

# OHVI RECOMMENDATIONS

## PAD Clinical Pathway

The goal of the pad clinical pathway is to standardize the treatment of pad at all OhioHealth facilities to ensure patients are not “under or over” treated based on established guidelines and evidence based scientific publications.

### **RECOMMENDATIONS:** *See addendum for algorithm*

Clinical surveillance to assess for stroke and MI related symptoms, at regular intervals (at least every 12 months) should be completed for all classes. SVM Peripheral artery disease toolkit [MyPeripheralArteryDisease.com](http://MyPeripheralArteryDisease.com)

#### **Asymptomatic:**

- + Risk Factor Modification.

#### **Rutherford Class I:**

- + Walking Program/Formal referral to PAD Supervised Exercise Therapy.
- + Risk Factor Modification.
- + Cilastazol x3 month trial-If double walking distance will be acceptable.
- + Clinical surveillance to assess for stroke and MI related symptoms, at regular intervals (at least every 12 months).
- + Rarely invasive treatment and only endovascular treatment, lesions should be particularly.
- + TASC A-C.

#### **Rutherford Class II – III:**

- + Cilastazol x3 month trial- If double walking distance will be acceptable.
- + Endovascular treatment for TASC A-c.
- + Endovascular treatment for TASC A-C.
- + Consider surgery when adequate quality vein conduit available, for Class III and TASC D lesions.
- + Continued Risk Factor Modification.
- + Surveillance program at least every 6 months to include clinical and non-invasive testing.

#### **Rutherford IV – VI:**

- + Cilastazol x3 month trial- If double walking distance will be acceptable.
- + Endovascular treatment for TASC A-C.
- + SFA consider surgery when adequate quality vein conduit available, TASC D lesions.
- + Iliac consider aortobifem or hybrid procedure for TASC D lesions.
- + Other considerations including patient preference, age, co-morbidities, renal function, life expectancy must be taken into consideration to decide between endo vs surgery.
- + Continued Risk Factor Modification.
- + At least 1-3 monthly clinical wound assessment until healed and surveillance program at least every 6 months non-invasive testing.

## WHAT IS A RECOMMENDATION?

A guideline outlining the OhioHealth philosophy for care and/or treatment of a specific patient population.

## ACTION REQUIRED:

- + **VI Education Pillar:** Communicate new recommendation at VI meeting.
- + **VI Members:** Communicate new recommendation at campus meetings.
- + **Physicians:** Use as a resource or guideline within your practice.
- + **Nurses:** utilize as a resource to address patient questions.

## WHY?

The goal of the PAD Clinical Pathways is to standardize the treatment of PAD at all OhioHealth facilities to ensure patients are not “under or over” treated based on established guidelines and evidence based scientific publications.

## WHERE TO DOCUMENT:

Documentation should be maintained in the patient’s medical record.

## APPROVED BY:

- + Revised July 2020
- + Vascular Institute Executive Committee: 02/11/15
- + Heart & Vascular Clinical Guidance Committee: 04/08/15
- + ED Clinical Guidance Committee: 05/21/15
- + Primary Care Clinical Guidance Committee: 06/03/15
- + Critical Care Clinical Guidance Committee: 06/24/15
- + Hospitalist Clinical Guidance Committee: 06/25/15
- + System Clinical Guidance Committee:

### FOR QUESTIONS OR TO PROVIDE FEEDBACK, PLEASE CONTACT:

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March 2015 version rescinded effective 7/x/20

## Type A Lesions

- + Single Stenosis  $\leq 10$ cm in length
- + Single occlusion  $\leq 5$ cm in length

## Type B Lesions

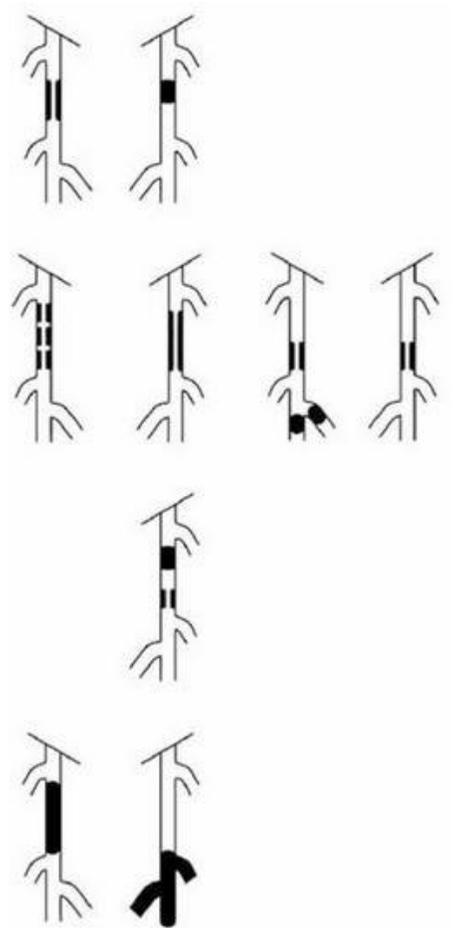
- + Multiple lesions (Stenoses or Occlusions), each  $\leq 5$ cm
- + Single stenosis or occlusions  $\leq 15$ cm not involving the infrageniculate popliteal artery.
- + Single or multiple lesions in the absence of continuous tibial vessels to improve inflow for a distal bypass.
- + Heavily calcified occlusion  $\leq 5$ cm in length.
- + Single popliteal stenosis.

