



**LOCATIONS:**

**Main:**

Buffalo Vascular Care (BVC) – Outpatient Treatment Facility  
6337 Transit Road, Depew, NY 14043

**Satellite offices:**

190 Washington Avenue, Batavia, NY 14020

6934 Williams Road, Suite 400, Niagara Falls, NY 14304

**Azher Iqbal, MD**

Medical Director, BVC

Board Certified Vascular Interventional Radiology

Assistant Clinical Professor of Radiology, SUNY Buffalo

**OFFICE HOURS**

Monday-Friday 8:00 am – 4:30 pm

**SCHEDULING INQUIRIES**

Contact BVC by calling 716-852-1977

[buffalovascularcare.com](http://buffalovascularcare.com)



**AMPUTATION  
PREVENTION**



**Buffalo  
Vascular Care**

716.852.1977

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## About Peripheral Arterial Disease (PAD) and Critical Limb Ischemia (CLI):

Critical limb ischemia is a manifestation of advanced stage of peripheral artery disease (PAD). In this condition, the blood flow to the lower extremity has been severely reduced. Typically, this is due to buildup of plaque in the blood vessels over time. Sometimes it may be due to the rupture of existing plaque causing acute blood flow disruption. This is similar to the process of plaque buildup and plaque rupture in the heart vessels that gives rise to chest pain (angina) and heart attack (myocardial infarction or MI).

As the reduction of blood supply to the leg worsens, patient experiences cramping in the calf and foot muscles. The pain may become severe and accompanied with skin and nail changes. The end result of blood flow deprivation is tissue loss, skin breakdown and formation of non-healing ulcers and gangrene of toes and feet. If left untreated, severe reduction in blood flow causes downward spiral that eventually leads to leg amputation to prevent spread of gangrene.

### Causes:

#### Risk factors for CLI:

- History of amputation of toes or leg
- Diabetes mellitus
- Smoking
- Dialysis/kidney function reduction
- Family history vascular disease /limb amputation
- High cholesterol
- High blood-pressure
- Age over 60
- Obesity/overweight
- Sedentary lifestyle

## Warning Signs:

- Infection and ulcers of foot/leg that do not heal within 4 weeks with local wound care.
- Sores on toe/foot/leg, especially in diabetics.
- Noticeable decrease in temperature of leg or foot as compared to the rest the body and to the other foot.
- Absent or diminished pulses in legs and feet.
- Severe pain/cramping in the leg with minimal walking.
- Rest pain, i.e pain while not walking, especially at night with improvement when patient dangles the leg over the side of the bed.
- Gangrene of toe/ foot.

## Treatment:

CLI is a serious condition which requires urgent treatment to restore blood flow to the affected leg. Most patients with CLI have multiple arterial blockages.

Treatment for CLI can be quite complex and individualized. The overall goal is to improve blood flow, reduce pain due to lack of blood flow and to save the affected leg from amputation.

CLI treatment could include the following:

**Medications:** Several medications may be prescribed to prevent further progression of the disease and to reduce the effect of contributing factors such as high blood pressure, high cholesterol and diabetes, and most certainly to reduce the pain. Medications that prevent clotting or fight infections may also be prescribed.

### Endovascular, outpatient office based

**treatment:** Cutting edge first line of treatment. These treatments are the least invasive and usually most effective. They involve inserting a catheter into an artery in the groin or leg to allow access to the diseased portion of the artery. A variety of tools can be used including angioplasty and stents. An angioplasty balloon is used to stretch and open the artery for improved blood flow. A metallic spring-like device called a "stent" can then be inserted to maintain the expanded artery, thereby improving blood flow to the limb. Other methods of treatments include laser atherectomy, directional atherectomy, and orbital atherectomy which remove the obstructing plaque in the arteries.

**Surgery:** Requires hospitalization. Generally reserved for a small portion of patients who have strong enough cardiac status to withstand general anesthesia and in whom endovascular option is not feasible. Vascular bypass involves using patient's own vein or synthetic graft conduit to "bypass" the obstructed artery. Surgical atherectomy involves a cutdown into the artery to remove the obstructing plaque.

**Amputation:** Generally performed as a lifesaving measure to limit infection and gangrene from spreading. Occasionally, amputation is performed as a "treatment" of rest pain caused by underlying critical limb ischemia (CLI). This may occur when blood flow cannot be established to the foot in a timely manner.

**Since treatment depends on the severity of the disease and many individual parameters, it is essential that someone with ulcers, or pain in the legs or feet when walking or at rest, sees a vascular specialist as soon as possible. The earlier a diagnosis can be made, the earlier treatment can be started with less serious consequence.**

**All contents of this brochure were created for informational purposes only. The content is not intended to be a substitute for professional medical advice.**