Peripheral Vascular Disease

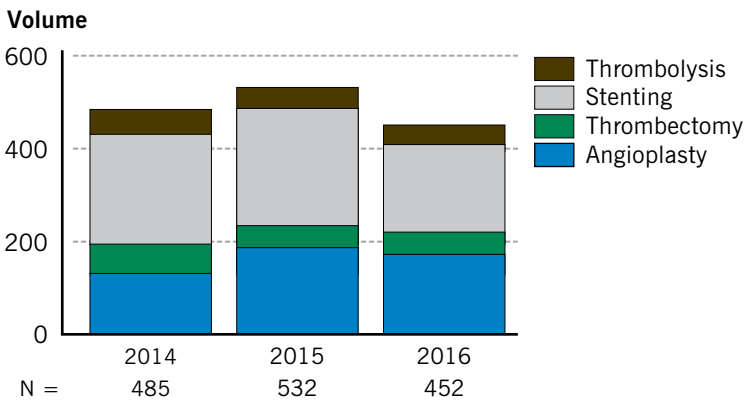
Peripheral artery disease (PAD) results from the buildup of plaque (atherosclerosis) in the arteries of the legs. For people with PAD, symptoms may be mild, requiring no treatment except modification of lifestyle (smoking cessation, diet modification, increased exercise, medications as indicated). In some people, the blockages may become more extensive, with accompanying pain and disability that limit walking. In the most advanced cases, individuals may be at risk for loss of limbs unless circulation is improved. For these patients with severe PAD, attempts to improve blood flow in the leg are usually indicated. The goals of improving blood flow to the limbs are to reduce pain, improve functional ability and quality of life, and prevent amputation.

Lower Extremity Percutaneous Interventional Procedures (N = 452)

Cleveland Clinic's team of vascular surgeons and interventional cardiologists performs a high volume of complex percutaneous peripheral vascular interventional procedures.

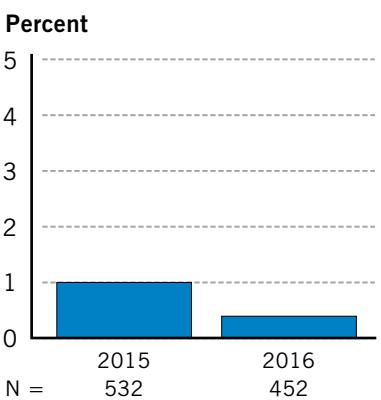
Volume and Type

2014 – 2016



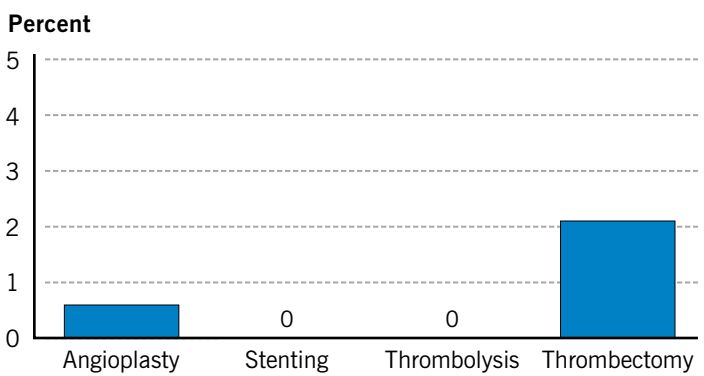
In-Hospital Overall Mortality

2015 – 2016



In-Hospital Mortality by Procedure (N = 452)

2016

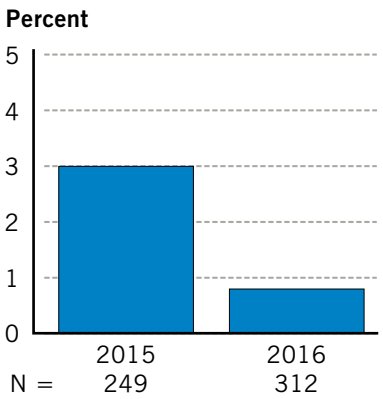


Lower Extremity Revascularization (N = 312)

A total of 312 lower extremity surgical procedures were performed at Cleveland Clinic in 2016. Mortality rates for all procedures were low.