## Type C Lesions

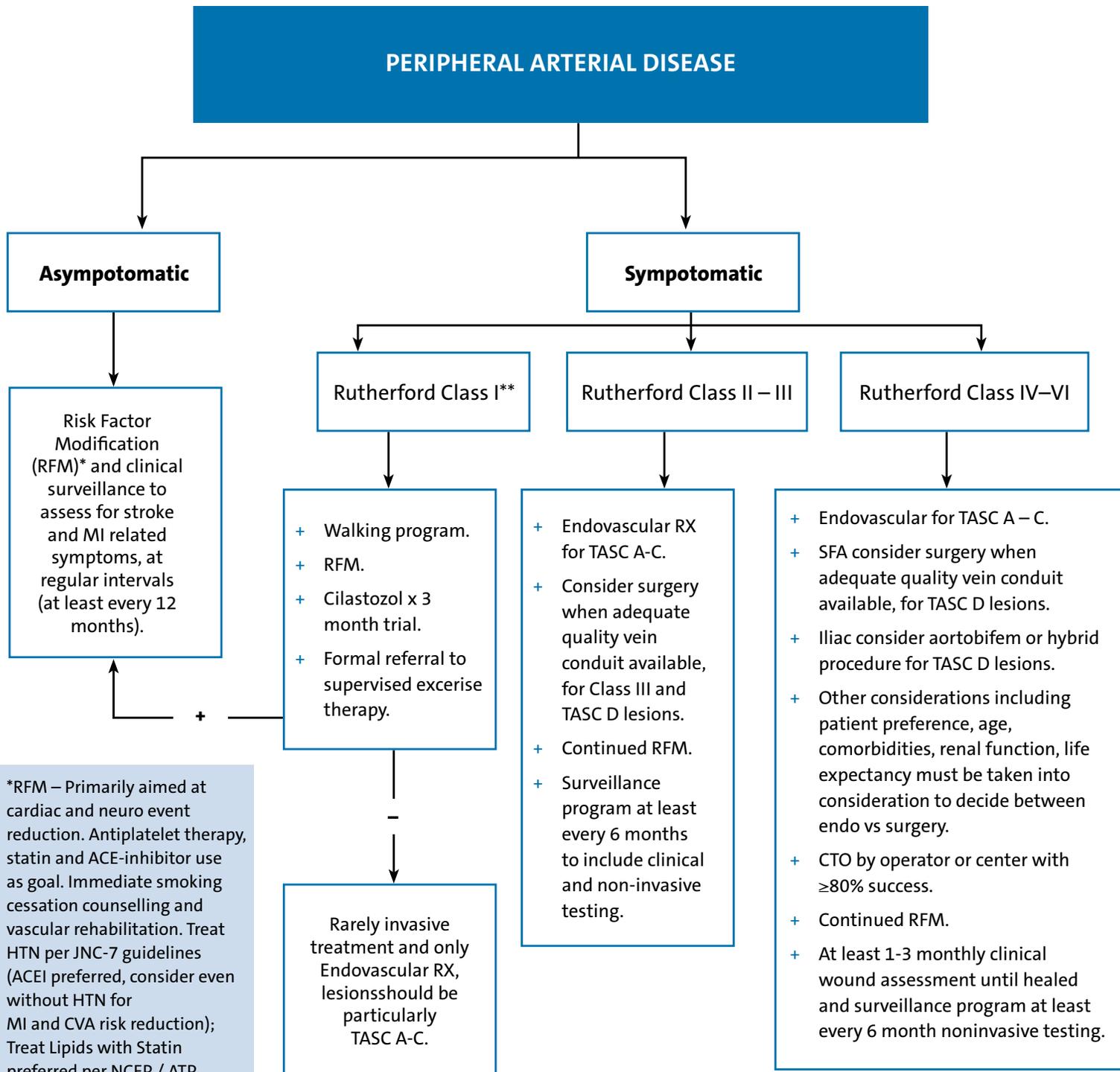
- + Multiple stenoses or occlusions totaling  $>15$ cm with or without heavy calcification.
- + Recurrent stenoses or occlusions that need treatment after 2 endovascular interventions.

## Type D Lesions

- + Chronic total occlusions of CFA or SFA ( $>20$ cm, involving popliteal artery).
- + Chronic total occlusion of popliteal artery and proximal trifurcation vessels.



# OHVI Lower Extremity PAD Management Algorithm



\*RFM – Primarily aimed at cardiac and neuro event reduction. Antiplatelet therapy, statin and ACE-inhibitor use as goal. Immediate smoking cessation counselling and vascular rehabilitation. Treat HTN per JNC-7 guidelines (ACEI preferred, consider even without HTN for MI and CVA risk reduction); Treat Lipids with Statin preferred per NCEP / ATP guidelines; AntAHbA1C < 7%; Antiplatelet therapy Clopidogrel, +/- ASA; Foot Care

Based on ACCF/AHA Guidelines for management of patients with PAD. *Circulation* 2006;113:e463-e465  
*JACC* Vol. 58, No. 19 2001

\*\*Rutherford Class 1-Formal referral to PAD Supervised Exercise Therapy

