

Management of Peripheral Vascular Disease

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Peripheral Artery Disease (PAD) represents wide spectrum of presentation

ABI <0.9 is sensitive and specific for arterial stenosis

Asymptomatic

Intermittent Claudication

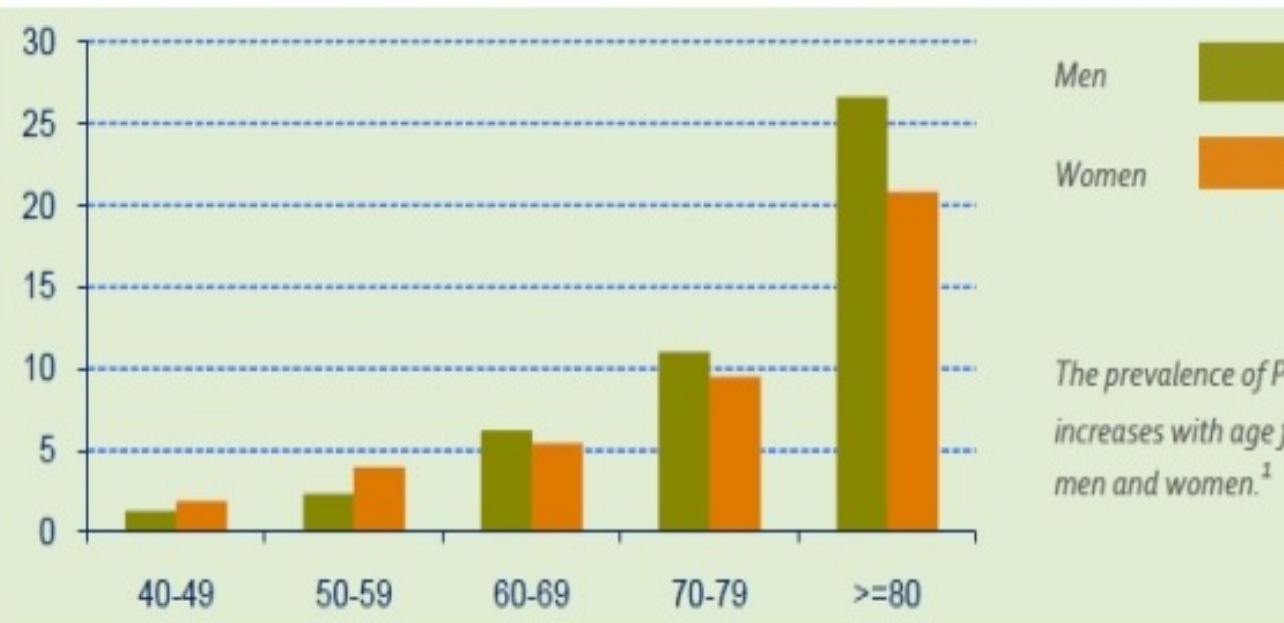
Critical Limb Ischemia

Acute limb Ischemia

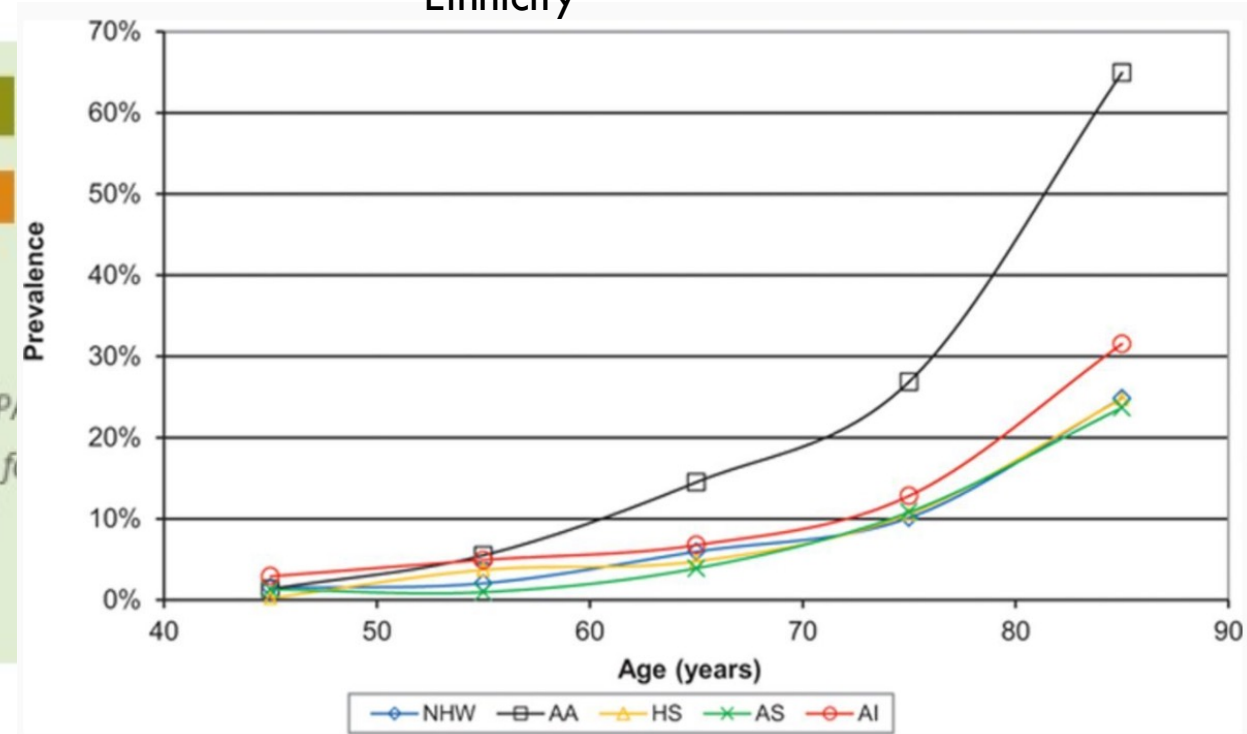


Prevalence of PAD

Prevalence of PAD (%) by Age Group (years)



