

Restoring blood flow may be best option to save your life and limb

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Treatments that restore blood flow to the lower limbs of people with a serious circulation condition may be cheaper and associated with longer survival, than amputation according to new research in *Journal of the American Heart Association*, the Open Access Journal of the American Heart Association/American Stroke Association

The most severe form of peripheral artery disease, called [critical limb ischemia](#), may result in ulcers on the leg, gangrene or the need for amputation.

"Many patients who are diagnosed with critical [limb ischemia](#) are told amputation is their only option," said the study's lead author Jihad Mustapha, M.D., an interventional cardiologist and critical limb ischemia specialist at Advanced Cardiac & Vascular Amputation Prevention Centers in Grand Rapids, Michigan. "But amputation is associated with many poor outcomes, including shorter survival, depression and loss of independence."

This is the first study to investigate long-term outcomes and costs associated with treating first major critical limb ischemia.

Researchers examined Medicare records of 72,199 patients diagnosed with primary critical limb ischemia from 2010 to 2015. Medicare is the primary payer for approximately 75 percent of critical limb ischemia-related hospitalizations and therefore represents the cross section of critical limb ischemia-related outcomes nationwide.

They estimated that 29 percent of patients diagnosed with critical limb ischemia either will die or have an amputation performed within the first year, and many will undergo several [revascularization](#) procedures during the median 3.5-year survival period of the study.

Over the four years of the study, researchers found:

- survival was 38 percent with endovascular revascularization (angioplasty with or without stenting);
- 40 percent with surgical revascularization (bypassing blocked vessels with vein grafts); and
- 23 percent among patients who underwent major amputation.

Annual healthcare costs during follow-up were \$49,700 for endovascular revascularization, \$49,200 for surgical revascularization, and \$55,700 for amputation

"It's important that people know that [amputation](#) is not the only solution, so always get a second opinion," Mustapha said.

In an accompanying editorial, Stephen Waldo, M.D., and Javier Valle, M.D., note: "these data demonstrate the significant clinical and financial burden that critical limb ischemia poses to our healthcare system. Considerable efforts are still needed to raise disease awareness and establish data that can guide further medical and procedural management given the critical importance of limb ischemia."

More information: *Journal of the American Heart Association* (2018). DOI: [10.1161/JAHA.118.009724](https://doi.org/10.1161/JAHA.118.009724)

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