

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

September, 2021 CASE OVERVIEW



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

Pedal Arch Reconstruction in the Office Based Laboratory CASE OVERVIEW - John Rundback, MD, FAHA FSVM FSIR

Consultation—History

Patient is a 92-year-old woman with painful digital ulceration and focal gangrene left foot *despite recent outside femoropopliteal angioplasty.*

Cardiovascular risk factors are age, HTN and dyslipidemia.

She does not have a history of DM, CAD, renal dysfunction or smoking.

Arterial ultrasound test results (see image this page - lower right) show monophasic and absent waveforms indicating the areas either blocked entirely or narrowed. The posterior tibial artery and the lateral plantar runoff is occluded.

In this case, all three arteries below the knee that normally supply blood flow to the foot were completely occluded, posing a threat to her leg with possible amputation.

Plan

Perform tibial and pedal revascularization to the foot and restore straight line flow and perfusion to painful ischemic and early gangrenous digits.

Treatment

Extensive tibial occlusive disease with severe calcific stenosis of the posterior tibial artery successfully treated with laser atherectomy and angioplasty with restored unobstructed flow through the medial plantar runoff.

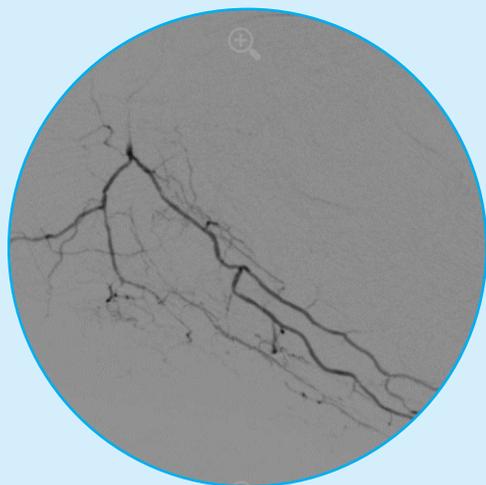


Left			
	Waveform	Ratio	PSV (cm/s)
CFA	Multiphasic		87
PFA	Multiphasic	0.9	78
SFA Prox	Multiphasic	1.02	89
SFA Mid	Multiphasic	0.49	44
SFA Dis	Multiphasic	1.3	57
POP Prox	Multiphasic	1.05	60
POP Mid	Monophasic	0.55	33
POP Dis	Monophasic	1.48	49
PTA Prox	Absent		0
PTA Mid	Absent		0
PTA Dis	Multiphasic	0.69	34
ATA Prox	Absent		0
ATA Mid	Absent		0
ATA Dis	Multiphasic	0.65	32
DPA	Multiphasic	2.66	85
PER	Absent		0

"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."

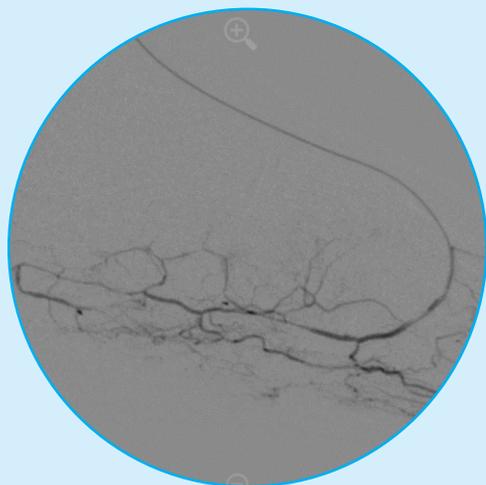
Dr. Debra Manheim, DPM, FACFAS, FACFAOM

No patient should undergo an amputation without seeing us first.



POST PROCEDURE ANGIOGRAM

Severe disease of the dorsalis pedis artery and occlusion of plantar pedal arch successfully treated with angioplasty *achieved remarkable results and restored plantar pedal arch patency, and uninterrupted straight-line flow to the patient's affected areas of focal gangrene in the second and fourth digits* (see Post Procedure Angiogram - above and below left).



EARLY FOLLOW-UP

After just three weeks, the foot is warm, pink, and without pain (right).



Discussion

- Foot and toe wounds require dedicated revascularization of the more challenging tibial arteries below the knee and the arteries of the foot (pedal loop arteries).
- Disease in these arteries is characterized by long complete blockages and dense hardening of the arteries due to calcium deposits that require specialized experience, skills, and tools for successful treatment.
- Opening up the "inflow" arteries of the upper leg is often insufficient! This patient had ongoing pain and early gangrene despite recent "inflow" angioplasty.
- **CRITICAL LIMB THREATENING ISCHEMIA CAN BE SUCCESSFULLY TREATED MORE THAN 80% OF THE TIME EVEN WHEN OTHER DOCTORS HAVE FAILED OR HAVE NOT HAD THE NECESSARY EXPERIENCE TO ACHIEVE OPTIMAL RESULTS.**

Breakthrough, Minimally Invasive Limb Saving Treatments performed in a fully equipped outpatient center—

We believe in "TOE AND FLOW" collaboration of care.

Wound care specialists treat the toe; and 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

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 Peripheral Arterial Disease and Critical Limb Ischemia, 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)**

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Lower Manhattan Endovascular Center
202 Centre Street, 5th Floor, New York, NY 10013

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71 Carroll Street, Brooklyn, NY 11231-2767

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