Prevalence of PAD by Ethnicity

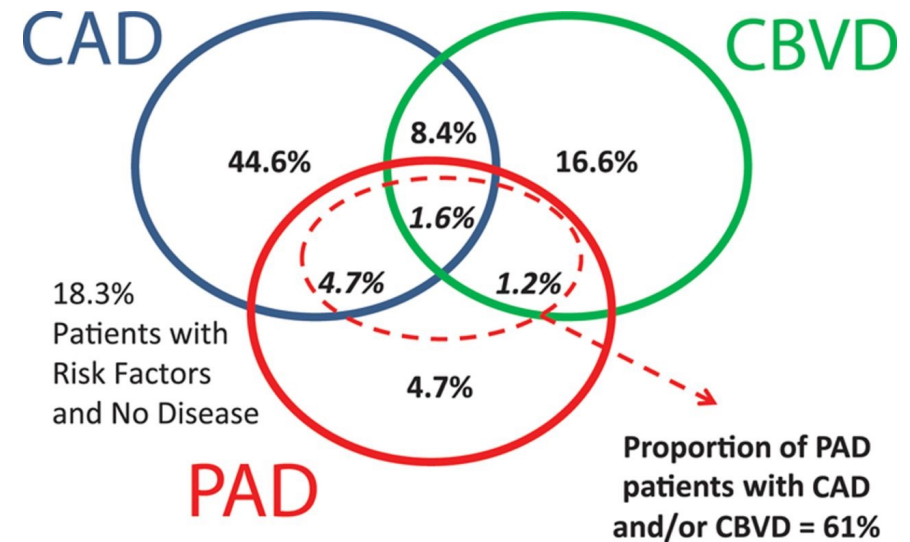
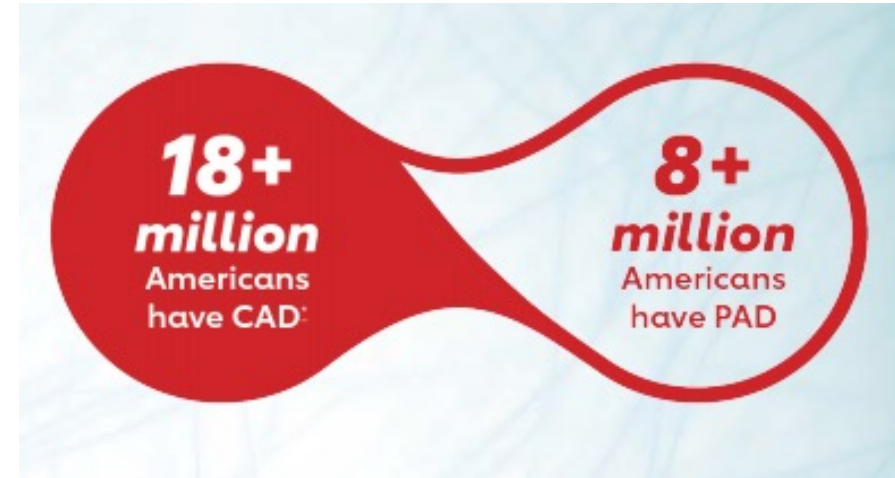
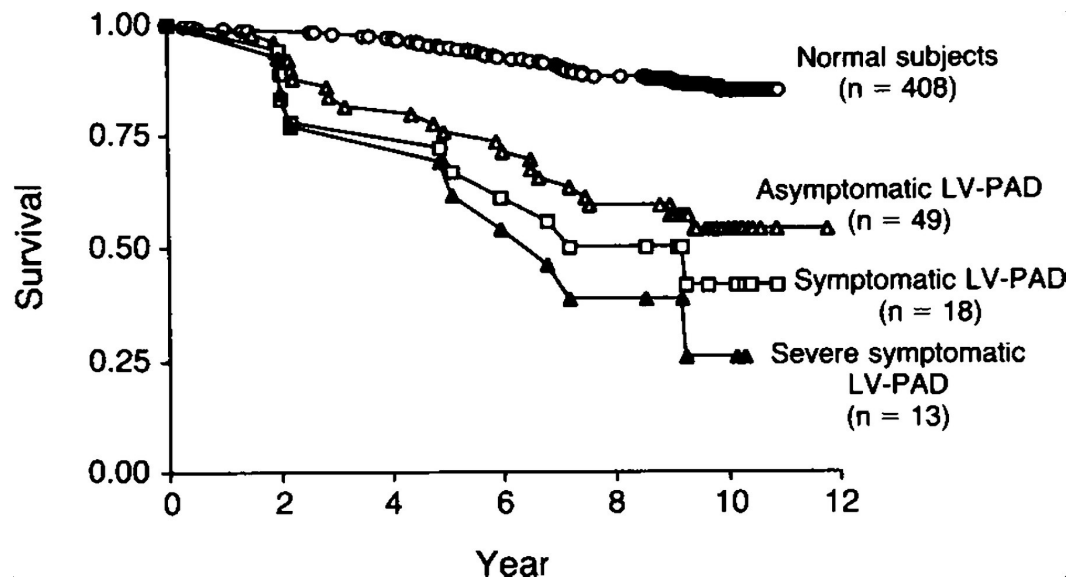


<https://www.cdc.gov/heartdisease/PAD.htm>
<https://www.ahajournals.org/doi/full/10.1161/circresaha.116.303849>

