2018 MID-ATLANTIC CONFERENCE

8th ANNUAL CURRENT CONCEPTS IN

VASCULAR THERAPIES

2018

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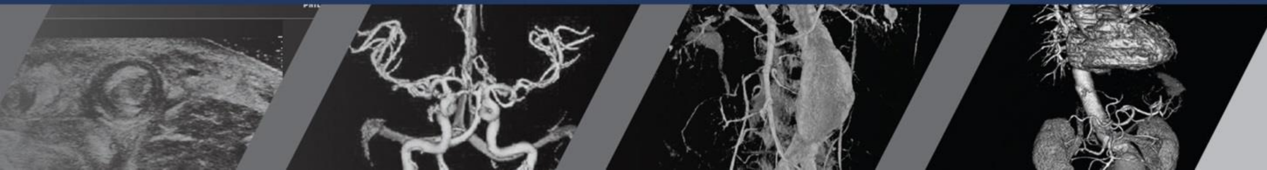
April 27th

Medical Management of Limb-Threatening Ischemia: What to Do When Surgery Isn't an Option

Threatened?

- **Implies reversible ischemia in a limb that is salvageable without major amputation if arterial obstruction is relieved quickly.**



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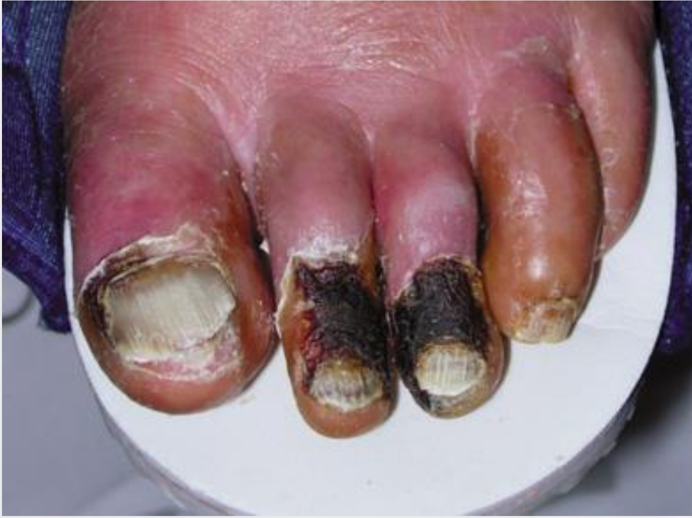
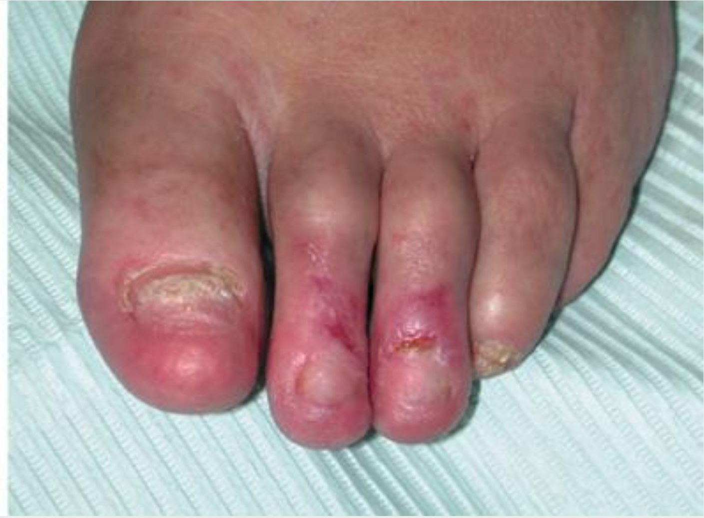
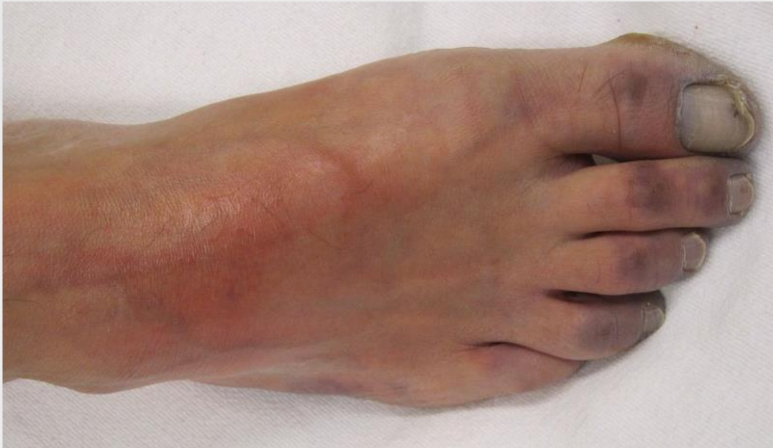
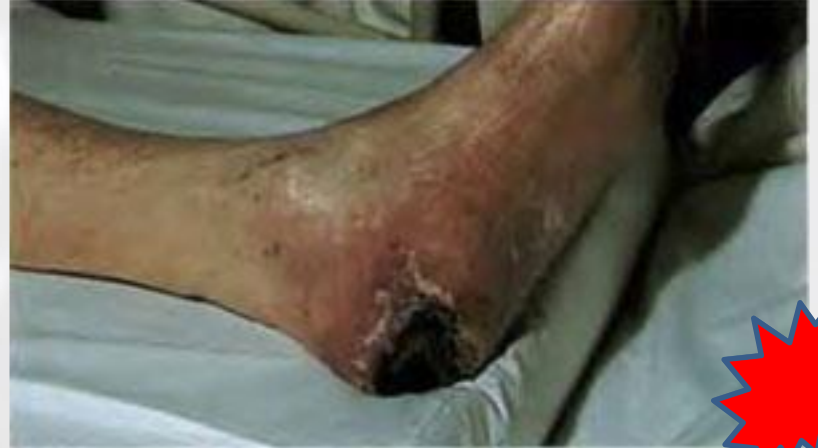

