

# Mac Ansari, M.D.

## What is Peripheral Artery Disease?

00:06

Peripheral arterial disease which is disease of the arteries of the periphery, which is the legs and the arms. Mostly when we call peripheral arterial disease we are trying to say about the lower extremities, which is the legs. And what we have seen in patients with diabetes, hypertension, high cholesterol, and smoking history, which is like every other patient nowadays in Texas, we see that they grow into more plaque and they grow intimal thickening in their peripheral arteries, which makes very difficult for circulation to reach the muscles of the lower extremity, which gives them different symptoms including pain. But in the long run, this disease turns into what we call CLI critical limb ischemia, which is actually very debilitating for anyone because it develops into these ulcers, which then get infected and people then go on to get amputations and stuff. So initially this disease was not thought to be that severe. And nowadays, with the new research that came in, it shows us not only severe and debilitating, it's also deadly. Because most of these patients that go on to get amputations, many of die with many of them within one to two years, even die after they're above the knee amputations.

## What are the symptoms?

01:24

Initially, you could see hair loss, you could see difficulty in walking, pain on walking, and skin changes. And you tend to ignore that, you know, when we have chest pain or headache, we run to the hospital, we call our doctor, if you have some kind of leg pain, we just tend to ignore this. But I think those are the signs that doesn't need to be ignored because if you catch it at the earliest stage, the treatment is much more easier if you catch it at a later stage. It has a lot of other issues to deal with. So the symptoms can vary by it's a variety of symptoms but usually you would have pain and tenderness in the lower extremities, and then the pain advances that not even on walking, you could have pain also on like sitting down, and then you develop ulcers and all these other manifestations including gangrene, which really becomes very debilitating to the patient.

## What are the usual treatments for PAD?

02:20

Initially, there were only surgeries but nowadays with the latest catheters and wires and devices, the most recent devices, atherectomy devices to scrap out calcium and different technological aspects of the disease, we were able to merge to bring this technology to our community. So nowadays, we can just go in from a hole, pass the wire, we have different kinds of balloons, some of them have wires in it, some of them have drugs in it, and treated with that we have different kinds of stents, different kinds of devices. So what I'm trying to say is completely percutaneous minimally invasive manner, we can go it and treat it. But there is another aspect to this sometimes the calcification is so severe and particularly those who are long standing smokers, which in Texas is a lot in our community, it's a lot of prevalence about that. And for those actually even to pass a wire or catheter becomes very difficult. So then we depend on other technology and our skills to do that. And that's when it comes in into this new research that we have acquired.

## What is that new research?

3:20

We have this technology that we're offering to our patients, which is like percutaneous bypass we call it. Usually for surgical bypass, you have to cut open the limb then you have to do this bypass this is strictly percutaneous. We just go from a hole and those patients who qualify for

## Mac Ansari, M.D.

this study, we run through the checklist and after that, we just offered them this minimally invasive bypass that we use the vein to put a stent in from the artery to the artery, bypassing that section of blockage, and they do pretty well, they do pretty good.

### What makes someone a high-risk patient?

03:56

Some of the times you worry about surgery that are high risk, versus lower surgery, high risk surgeries are usually those that you feel like they might bleed a lot. They might have some kind of bleeding disorder, or the surgeries are extensive, but there's another aspect of it as well. general anesthesia as well, because these patients are put onto general anesthesia, they need to have heart in good condition, they need to have no other comorbidities. So there's a lot of checklists, when you run for somebody that you're clearing for surgery, or risk stratifying for surgery. The good thing about minimally invasive part is we don't have to go through that.

### What is the new procedure you offer and why would a high-risk patient have better outcomes? 04:30

So let's say if the patient had no other option, right, and we go through the checklist and patient qualifies for the study. This is a procedure, which actually what it does is it's actually a bypass procedure. But the aspects of the bypass is rather putting, rather putting something cutting the leg and putting it in. What we do is every artery simultaneously have a vein that goes along to it. In this case, a superficial femoral artery has an a vein which comes in so what we do is the blocked part of the artery to bypass that we make a connection percutaneously we don't do any cuts in the limb percutaneously we make a connection between the vein and artery before the blockage and the vein and artery after the blockage. And this is all internal. So there is no cuts no surgery going on. And what we do is we use a stent conduit which is FDA approved, and we connect the artery to the artery bypassing to the vein and back. Now the question would you have is would it affect the vein. Fortunately, nature has provided us plenty of veins, really big veins distended veins, that those patients According to the study, when they have the initial trials show that it doesn't impact on the veins, what it what it does help is give a chance to these patients to have a bypass done percutaneously. And what we have seen on the patients who had it done is they're doing really well and good, actually, patients we heard are back walking, back jogging, back playing doing their daily activities. So just imagine with somebody suffering from this disease, and then not only you provide them a way, you provide them their quality of life back. What could be better than that?

### What is the recovery time?

06:14

So our patient, I'm going to talk about our patient because that's, that's the greatest satisfaction we get when we did the procedure. And he went back home after a third Tuesday. We spoke to us on Friday. And then he told us that on the weekend, he was able to walk around and do great and daily activities mowing his lawn. So this is like in three days. So just imagine the difference and the guy was not able to walk properly, is now mowing his lawn.

### Anything to say to patients or people in this community?

06:51

They don't have to travel to other places, they will get all their care here, but an added part, we provide personalized care to our patients. So now what I'm seeing is patients in the suburb of Dallas like Abilene and stuff, what I call that nearby Dallas, even they are coming to us. So this is a message I want to give to our patients to our communities, that we have the technology, we have the therapies, nobody needs to go outside Lubbock.