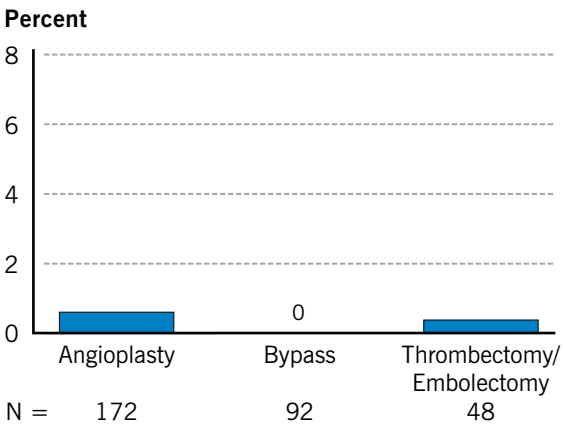
Overall 30-Day Mortality

2015 – 2016



30-Day Mortality by Procedure (N = 312)

2016



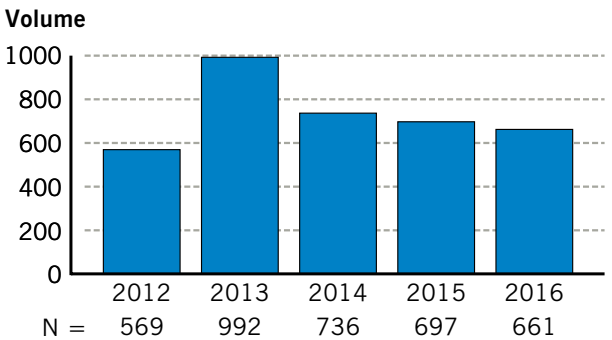
Femoral Artery Occlusion

The common femoral arteries, especially on the right, and the iliac arteries are severely diseased.

Inflow patency is restored with common femoral endarterectomy and iliac intervention.

Executive Health Screening Program

2012 – 2016



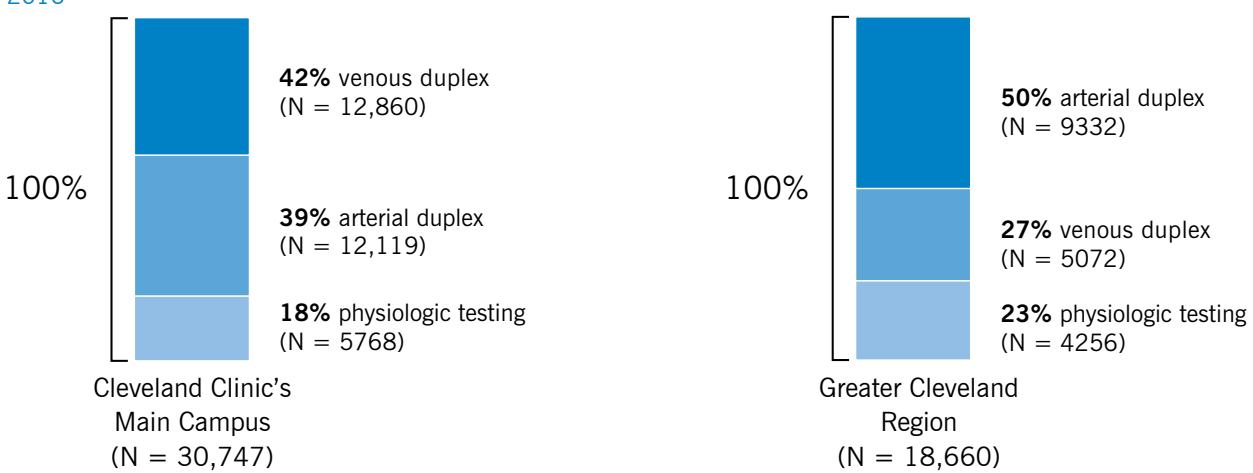
The Executive Health Screening Program is designed to identify any potential peripheral vascular disorders that can affect a patient's health and well-being. The exam can identify problems such as carotid artery stenosis, which is a risk factor for stroke; peripheral artery disease, which can indicate an increased risk of heart attack and stroke and impair function and quality of life; and abdominal aortic aneurysm (AAA). A ruptured AAA is almost entirely preventable if it is identified and the patient is monitored; however, about 15,000 people die each year in the US due to ruptured AAAs.

