Endovascular Treatments
Should Be Used In Many
Patients With Intermittent
Claudication

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Not So: Exercise And Medical Therapy Are The
Best Treatment For Almost All Patients With
Intermittent Claudication

Presenter(s): Erich Minar, MD
Vascular Medicine: Biased …no intervention

Faculty Disclosure

- Consultant Medtronic, Boston Scientific, Cardinal
  Health, Volcano

France We Stand United

Common Risk Factors for PAD*

- Diabetes
- Smoking
- Hypertension
- Total cholesterol

* PAD: Peripheral Arterial Disease

Patients with diabetes are at a higher risk of developing PAD vs the general population.

Presenter(s): Erich Minar, MD
Vascular Medicine: Biased …no intervention
5-Year Natural History of Intermittent Claudication


Stable claudication ﾂ� 50%
Worsening claudication ﾂ� 16%
Surgery or tissue loss ≥25%
Major amputation < 4%
5-year nonfatal CV events 20%
5-year mortality 30%
Cardiovascular cause 75%
Intermittent claudication 5%
5-year peripheral vascular outcomes
Other cardiovascular outcomes

Role of Endovascular Revascularization for Intermittent Claudication (IC)

- Interventions for claudication are done to improve function in the setting of significant ongoing disability in an active person (not fear of limb loss)
- Loss of ability to perform an occupation or that impairs basic activities of daily living and/or mobility justifies invasive treatment
- QOL issues: need to provide care to a spouse or family member or loss of ability to engage in recreational or social activities.

Role of Endovascular Revascularization for Intermittent Claudication

- Numerous studies have demonstrated the efficacy of both endovascular and surgical therapy for the relief of symptoms of claudication by reducing pain, increasing walking distance and improving QOL/ambulatory function compared to medical therapy.


- Management of PAD is multidisciplinary (DM, HTN, Hyperlipidemia, etc)
- Risk factor modification, exercise therapy is the cornerstone of medical management
- Treatment should be individualized based on comorbid conditions, degree of functional impairment, and anatomic factors.
- "Supervised exercise training" effective but not covered by insurance; greatest effect >6M, >3 sessions per week > 30 min
Role of Endovascular Revascularization for Intermittent Claudication (IC)

- Minimal effectiveness threshold for invasive therapy in IC be a >50% likelihood of sustained clinical improvement for at least 2 years.
- Benefits of treatment outweigh the potential risks.

**Recommendations**

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- We recommend EVT or surgical treatment of IC for patients with significant intermittent claudication who do not improve with medical treatment and who have a >50% likelihood of sustained improvement for at least 2 years.
- We recommend the use of EVT or surgical treatment to improve exercise capacity and time to onset of symptoms.
- We recommend the use of EVT or surgical treatment to improve lower limb function.
- We recommend the use of EVT or surgical treatment to improve quality of life.
- We recommend the use of EVT or surgical treatment to improve mortality.

Infrainguinal Disease

- Femoral/Popliteal segment most commonly present with IC involving the calf.
- Isolated lesions of Tibial and foot arteries do not cause claudication and should not be treated.
- Significant occlusive lesion of the CFA should be treated with surgical endarterectomy.
- Treatment guidelines from AHA and revised TASC recommends EVI as first line of therapy for those requiring invasive therapy for focal and moderate disease.

Intrainguinal Disease

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- We recommend EVT for lesions of the infrapopliteal arteries for patients with IC involving the calf.
- We recommend surgical endarterectomy for patients with IC involving the calf.

Atherectomy + PTA

**Recommendations**

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- We recommend atherectomy + PTA for lesions of the infrapopliteal arteries for patients with IC involving the calf.
- We recommend surgical endarterectomy for patients with IC involving the calf.
Summary
Endovascular Intervention in Pts with IC

- Endovascular Therapy is appropriate in Many patients after a careful Risk-Benefit Analysis and in Pts requiring Functional improvement

- Risk Factors modification and medical management is essential in the management of IC

"Pull out, Betty! Pull out!...You’ve hit an artery!"