TRIUMPHS AND TRAGEDIES: TIBIOPEDAL

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Disclosure

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I have the following potential conflicts of interest to report:

Compensated Board Member – VIVA Physicians Inc.


Non-compensated Investigator – Pluristem, Intact, Bard, Medtronic, Boston Scientific, Surmodics, Micromedical

Equity – Eximo
MEDIAL PLANTAR WOUND

ANGIOGRAPHOSOME DEEP ARCH
67 YO BF ESRD, DYSLIPIDEMIA, HTN

PRIOR ANGIOPLASTY OF PEDAL ARCH WITH SUBSEQUENT SUCCESSFUL HALLUX AMP

ONE-YEAR PERSISTENT PAINFUL MEDIAL PLANTAR WOUND
RESTORED PLANTAR-PEDAL ARCH BUT…
- OCCLUDED MEDIAL PLANTAR ARTERY
- MICROCIRCULATORY DISTURBANCE
- INADEQUATE MEDIAL FOOT COLLATERALIZATION
DEEP ARCH INTERVENTION

Wire medial plantar
WHY THIS AND THE FOLLOWING CASES?
Establish straight line flow
DELIVERY & DISTRIBUTION networks

SUPPLY AND DEMAND are dynamic
Angiographosome and target treatment (TAP) path

- AP and lateral foot angiography
- Selective distal injections
- Intra-arterial vasodilator
- Identify Wound blush (or indocyanine green/methylene blue)

Heel and Dorsal lateral foot wounds
Aggressive targeted forefoot interventions

- Pedal arch reconstruction
- Very distal angioplasty ("toeplasty")
Compartmental Pedal Revascularization

#3 lateral foot ischemia

1.0 and 1.5 mm loop and digital PTA

Better wound perfusion
My current practice

➢ TARGETED DISTAL REVASCULARIZATION
➢ WOUND DIRECTED
➢ ANGIOGRAPHOSOME MEDIATED
➢ BEST TARGET ARTERY PATH
➢ OPTIMIZE DISTRIBUTION
➢ EXCEED METABOLIC DEMANDS
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