

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

February, 2021 CASE OVERVIEW

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

CLI CASE OVERVIEW - Joseph Shams, MD

Consultation—History

38 year old, 300 lb. male with large poorly healing ulceration of his left heel. Ulceration has been present for > 6 months prior to consultation. Patient suffers from a skin condition hidradentitis suppurativa and cannot be touched in either groin.

PMHx:

ESRD on HD
HTN
DM
Hyperlipidemia
CAD S/P MI

Medications:

Citalopram, Renagel, Januvia,
Atorvastatin, Zinc Sulfate,
Clindamycin HCl, Rifampin



Physical Examination

Ht. 6' 2 "
Wt 300 lbs.
BMI 38.5
VS: Pulse 93/regular, BP 155/98 RR, 16/min, T 98.3 F,
O2 sat 98 % on RA
Pulse Exam: non palpable DP, PT pulses bilaterally
Doppler Exam: monophasic left DP, non dopplerable PT
5cm necrotic ulcer of left heel with mucousy, non
malodorous, non purulent discharge
Bilateral calf skin changes bilaterally consistent with venous
insufficiency

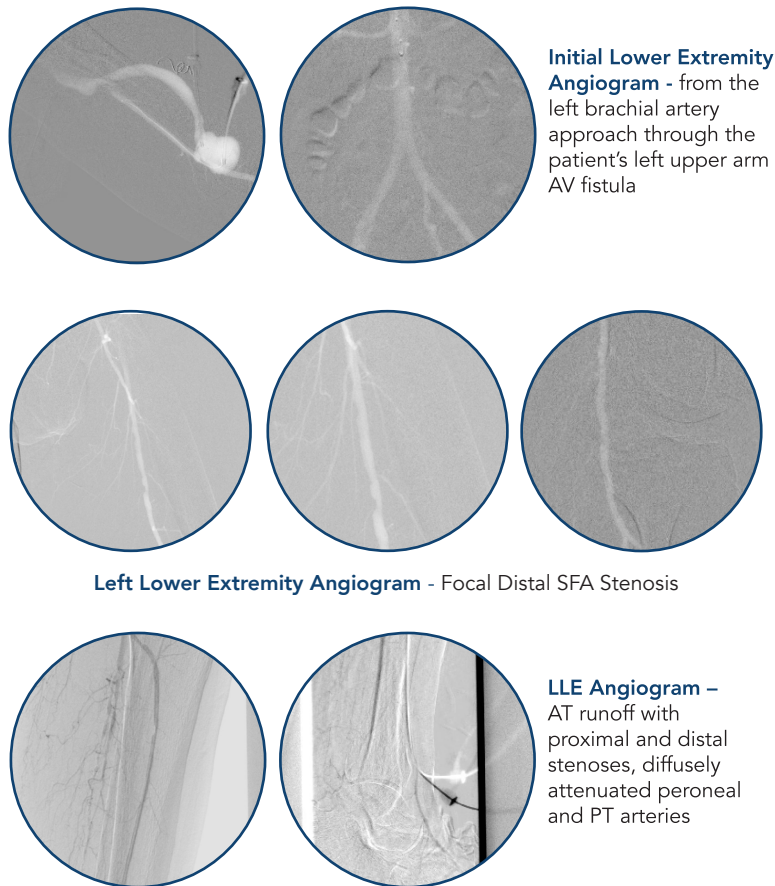
Plan and Treatment at the Center

Plan:

Lab evaluation
Begin anti-platelet therapy
Arterial imaging/doppler
Limited secondary to patient body habitus and inability to tolerate exam

Treatment:

Angiogram and planned revascularization via left brachial artery, transpedal and transpopliteal artery routes



Left Lower Extremity Angiogram - Focal Distal SFA Stenosis

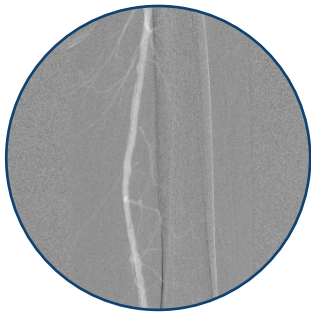
Initial Lower Extremity Angiogram - from the left brachial artery approach through the patient's left upper arm AV fistula

