

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

**December, 2021 CASE OVERVIEW**



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

## REAL LIMB SALVAGE - Kevin Herman, MD

### Consultation—History

47 year-old male who developed severe soft tissue infection on the dorsum of his foot with exposed tendons (right).

He was on vacation in Las Vegas at the time and he was told he would need to have his leg amputated.

### PMHx:

DM (not well controlled)  
HTN  
NON-SMOKER

### Medications:

Atorvastatin  
Amlodipine  
Lantus  
Nateglinide  
(Not on anti-plt therapy)

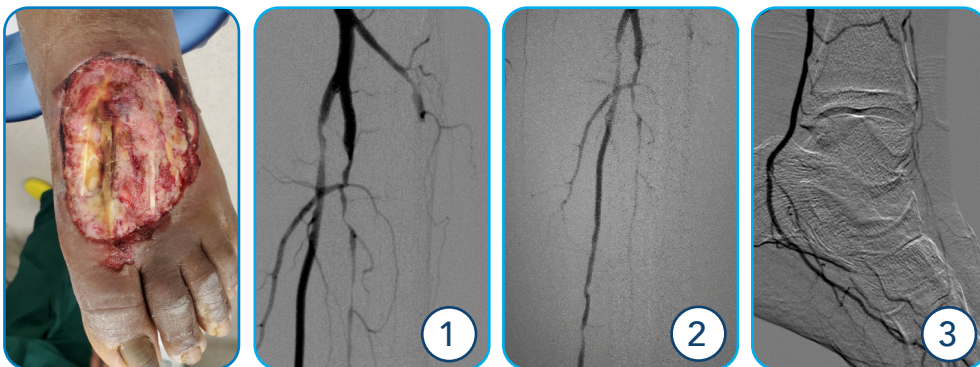
NOTE: at the time of iniotial consult, exact medications were unknown.

### Initial Plan and Treatment

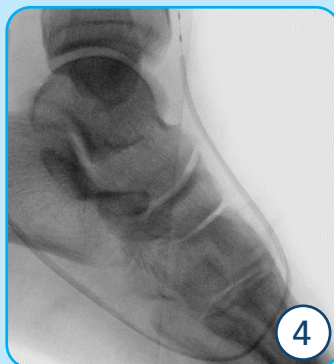
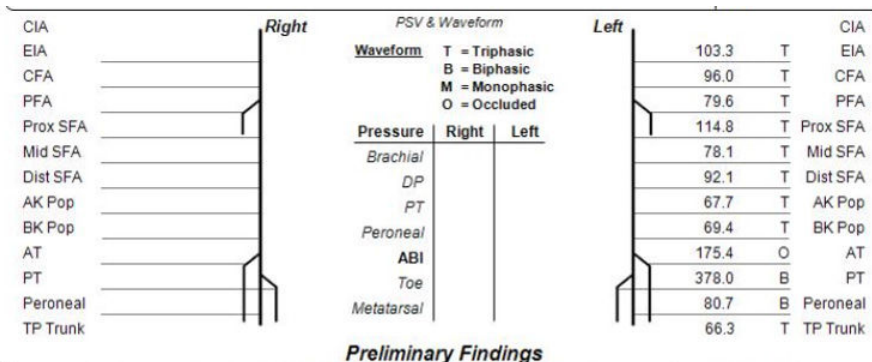
- Blood work
- Arterial imaging
- Add anti-plt therapy
- Angiogram and intervention based on clinical picture, patient history and arterial imaging
- Try to restore blood flow to as many blood vessels as possible

### Initial Findings

Initial angiogram (images 1-3) show severe stenotic diffuse disease of all three blood arteries below the knee and specifically no blood flow to the top of the foot at the site of the wound.

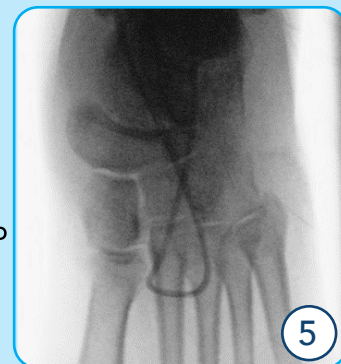


ABOVE (Far Left): Initial Clinical Image of Patient's Left Foot (1-3): Initial Angiogram reveals occluded AT down to the ankle and multi-focal PT and peroneal artery stenosis.



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IMAGES 4-5:  
Intraoperative Fluoroscopic Images show the balloon across the pedal loop in both AP and lateral projections.



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*"I have worked with both Dr. Herman and Dr. Rundback. They saved the limb of one of my patients that the endovascular surgeon told me was unsalvageable. I have not found too many doctors willing to restore flow to the foot and the plantar arch and who have been successful. If we want to pride ourselves in being the best we need to associate with the best."*

Dr. Debra Manheim, DPM, FACFAS, FACFAOM

# No patient should undergo an amputation without seeing us first.

BELOW: (6-8):

Final Angiograms demonstrate a patent plantar pedal loop with good flow to the dorsum of the foot via the AT to the location of the wound.

(9-10):

Post Intervention healing had progressed nicely but stalled. New SFA disease warranted a second intervention.

