharged to nursing homes
- Only 50% develop mobility post BKA
- Only 25% develop mobility post AKA
- 40% Amputees dead within 2 yrs
- Quality of life is worse than lung cancer

We need aggressive limb salvage
Patient History

- 45 year old male referred for CABG from outside hospital. Known high grade brachiocephalic and left subclavian stenosis and occluded left common carotid. High grade bilateral iliacs.
• Pt. developed crushing chest pain, diaphoresis, and dyspnea. Nurse called frantic BP 50. I advised she give NTG she refused. I explained the BP was not representative she still refused.

• I arrived quickly and gave NTG, sx resolved.
99% brachiocephalic with 140 mmHg gradient
Post 12mm stent
no gradient
90% left subclavian with 80mm gradient
Post 9mm stent
no gradient
Patient History

• 51-year-old male with severe coronary artery disease requiring CABG, PVD with claudication and impotence.

• CV surgeon wanted to operate “stat”.

• CT angiography demonstrated occlusion of the bilateral iliac systems with “unique” collateral filling of the distal vessels.
52 yo diabetic male
with 5 prior bypass surgeries on this leg
Case: 27 Year old Female Nurse, Single Mom

Pre-Intervention
Left Side
1 Month Post Intervention
Take-Home Points

- Diminished foot pulses may be the only clue of advanced ASCVD.
- Patients with PAD must be assessed globally.
- PAD is associated with poor long term survival.
- PAD affects treatment.
- Patients with PAD must have longitudinal follow up.
- AMPUTATION SHOULD ALWAYS BE A LAST NOT FIRST RESORT!
- This doesn’t even include Venous Disease, which is even more prevalent
Chinese Proverb *(Certainly Pertains to PAD)*

Huang Dee Nai-Chang (2600 BC 1st Chinese Medical Text)

The inferior doctor treats actual sickness

The mediocre doctor attends to impending sickness

The superior doctor prevents sickness
Walker’s Continuum of Care Concept

Outcomes

- NO PAD
- PAD No Symptoms
- PAD Early Symptoms
- PAD Disabling Claudication
- PAD Rest Pain
- PAD Ischemic Ulcer and Gangrene
- PAD Gangrene and Deep Infection
- PAD Unsalvageable Foot

Craig Walker, MD - NCVH 2017
Walker’s Concept on Improving Outcomes

Outcomes

Patient Identification and Referral

NO PAD
PAD No Symptoms
PAD Early Symptoms
PAD Disabling Claudication
PAD Rest Pain
PAD Ischemic Ulcer and Gangrene
PAD Gangrene and Deep Infection
PAD Unsalvageable Foot

Craig Walker, MD - NCVH 2017
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