Noninvasive Vascular Lab Ultrasound Study

The Noninvasive Vascular Laboratory provides service 7 days a week to diagnose arterial and venous disorders throughout the vascular tree and for follow-up after revascularization procedures, such as bypass grafts and stents. In 2016, the staff performed 49,407 vascular lab ultrasound studies at Cleveland Clinic's main campus and throughout the greater Cleveland region. All Cleveland Clinic vascular lab technologists are certified registered vascular technologists, which exemplifies Cleveland Clinic's commitment to quality patient care.

Volume and Distribution (N = 49,407)[a]

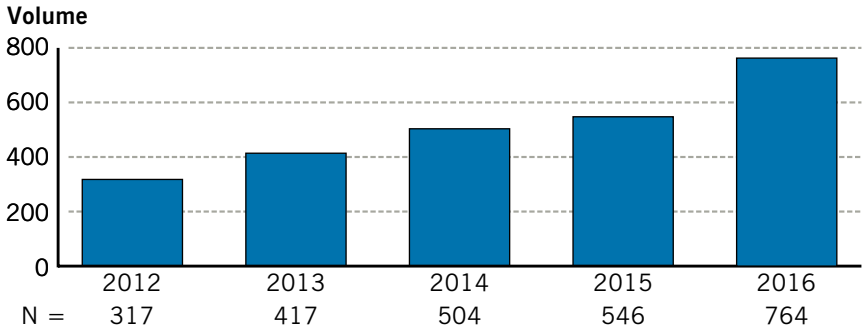
2016



[a]Percentage totals were rounded.

Fibromuscular Dysplasia

2012 – 2016



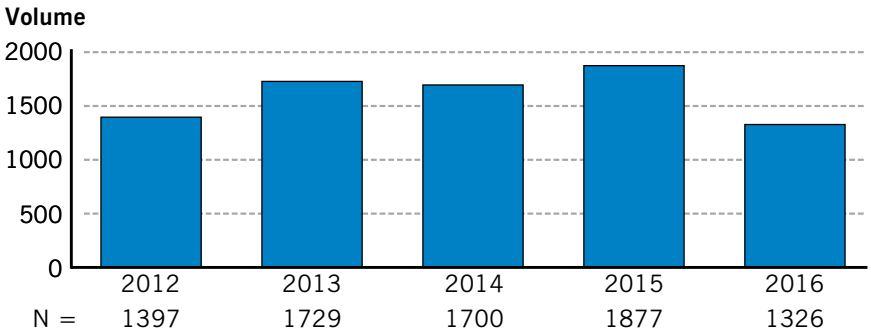
Fibromuscular dysplasia (FMD) is a vascular condition in which there is abnormal cell growth in the walls of medium and large arteries. This can cause the arteries to become narrowed (stenosis) and can also lead to aneurysm and dissection. Cleveland Clinic's FMD program is dedicated to caring for and educating patients with FMD. It conducts research to better understand the condition and treatment options.

Thrombosis Center

Cleveland Clinic's Thrombosis Center was established in 2009. It includes a multidisciplinary group of specialists in vascular medicine, vascular surgery, adult and pediatric care, hematology, interventional radiology, cardiology, cardiac surgery, and laboratory medicine. The group works together to provide the best possible treatment to patients with deep vein thrombosis, pulmonary embolism, and hypercoagulable states.

Lower Extremity Wound Clinic

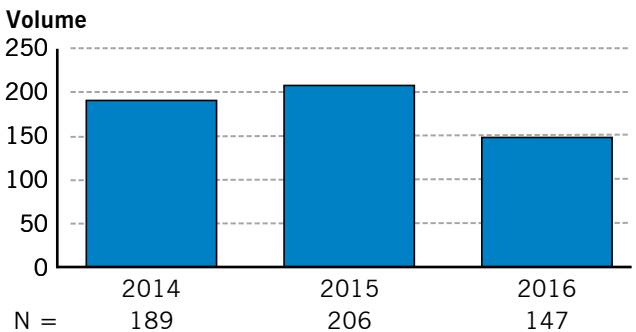
2012 – 2016



A total of 1326 patients received treatment in the Lower Extremity Wound Clinic at Cleveland Clinic in 2016.

Iliac Stenting

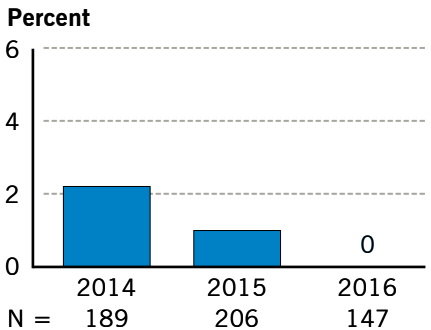
2014 – 2016



Cleveland Clinic physicians performed 147 iliac stent procedures in 2016. The use of stents to treat patients with iliac occlusive disease is associated with excellent outcomes that include restored blood flow and minimal complications.