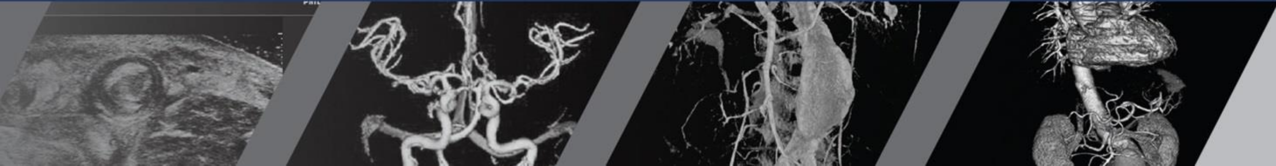

When is Surgery Not an Option?

- Patient is too high-risk for surgery
- Patient does not have vascular surgical options available to improve arterial flow

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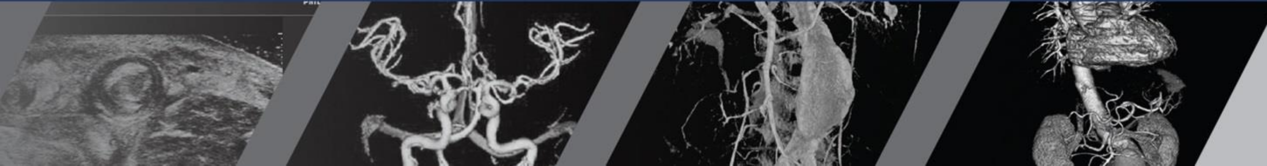
Prohibitive Risk for Surgery



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- **Typically refers to open surgery**
- **Can also mean the patient cannot tolerate being supine for prolonged periods (angio)**
- **Anesthesia perhaps limited to sedation, local, and nerve blocks**

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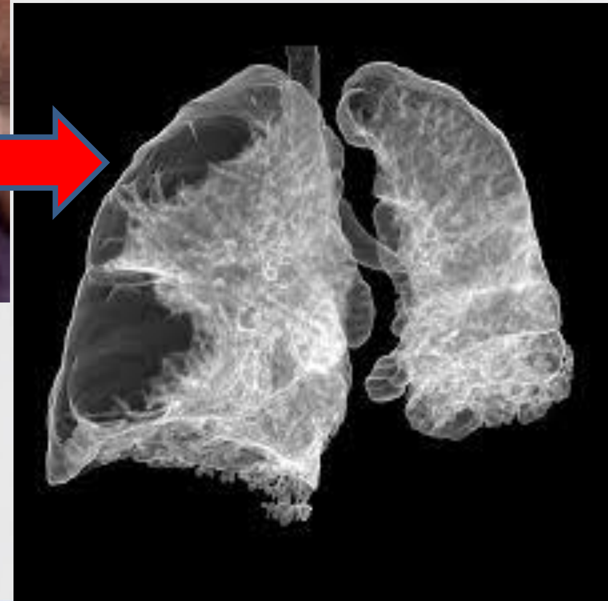
Surgical Risk is Too Great