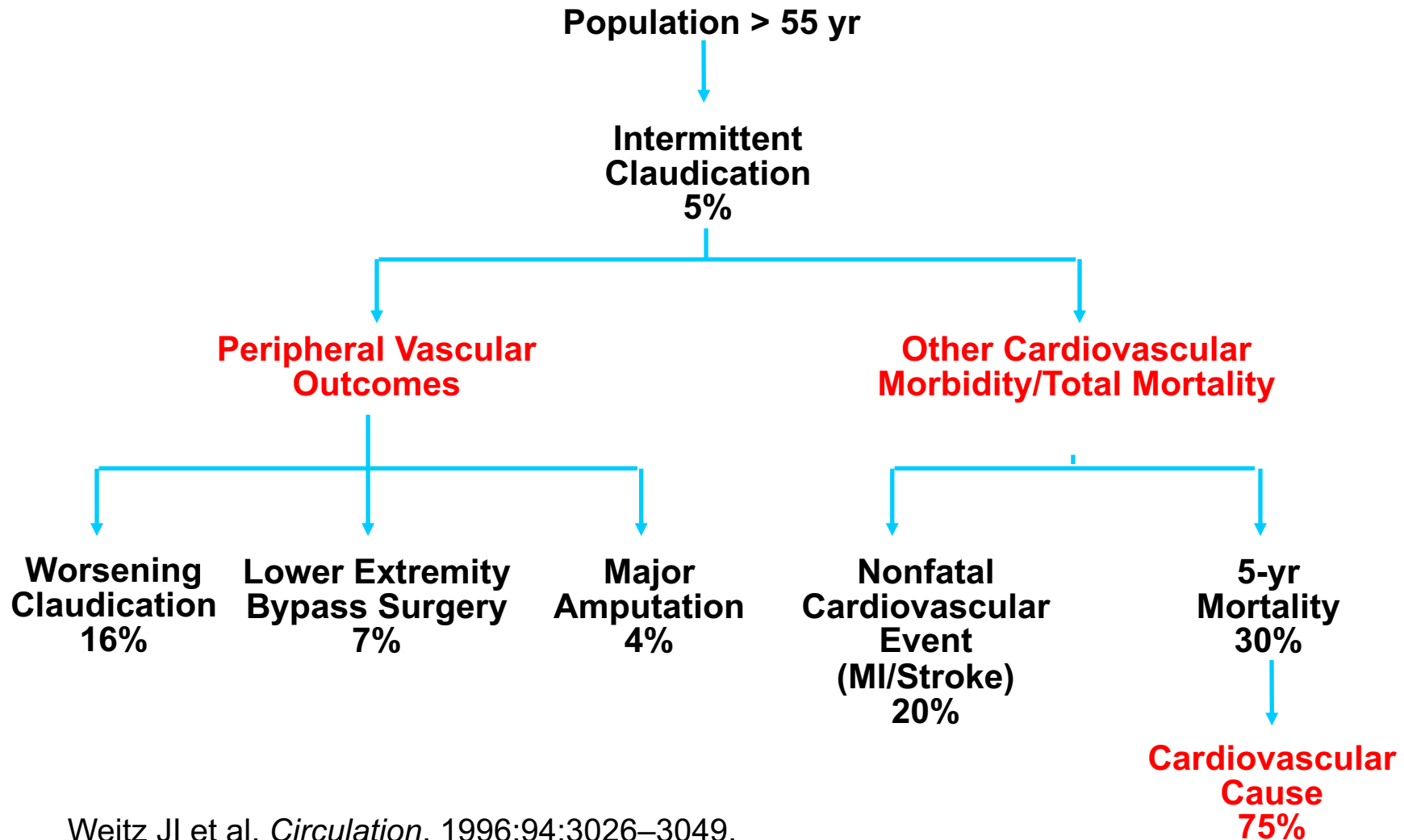
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PAD is associated with Increased Risk of CAD and Mortality



Natural History Intermittent Claudication



Weitz JI et al. *Circulation*. 1996;94:3026–3049.



Risk factors of PAD are common

Independent Risk Factors for PAD*

Relative Risk vs the General Population



Diabetes

4.05

Smoking

2.55

Hypertension

1.51

Total cholesterol (10 mg/dL)

1.10

* PAD diagnosis based on ABI <0.90.



