Collaboration and Follow Up

CLI specialists work in collaboration with patient's healthcare providers.

The team approach to CLI and amputation prevention includes:

- Primary Care
- Podiatry
- Wound Care
- Endovascular Specialists
- Surgical Specialists
- Endocrinologists
- Vascular Medicine
- Infectious Disease

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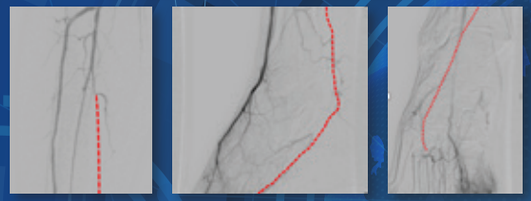
PROUD MEMBER
CLI Global Society
www.cliglobalsociety.org
info@cliglobalsociety.org | 888-254-2541

This brochure is brought to you by the CLI Global Society Communications Committee: Lorie Henderson, NP (Chair), David Alper, DPM, John Fry, MD, Kevin Herman, MD, and Kym McNicholas. Front and back cover patient photos provided by Kevin Herman, MD

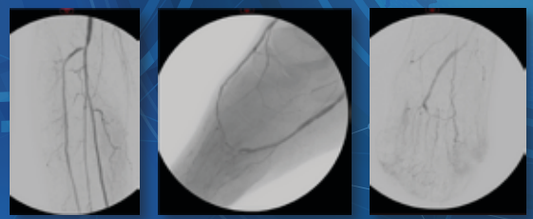
REFERENCES:

1. Mustapha JA, Katzen BT, Neville RF, Lookstein RA, Zeller T, Miller LE, Jaff MR. Determinants of Long-Term Outcomes and Costs in the Management of Critical Limb Ischemia: A Population-Based Cohort Study. J Am Heart Assoc. 2018 Aug 21;7(16):e009724. doi: 10.1161/JAHA.118.009724. PMID: 30369325; PMCID: PMC6201392.
2. American Diabetes Association

CLI CASE STUDY



BLOOD FLOW PRE-PROCEDURE
-------- indicates missing blood flow due to blockages



BLOOD FLOW POST-PROCEDURE

Successful revascularization with complete wound healing

MAJOR AMPUTATION PREVENTED!

What Healthcare Providers NEED TO KNOW About Critical Limb Ischemia (CLI)

When untreated, CLI will lead to amputations and death.

CLI is more deadly than most cancers combined.[1]

55% of patients receiving a major amputation die within 4 years.[1]

85% of diabetes-related amputations are preventable.[2]

CLI GLOBAL SOCIETY
#CLIFighters

What Is **CLI?**

CLI is the worst form of Peripheral Artery Disease (PAD) and is caused by lack of blood flow due to severe narrowing or blockages in the arteries of the legs and feet.

How to Recognize CLI?

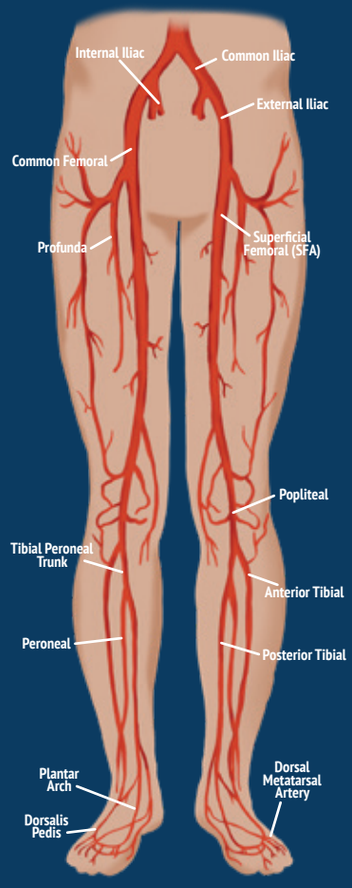
If your patient has any of the following symptoms in the legs and/or feet, they may have CLI:

- Open sores, wounds, or skin infections that will not heal
- Gangrene
- Pain, cramps, or numbness
- Shiny, smooth, dry skin
- Thickening of the toenails

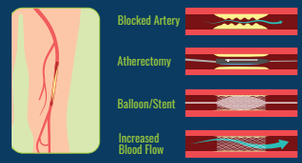
What are Risk Factors for CLI?

- Anyone age 50 or older
- Smoking/Nicotine
- Diabetes
- High blood pressure
- High cholesterol
- Heart disease
- Chronic kidney disease

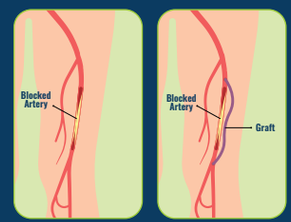
How to Treat **CLI?**



Endovascular (minimally invasive) **procedures**, such as the use of stents, balloons, and atherectomy, to restore blood flow.



Surgical bypass which uses a vein or graft to go around the blocked portion of the artery and restore blood flow.



Medical therapy, wound care, surveillance, exercise, and diet modification in conjunction with endovascular and/or surgical procedures.

Avoiding amputations are best achieved with immediate referral to a CLI Specialist, who can guide appropriate diagnostic testing.

Who Treats **CLI?**

An endovascular or surgical specialist who performs procedures in the small vessels of the legs and feet.

These specialists include:

- Interventional Cardiologists
- Interventional Radiologists
- Vascular Surgeons

NOT ALL SPECIALISTS ARE PROFICIENT IN CLI.

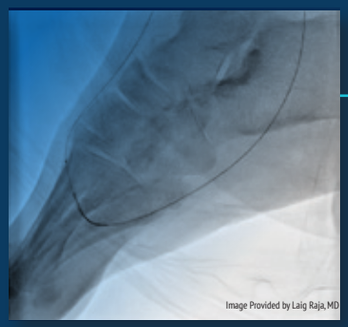
How to Find a **CLI Specialist?**

ASK about specific training in the small vessels of the legs and feet.

ASK what percentage of practice is dedicated to treating CLI.

ASK about threshold for treatment before amputation and process for follow up.

ASK about experience with CLI complex cases, procedure outcomes, and published case studies or research.



CLI Specialist revascularizing the pedal loop, a major artery perfusing the foot