- **Cardiovascular Risk Factors:**
  - Diabetes
  - Tobacco use
  - Hypertension
  - Hyperlipidemia
  - Cardiac status
  - Carotid disease
  - Renal status
  - Pulmonary status



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SVS Scoring System*

- Cardiovascular Risk Factors:
  - Diabetes (diet- vs insulin-controlled)
  - Tobacco use (quantity and duration)
  - Hypertension (controlled with >2 drugs)
  - Hyperlipidemia (diet- versus medication-controlled)
  - Cardiac status (CHF, angina, arrhythmia)
  - Carotid disease (stroke or TIA)
  - Renal status (creatinine, on dialysis)
  - Pulmonary status (FEV1<35% pred, on oxygen)

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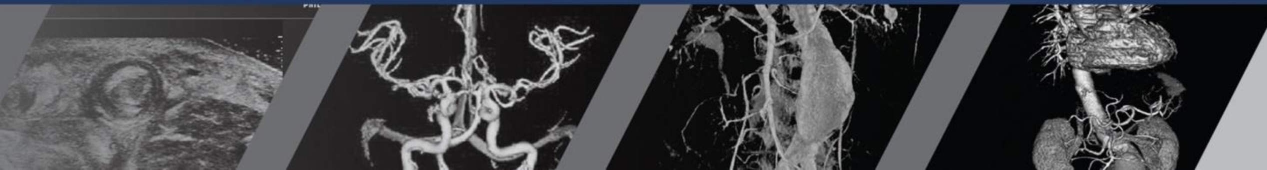
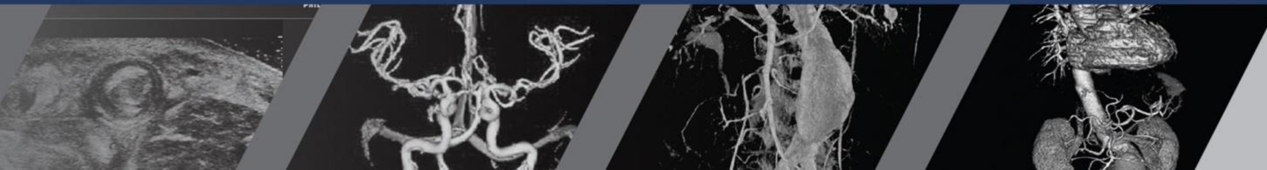
The Players

- Cardiology
- Anesthesiology
- Pulmonology
- <u>Surgeon</u>



Patient **does not have vascular surgical options** available to improve arterial flow



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No Revascularization Options