Treatment options for PAD



MEDICAL THERAPY



PERCUTANEOUS
INTERVENTION



OPEN SURGICAL BYPASS



Goals of treatment include improving quality of life and prevent limb loss

Smoking cessation

Exercise

Treat Hypertension

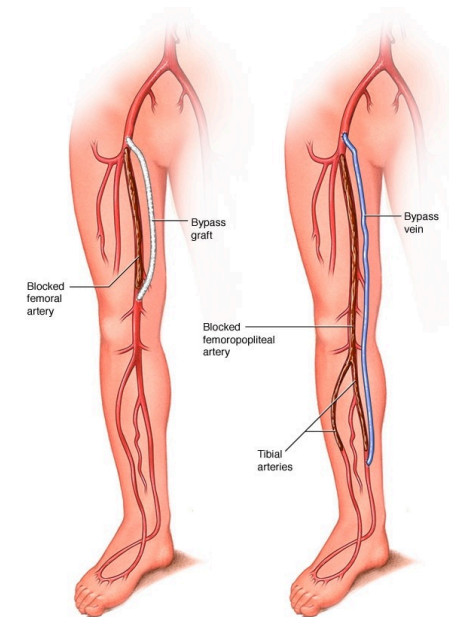
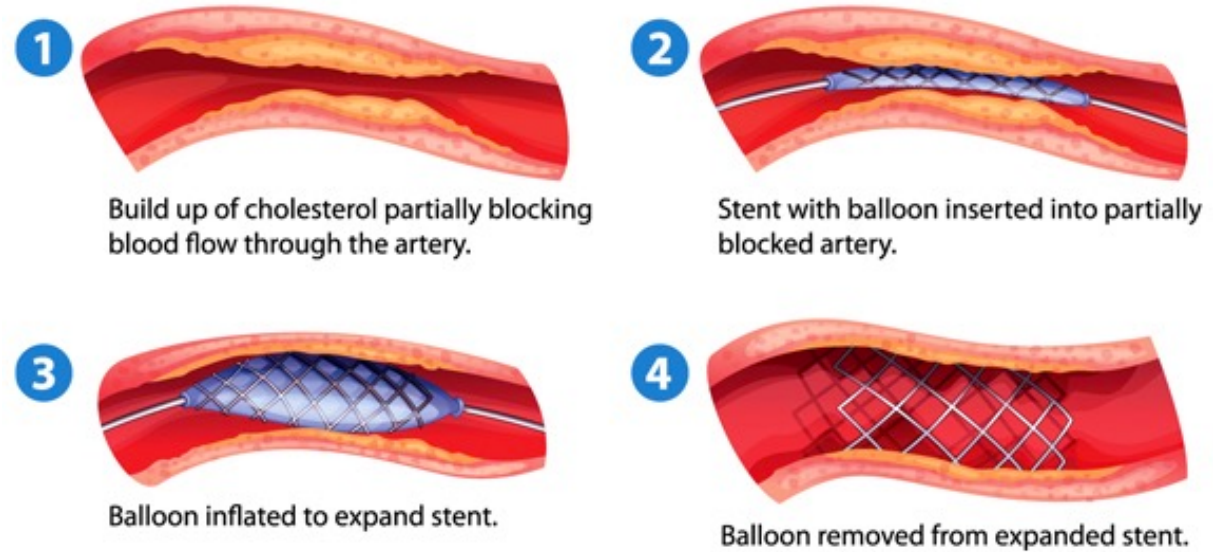
Treat Hyperlipidemia

Control Diabetes



Percutaneous interventions are less invasive but often not as durable as bypass. Open bypass can be a reasonable option for those who failed other options.

Stent With Balloon Angioplasty



Endovascular Intervention: Overview

It can be performed in an interventional suite

Obtain arterial access

Perform initial arteriography and determine whether to proceed with the intervention.

Anticoagulation

Treat the diseased segment(s) to achieve a patent lumen followed by completion arteriography (Balloon, stent etc).

Access site management



Open Surgical Interventions

- Arterial exposure and control

- Vein exposure/harvest

- Systemic anticoagulation

- Proximal anastomosis

- Graft tunneling

- Distal anastomosis

- Completion imaging



Summary

- PAD is common and has a significant impact upon cardiovascular outcomes
- Treatment of PAD, even asymptomatic, should focus on risk factor modification/risk reduction
- Treatment of intermittent claudication should include exercise therapy, drug therapy and selective use of revascularization
- Treatment for critical limb ischemia warrants aggressive efforts at revascularization, including surgery, to reduce the risk of amputation





Thank you

Questions?

