

Our physicians represent the “best of the best”—nationally recognized as innovators and leaders in the field of vascular and interventional radiology—advancing the treatment and science of amputation prevention.

Our commitment to minimally invasive, image guided, non-surgical procedures places our organization at the forefront of endovascular care.

We Save the Limbs that Others Can't.



**American
Endovascular**
& Amputation Prevention

August, 2021 CASE OVERVIEW

We prevent more than 80% of amputations in patients who were told there was no other option.

CLI CASE OVERVIEW - A. RAMSEY ABADIR, MD

Consultation—History

80 year old patient with severe claudication and rest pain of the LLE; patient only able to walk 50 feet before the onset of severe calf cramps and burning sensation in the foot and calf requiring rest; wakes at night with calf and foot pain relieved by dependent positioning suggesting rest pain; long vascular history with prior SMA and celiac stents, iliac stents and RLE angioplasty.

PMHx:

CAD s/p MI x3
HTN
PVD
DM
Hypothyroid
Obesity
Prior smoker

Medications:

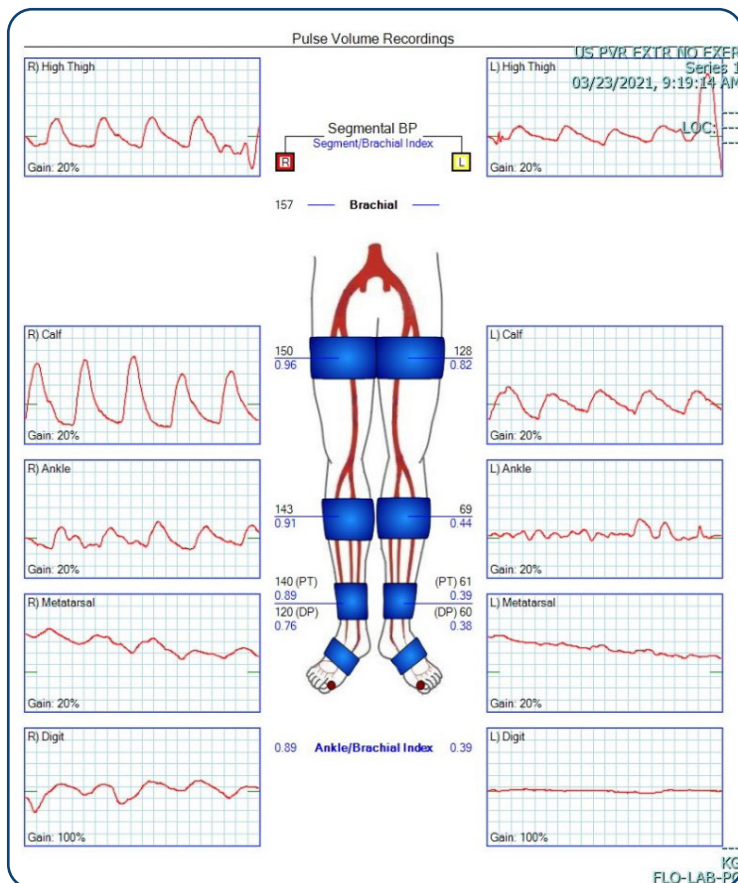
Plavix / Rosuvastatin / Zetia / Levothyroxine /
Metformin / Maxzide

Physical Examination:

Left foot is cool to the touch; normal femoral pulse; no popliteal or distal pulses; mild rubor with no ulcerations present

Preliminary Evaluation:

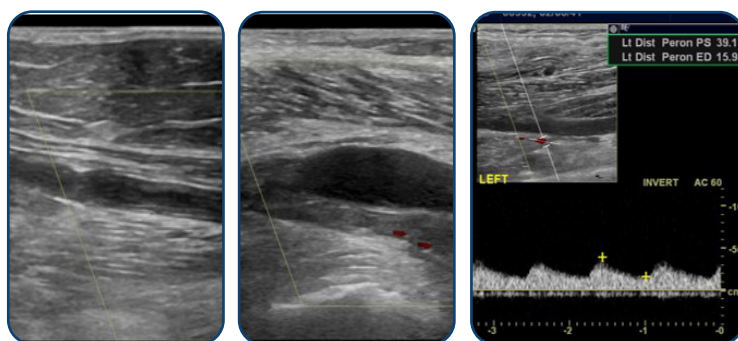
1. PVR with severe reduction in left ABI and marked loss of pulsatility below the knee
2. Duplex with occlusion of SFA and popliteal arteries with low velocity monophasic flow in distal tibial vessels



Initial Clinical Images

(above) Pre Procedure PVR

(below L-R) Left SFA Dist, Left POP Dist, Distal Tibial Vessels



"Great bedside manner, really listened to me and explained the procedure carefully... First time patient and was amazed by the friendliness of the young man in the reception area; he welcomed me; this practice was never afforded me at other doctors offices I have visited; kudos! Was impressed with Dr. Abadir and how he handled my case; would definitely recommend him to family and friends."

