

What is Peripheral Artery Disease?

technology that we're offering to our patients, which is like percutaneous bypass we call it usually for surgical bypass, you have to cut open the limb then you have to do this bypass this is strictly percutaneous. We just go from a hole and those patients who qualify for this study, we run through the checklist and after that, we just offered them this minimally invasive bypass that we use the vein to put a stent in from the artery to the artery, bypassing that section of blockage, and they do pretty well, they do pretty good.

What happens if PAD is not treated?

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There are two aspects of the disease that people have to understand. One is the debilitating aspect of it the disability part because if let's say in long run, you get an amputation. amputation is not just the disease of one person is the disease what I call the entire family. Because if there's one bread earner in the family, and he loses his job because of his disease, the entire family suffers. So the consequences and complications of the disease are beyond just one person. That's one thing. There is another aspect of it you know, people think okay, if there is an amputee, what else matters and studies have shown that is above the knee amputation, one or two years people even die. So it's a deadly disease critical limb ischemia should not be taken lightly. You know, so all patients who feel like they are symptoms they can they are screening programs that we have in our clinic downstairs at the Texas Tech cardiology clinic. And if patient walks into us, we have a comprehensive program from the start to the end from just going over the educational aspects of the disease, still the testing part and the treatment part. And actually, we're very fortunate that this area, the kind of technology that we have to treat like disease is like, I'm not going to compete with the locals. I'm just gonna say at the Texas level, actually, we have some stuff that we are very proud about in our program.

What makes someone a high-risk patient?

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So actually, when we talk about surgical risk stratification for patients going on for surgery, some of the times you worry about surgery that are high risk, versus lower surgery, high risk surgeries are usually those that you feel like they might bleed a lot. They might have some kind of bleeding disorder, or the surgeries are extensive, but there's another aspect of it as well. general anesthesia as well, because these patients are put onto general anesthesia, they need to have heart in good condition, they need to have no other comorbidities. So there's a lot of checklists, when you run for somebody that you're clearing for surgery, or risk stratifying for surgery. The good thing about minimally invasive part is we don't have to go through that. So patients usually are termed high risk for surgery because in our team, we discuss very closely with the surgeons. So if my surgeons tell me, you know, Mac, this guy is high risk for surgery, and then we think about this other thing, treatment modalities that we can offer them. So in olden days, it used to be such a few have no if you are high risk for surgery, there's no other way for you to get treated. So you just have to suffer your disease. But fortunately enough nowadays with the technology we have in our center, that is not an option to any patient. So if any patient goes anywhere, and there are some high risk for surgery, they should come over here because we have the treatment modalities to help them.

What is the new procedure you offer and why would a high-risk patient have

over here is that we will provide all the latest research, latest technology, latest treatment and therapy models to our communities over here. And not just that they don't have to travel to other places, they will get all their care here, but an added part, we provide personalized care to our patients. So now what I'm seeing is patients in the suburb of Dallas like Abilene and stuff, what I call that nearby Dallas, even they are coming to us. So this is a message I want to give to our patients to our communities, that we have the technology, we have the therapies, nobody needs to go outside Lubbock, we can provide everything right here in Texas Tech, UMC.