- Major amputation required within 1 year in 40%
- Mortality as high as 20%

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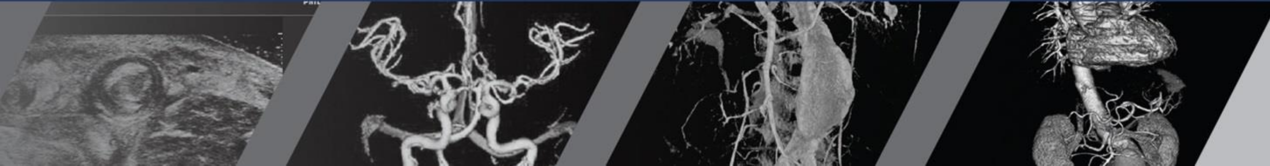
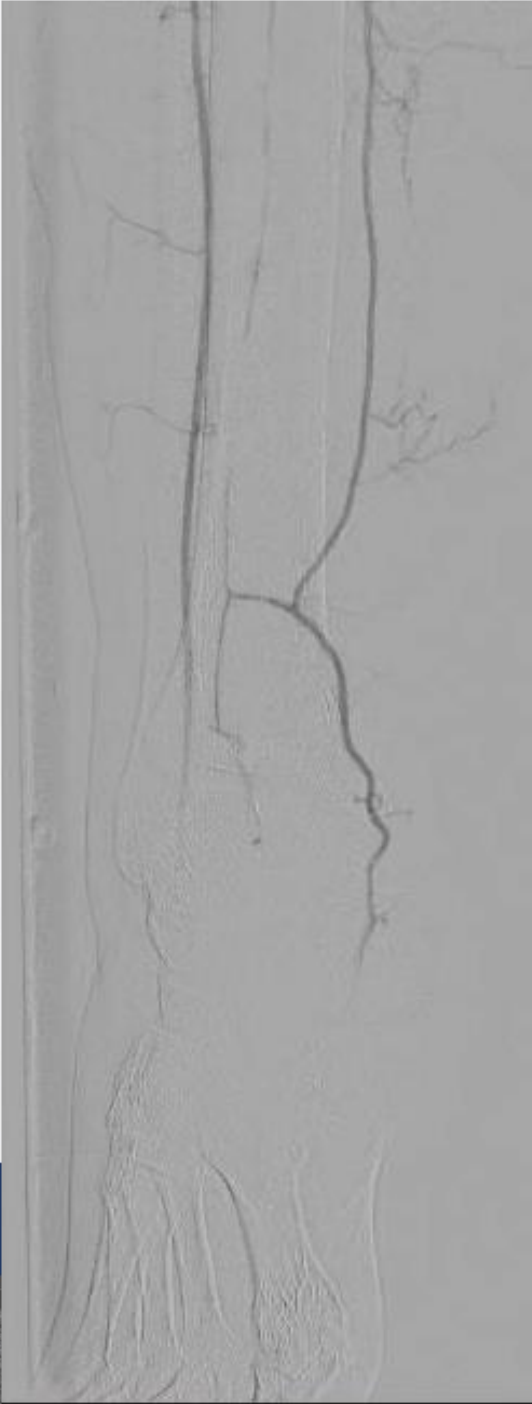
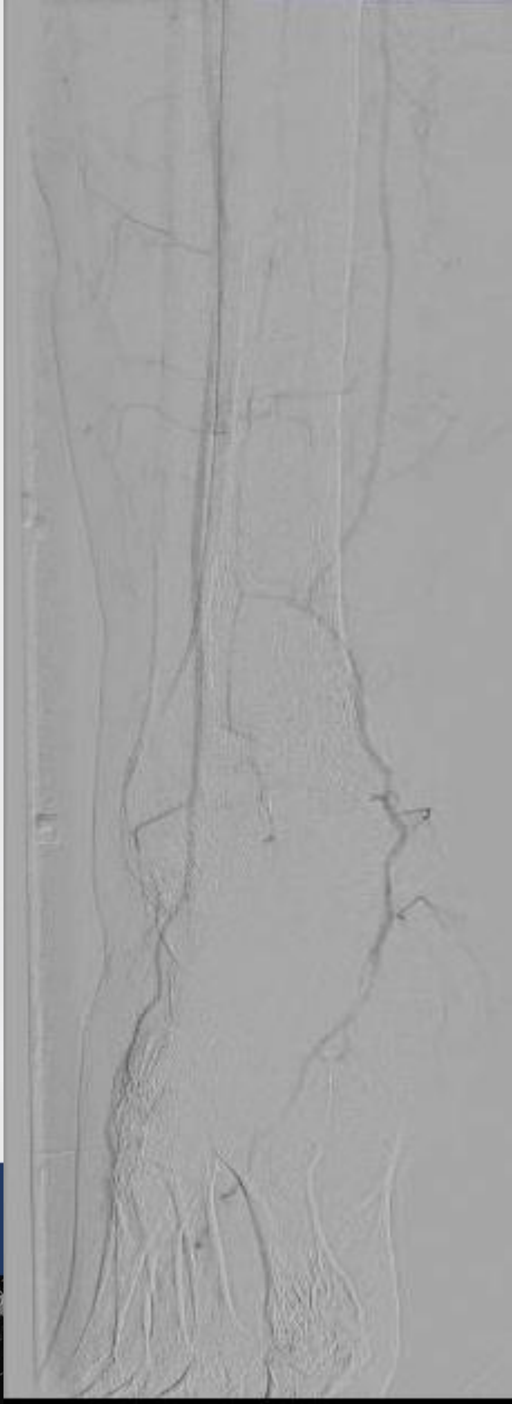
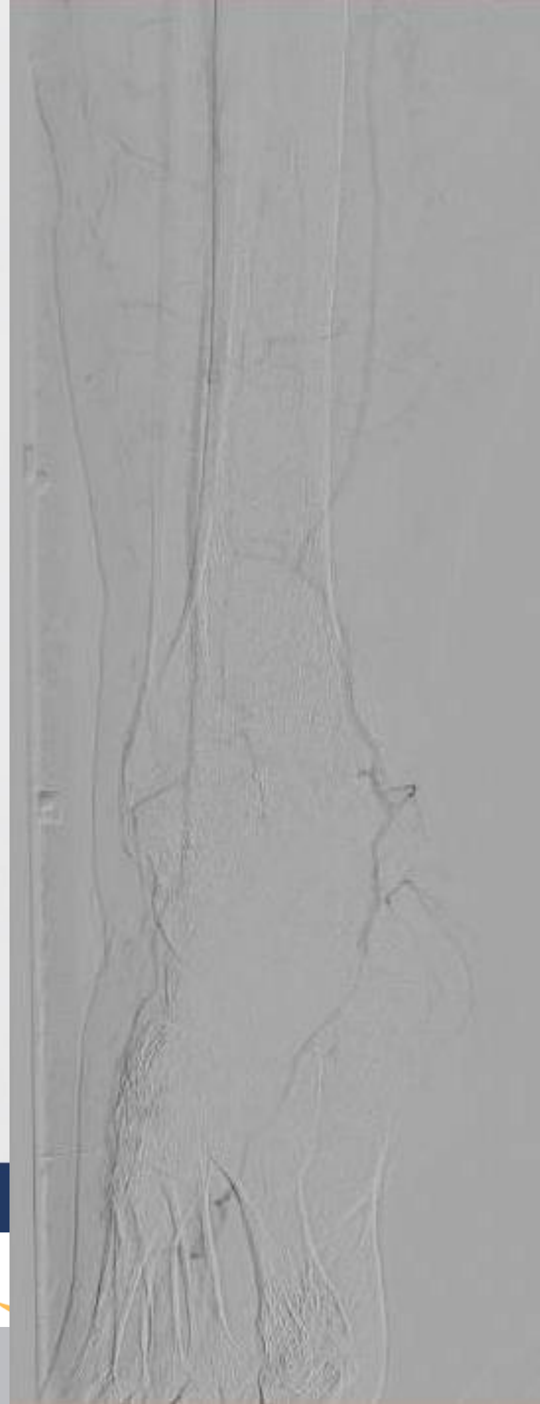
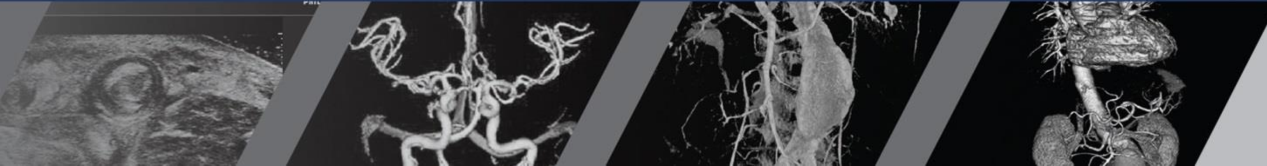