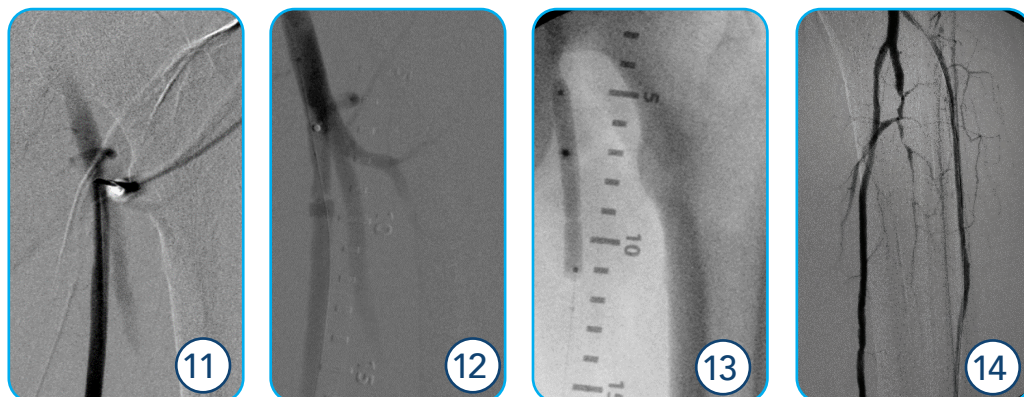
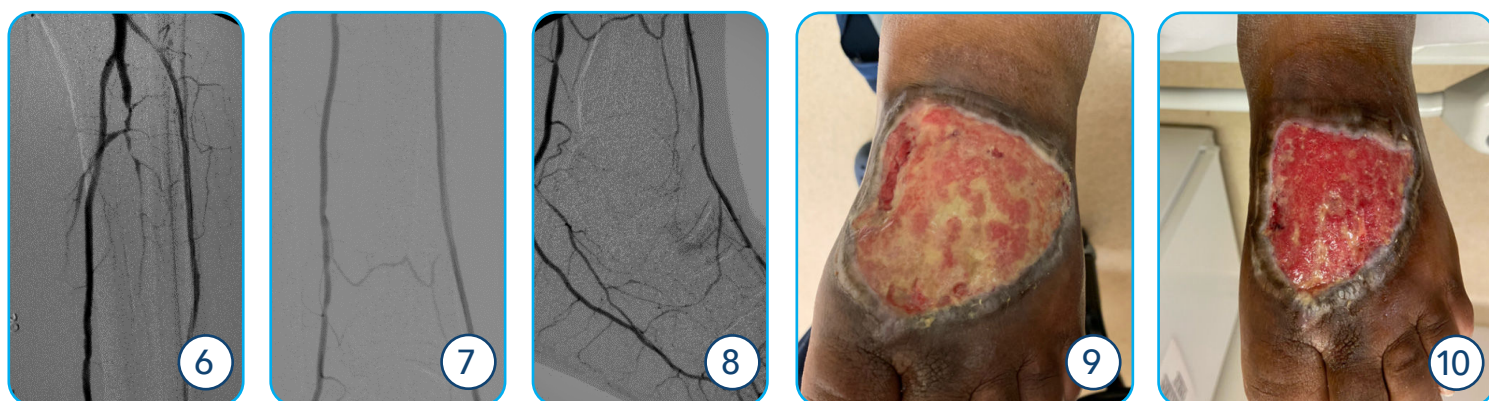


IMAGE 11: Initial Angiogram at Procedure 1 - angiographic images from the first procedure show no proximal SFA disease.

IMAGES 12-13: Angiographic Image at Second Procedure now demonstrates new SFA lesion treated with balloon angioplasty.

IMAGE 14: Second Intervention shows final angiogram with improved blood flow in the tibial vasculature.



ABOVE: Clinical Images after Re-intervention at 6 months (left) and 9 months (right); wound is almost completely closed; no skin graft needed.

## Discussion

- Team approach is key - American Endovascular was in constant communication with the patient's podiatrist as well as the wound care specialist and home care agency.
- Patient and family both need to be on board with the treatment plan and understand that results are not immediate and that healing takes time - manage expectations.
- Close wound care follow-up is essential.
- Good photographic images of wound - pictures are worth a thousand words for comparison.



## 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—



### **Kevin Herman, MD - Interventional Radiologist**

A leading authority on PAD and CLI, Dr. Herman graduated from UMDNJ Medical School and completed a fellowship in vascular and interventional radiology at Albert Einstein College of Medicine, Montefiore Health System, Bronx, New York City. He spearheads multiple clinical trials in endovascular medicine, helping evaluate new devices and drug therapies for peripheral arterial disease. In addition to NJ Endovascular, he also serves as Medical Director of Advanced Interventional & Vascular Services, LLP.

**To refer a patient to any of our convenient centers, call:  
1.833.PAD.EXPERT (723.3973)**

**NJ Endovascular & Amputation Prevention**  
347 Mount Pleasant Avenue, Suite 100, West Orange, NJ 07052

**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

**[americanendovascular.com](http://americanendovascular.com)**

