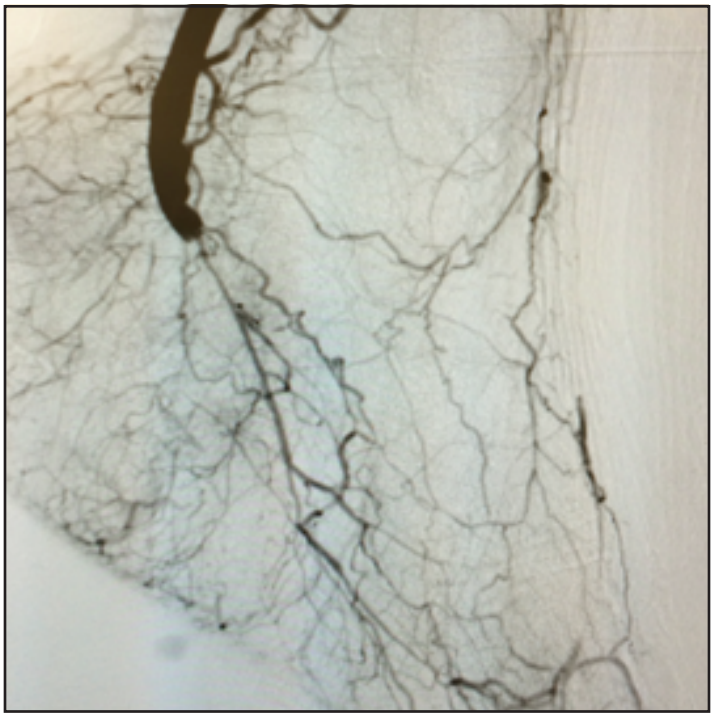
A Referral Guide for Your Patients with

Chronic Limb-Threatening Ischemia (CLTI)



Condition

The incidence of peripheral artery disease (PAD) has increased over the years due to population aging and the global epidemic of diabetes. Some patients progress to chronic limb-threatening ischemia, an advanced stage of PAD. Chronic limb-threatening ischemia (CLTI) is associated with increased mortality, risk of amputation, and impaired quality of life. CLTI is a clinical syndrome defined by the presence of PAD in combination with rest pain, gangrene, or a lower limb ulceration >2 weeks duration.

The recent Global Vascular Guidelines (GVG) have focused on defining, evaluating, and managing CLTI with the goals of improving evidence-based care, patient outcomes and identifying critical research needs.

Vascular surgeons are your partners in caring for your patients with CLTI with a shared goal to improve limb salvage, survival and maximize quality of life.

When to Refer

All patients with suspected CLTI should be referred urgently to a vascular surgeon for limb salvage efforts. All patients with rest pain, non-healing foot ulcers/wounds, or gangrene should have vascular testing to assess blood supply and potential for healing.

Why Refer to a Vascular Surgeon

Vascular surgeons are experts in selecting and interpreting appropriate hemodynamic tests and imaging studies for the diagnosis and management of CLTI. They will also collaborate with you to optimize your patient's cardiovascular health, including managing their risk factors and reinforcing the importance of smoking cessation.

Vascular surgery is the only discipline among the American Board of Medical Specialties which has specific training requirements to study the natural history and medical treatments of CLTI. Vascular surgeons are the only specialists who can perform all therapies (medical, minimally invasive, endovascular, and open surgeries) for CLTI. A vascular surgeon can be your partner to help you and your patients get the most comprehensive management of their vascular disorder as well as the treatment that is best for them. Early referral and collaboration with a vascular surgeon can lead to better outcomes for each patient.

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CLTI Clinical Practice Guidelines*

The Society for Vascular Surgery recommends the following guidelines for the evaluation, referral and management of patients suspected of having CLTI:

Recommendation

- Use objective hemodynamic tests to determine the presence and to quantify the severity of ischemia in all patients with suspected CLTI.

Strategies for evidence based revascularization

- Refer all patients with suspected CLTI to a vascular surgeon for consideration of limb salvage, unless major amputation is considered medically urgent.
- Do not classify a CLTI patient as being unsuitable for revascularization without review of adequate-quality imaging studies and clinical evaluation by a vascular surgeon.
- Repeat limb staging should be performed after surgical drainage, debridement, minor amputations, or correction of inflow disease and before the next major treatment decision to ensure that perfusion is adequate for healing.

Medical management

- Manage all modifiable risk factors to recommended levels in all patients with suspected CLTI.
- Offer smoking cessation interventions (pharmacotherapy, counseling, or behavior modification therapy) to all patients with CLTI who smoke or use tobacco products.

Postprocedural care and surveillance after infrainguinal revascularization for CLTI

- Continue best medical therapy for PAD, including the long-term use of antiplatelet and statin therapies, in all patients who have undergone lower extremity revascularization.
- Consider DAPT (aspirin plus P2Y12 inhibitors) in patients who have undergone infrainguinal prosthetic bypass for CLTI for a period of 6 to 24 months to maintain graft patency.
- Provide counseling on continued protection of the healed wound and foot to include appropriate shoes, insoles, and monitoring of inflammation.

**The Society for Vascular Surgery Practice Guidelines on the Care of Patients with Chronic Limb-Threatening Ischemia: https://doi.org/10.1016/j.jvs.2019.02.016*

For more Society for Vascular Surgery guidelines for Chronic Limb-Threatening Ischemia, visit www.vsweb.org/CLTI

VEGAS VASCULAR SPECIALISTS

Member Society for Vascular Surgery

8930 W. Sunset Rd., Suite 250 • Las Vegas, Nevada 89148
www.VegasVascular.com
(702) 565-8346

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