LLE Angiogram - AT runoff with proximal and distal stenoses, diffusely attenuated peroneal and PT arteries

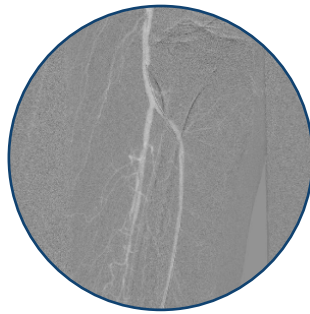
"Trusting Dr. Shams after many years experience with him during my procedure, one of the best in New York...Would not choose any other doctor to take care of me...Dr. Shams is a highly professional, caring, and trustworthy doctor. I have undergone four vascular procedures with him, and have been very satisfied with both the doctor and his terrific team...Dr. Shams is such an incredible doctor! I would highly recommend him 100% of the time. He was very helpful, kind, and understanding, I couldn't have asked for a better doctor."

Patient Reviews

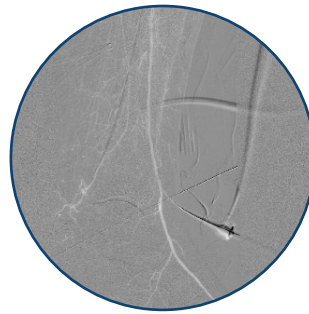
No patient should undergo an amputation without seeing us first.



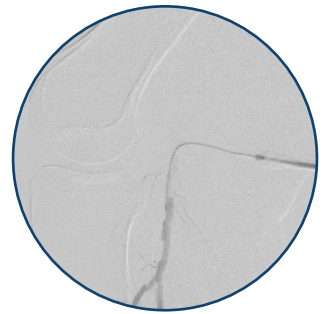
S/P Atherectomy - with 1.25 mm CSI and angioplasty of SFA and AT stenoses via AT transpedal approach



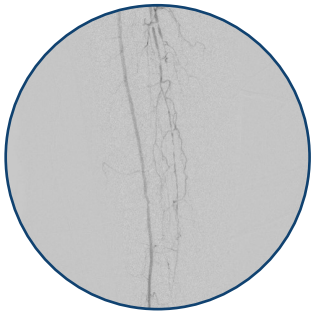
Improved Distal Runoff with limited flow to area of ulceration



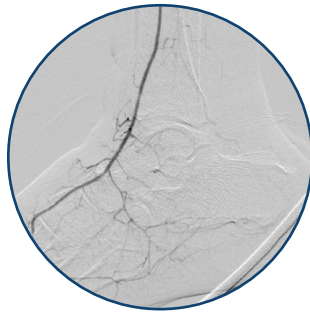
Selective LLE Angiogram (5 days later) via Antegrade Popliteal Artery Approach - diffusely diseased and attenuated peroneal artery



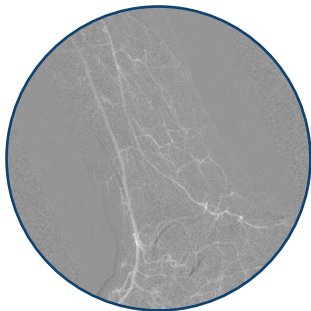
Diffusely Diseased Distal Runoff



S/P CSI Atherectomy and Angioplasty of Peroneal Artery Stenoses



Brisk Flow to Area of Ulceration



S/P Post First Angiogram



One Week Post Second Angiogram

Discussion

- Difficult access requires knowledge of alternate access routes (transpedal, transbrachial, transpopliteal/SFA).
- Attempt to reestablish straight line flow to the area of the wound to optimize healing potential.
- Aggressive revascularization is required for healing chronic wounds.
- Appropriate local wound care is essential once area has been revascularized.

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—



Joseph Shams, MD - Interventional Radiologist

Dr. Joseph Shams has a long and distinguished career. His technical skill, dedication to patients and history of innovation has earned him a spot on the *Castle Connolly Top Doctors List* for the New York Metropolitan area for an impressive five consecutive years. He is a graduate of the State University of New York-Health Science Center in Brooklyn and completed a fellowship in vascular and interventional radiology at Yale University School of Medicine. Dr. Shams is a widely published authority on interventional radiology, with papers appearing in a range of medical journals. He is a member of the Society of Interventional Radiology and the Radiological Society of North America.

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