

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

April, 2021 CASE OVERVIEW

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

Limb Salvage CASE OVERVIEW - John Rundback, MD, FAHA FSVM FSIR

Consultation—History

Patient is a 55 year old woman, mother of two teenage children with a long standing history of:

- Type 1 diabetes
- High blood pressure
- Elevated cholesterol
- Kidney transplant following a period of hemodialysis for diabetic renal failure

She has known history of peripheral arterial disease (PAD) extensive blockages of the arteries in the lower leg and foot with prior toe amputations.

She now presents with non-healing, painful wounds - left plantar calcaneal wound and painful left 5th toe wound, and a very painful right 4th toe wound, all of which have been present for a period of 4 months.

Prior to seeing us at American Endovascular & Amputation Prevention, she was told that no further procedures were possible to restore blood flow to her feet and that she would most likely need below the knee amputations.

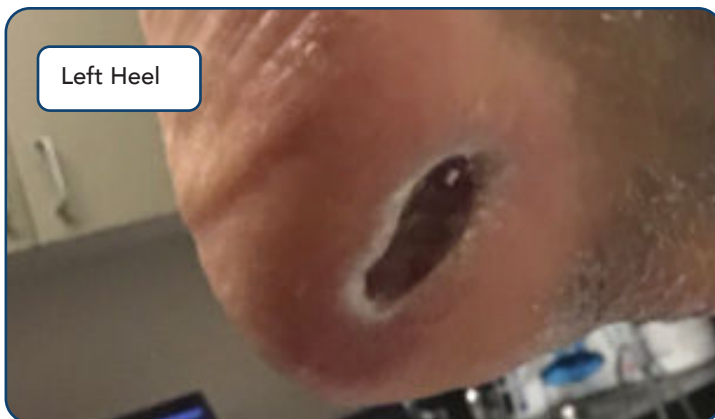
Plan and Treatment at the Center

Perform an angiogram to target and treat the wound directed arteries - angiographosome with identification of the actual arteries that are obstructed.

To optimize blood flow, we perform multiplanar angiography with multiple projections and wound markers to identify optimal arteries for treatment.

Perform below ankle and pedal arch interventions as appropriate to revascularize arterial obstructions in distal arteries typical of a diabetic patient.

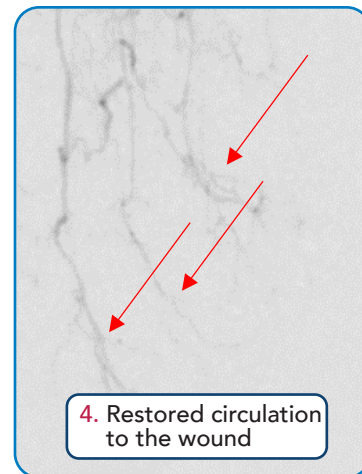
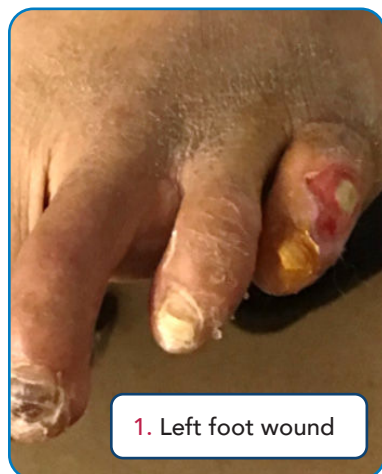
This is an aggressive intervention, restoring flow to distal arteries and achieving limb salvage.



"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.



Treatment

Left foot procedure (1) with corresponding angiogram (2) showing hardly any blood flow to the area of the wound within red circled area.

We treated this patient by getting into the pedal arch with very small microcatheters and very small balloons (3), crossing over the bridge from the plantar peripheral artery into the metatarsal arteries of the 4th and 5th digits; a 1.5 mm balloon was inflated and subsequently inflated further down into the digital arteries; restoring flow (4) to the very small distal arteries going directly into the wound - most likely hibernating blood vessels with an obstruction above this level which, once corrected, allowed unobstructed flow to the wound.

A similar outcome was achieved on the right foot.

Two months later (right) the wound is completely healed and flow has been maintained, with no further wounds or pain.



Lessons Learned

- Treating patients with CRITICAL LIMB ISCHEMIA needs extreme commitment and diligence, and a willingness to treat the smaller arteries of the ankle and foot that are necessary to restore flow but not usually addressed.
- Major amputations can be prevented in more than 80% of patients, even when they have been told that limb loss is inevitable.
- Effective treatment requires a team approach with close follow-up and continued vascular care, wound care, and medical management to preserve limbs.

"Dr. Rundback is an amazing doctor. I'm very grateful to be pain free and avoid amputation because of his ability to find the problem and correct it. I walk so much better now."

A Former Patient

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—



John Rundback, MD
Interventional Radiologist

Regarded as one of the nation's most respected and admired interventional radiologists, Dr. Rundback graduated from SUNY Downstate Medical Center and completed a radiology residency at Beth Israel Medical Center, New York City. He served on the Board of Directors of VIVA Physicians. Dr. Rundback is a nationally recognized key opinion leader for the diagnosis and management of PAD and CLI, as well as a consultant to companies developing new vascular therapies. He also served as principal investigator for numerous trials evaluating new PAD devices and drug treatments.

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

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