Iliac Stenting, In-Hospital Mortality Rate

2014 – 2016



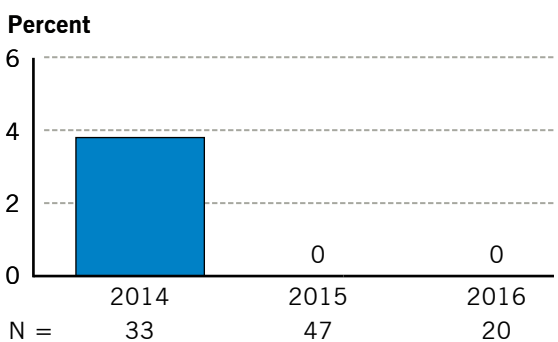
Cleveland Clinic achieved a 0% mortality rate for iliac stenting in 2016.

Femoral Endarterectomy With Stenting

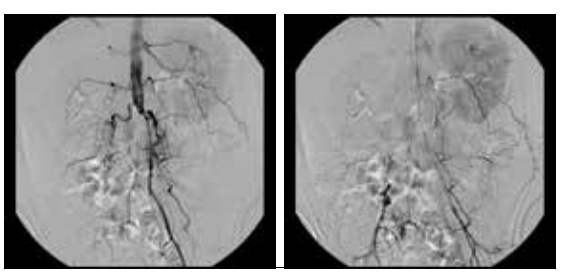
In 2016, Cleveland Clinic performed 20 femoral endarterectomy procedures with stenting. This hybrid procedure is used in place of an aortic femoral bypass for patients with complex aortoiliac occlusive disease.

In-Hospital Mortality

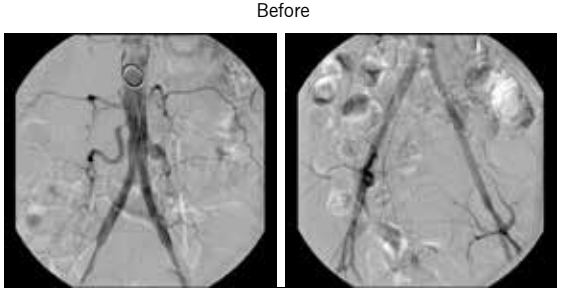
2014 – 2016



Femoral Endarterectomy With Stenting for Treatment of Aortic Occlusion



Before



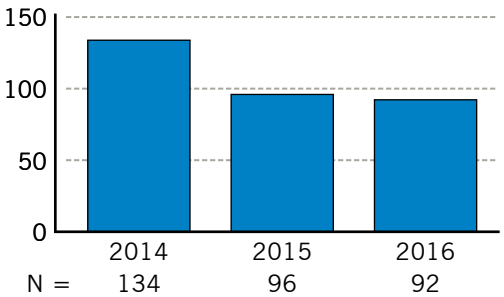
After

Peripheral Vascular Disease

Lower Extremity Bypass

2014 – 2016

Volume

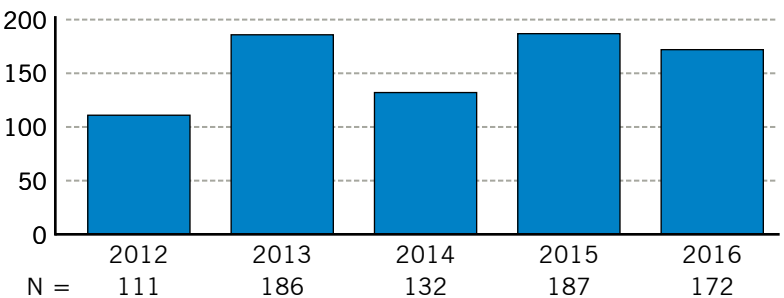


Lower extremity bypass restores blood flow in the legs of patients with symptomatic PAD. In 2016, Cleveland Clinic surgeons performed 92 bypass procedures.

Angioplasty

2012 – 2016

Volume



Angioplasty is used to widen the artery and clear blockages in some patients with advanced PAD. The procedure can be combined with stenting to support the cleared vessel and keep it open. In 2016, Cleveland Clinic performed 172 of these procedures.