How to Manage



Concomitant CAD

- The most important aspect of pharmacologic treatment of this disease is the recognition that CAD accompanies PAD in the majority of patients.
  - CAD the greatest cause of M&M in these patients
  - Estimated to be 25-30% over 5 years in symptomatic PAD patients

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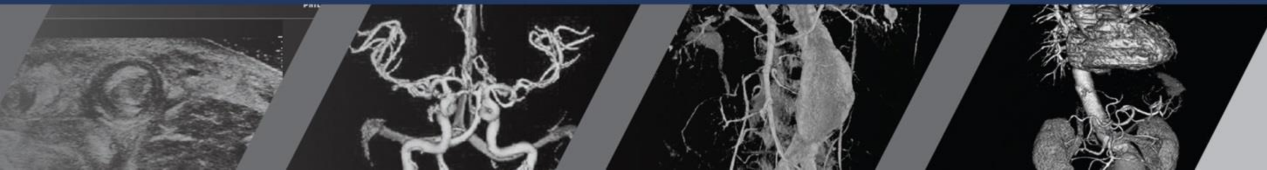
Treat All Patients with PAD As If They Have CAD

- **Measures to prevent MI are indicated:**
  - Routine use of anti-platelet agents (aspirin)
  - Smoking cessation
  - Aggressive treatment of diabetes
  - Appropriate control of hypertension
  - Aggressive lipid lowering
    - Atorvastatin 40-80 mg, rosuvastatin 20-40 mg

MIPS!!



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Statin dosing

Guidance for High-Intensity and Moderate Intensity Statin Dosing

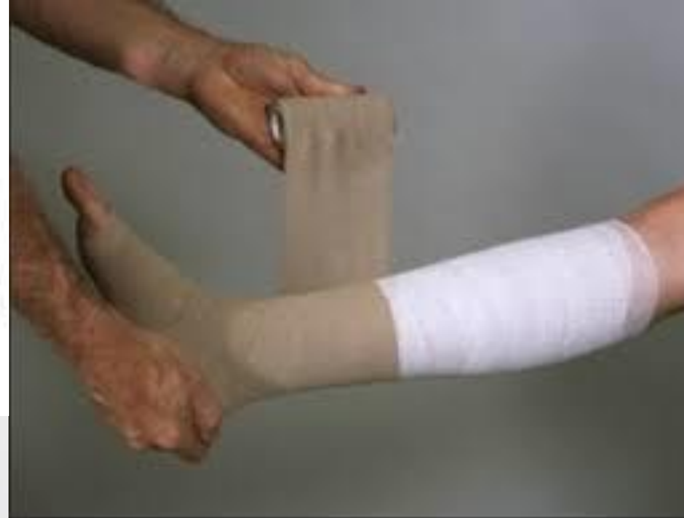
High-Intensity Statins

- Atorvastatin 40-80 mg
- Rosuvastatin 20-40 mg

Moderate-Intensity Statins

- Atorvastatin 10–20 mg
- Rosuvastatin 5–10 mg
- Simvastatin 20–40 mg
- Pravastatin 40–80 mg
- Lovastatin 40 mg
- Fluvastatin XL 80 mg
- Fluvastatin 40 mg bid
- Pitivastatin 2–4 mg

Wound Care



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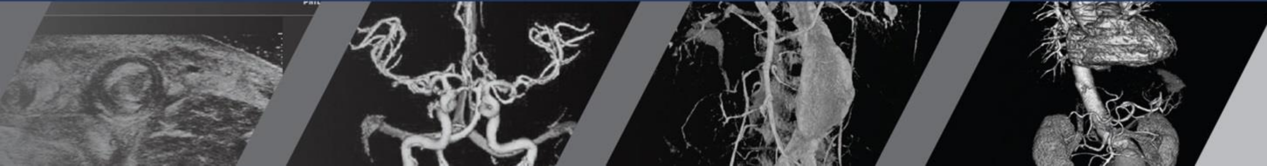
Hyperbaric Therapy



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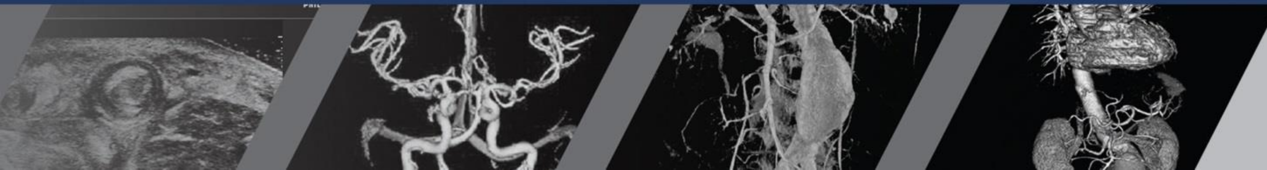
Biologic Therapies

- Gene Therapy
  - FGF plasmid injections
- Cellular Therapy
  - Stem cells or bone marrow aspirate

There are currently no FDA-approved gene or cellular therapies to treat CLI



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Thank you