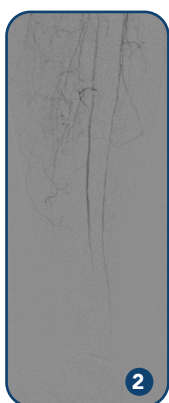
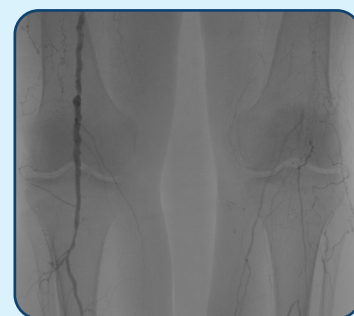
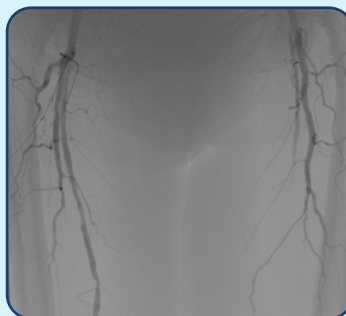
Patient Reviews

No patient should undergo an amputation without seeing us first.

Treatment and Procedures:

- Patient maximized medically
- Poor candidate for surgery due to comorbidities
- Proceed with endovascular intervention with possible atherectomy/angioplasty and stent

PICTURED RIGHT: Occlusion of left SFA and popliteal artery with reconstitution of isolated tibial vessels; poor collateralization noted around the knee



(above 1-3): Distal anterior tibial and peroneal arteries are patent, but diseased

Subintimal angioplasty through SFA to peroneal with SFA and popliteal stents

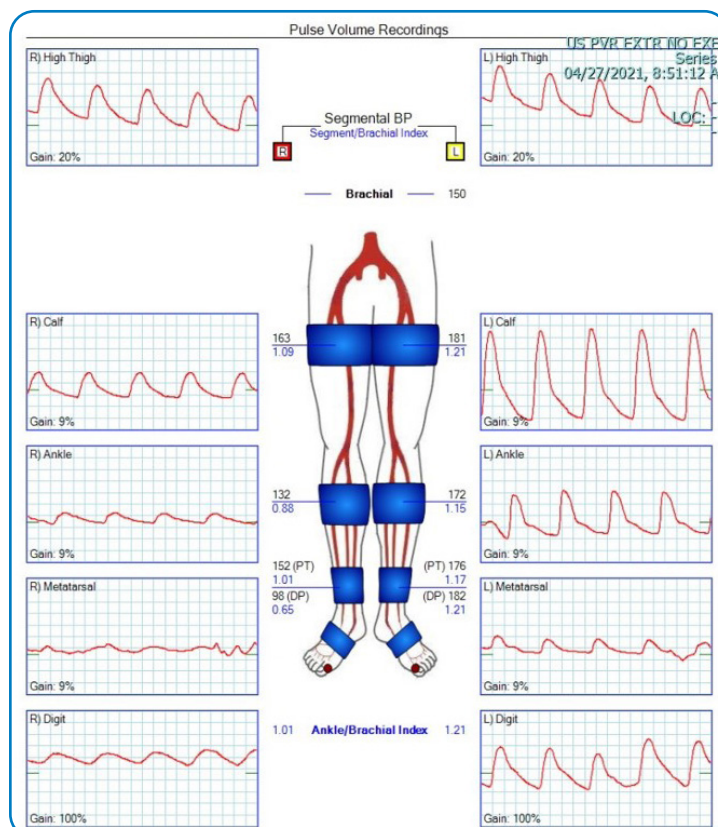
Subintimal angioplasty extended into anterior tibial artery with angioplasty of distal peroneal artery and anterior tibial artery

Follow-up:

- Complete resolution of LLE claudication and rest pain after one month
- Normalized PVR in left leg (**POST PROCEDURE PICTURED RIGHT**)

Discussion:

- Percutaneous revascularization of leg with long segment occlusions and poor target vessels in patient who is poor surgical candidate.
- Patient to continue with statins and dual antiplatelet therapy.
- Complex endovascular interventions are now feasible for distal vessel disease. Emerging technologies such as catheter based optical coherent imaging to visualize the former lumen of vessels will continue to extend the ability to recanalize long segment occlusions.



Breakthrough, Non-surgical Limb Saving Treatments performed in a fully equipped outpatient center—

We believe in “TOE AND FLOW” collaboration of care.

**Podiatrists treat the toe;
we treat the flow.**

After restoring blood flow, even in the most complex cases, we collaborate with referring doctors to ensure all patients are returned to their podiatrists for continued treatment.



Highly Trained, Board Certified Endovascular Specialists—



A. Ramsey Abadir, MD - Interventional Radiologist

Dr. Abadir earned his medical degree and completed his internship at the Albert Einstein College of Medicine, followed by a diagnostic radiology residency at Montefiore Hospital and Medical Center. Specializing in interventional radiology, Dr. Abadir received specialty fellowship training at Columbia Presbyterian Hospital. He is board certified by the American Board of Radiology in diagnostic radiology, with a certificate of added qualification in vascular and interventional radiology.

**To refer a patient to any of our convenient centers, call:
1.833.PAD.EXPERT (833.723.3973)**

Lower Manhattan Endovascular Center

202 Centre Street, 5th Floor, New York, NY 10013

Brooklyn Endovascular Center

71 Carroll Street, Brooklyn, NY 11231-2767

Harlem Endovascular Center

505 East 116th Street, Suite 400, New York, NY 10029-1704

Queens Endovascular Center

28-18 31st Street, 2nd Floor, Astoria, NY 11102

Fishkill Endovascular Center

60 Merritt Boulevard, Suite 107, Fishkill, NY 12524

NJ Endovascular & Amputation Prevention

347 Mount Pleasant Avenue, Suite 100, West Orange, NJ 07052

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