**Patient Name:**

**Date of Birth**:

**Operating Physician:** Peter H. Lin, M.D.

**Co-Operating Physician:** None

**Date of Service:**

**Referring physician:**

**Clinical History:** Pain and cramps in the right lower extremity. Right great toe wound. Abnormal arterial US with monophasic waveforms in the tibioperoneal arteries. Patient presents for right lower extremity diagnostic angiogram with possible intervention.

**Pre-operative Diagnosis:** Peripheral artery disease.

**Post-operative Diagnosis:** No significant arterial stenosis identified.

**Fluoroscopy time:** 2 minutes

**Fluoroscopic images obtained:** 0.

**Contrast:** 30 cc of Optiray-240.

**Medication:** 1% buffered lidocaine locally.

**Moderate sedation:** Under physician supervision, 0.5 mg Versed and 25 mcg fentanyl were administered intravenously for moderate sedation. Pulse oximetry, heart rate and BP are continuously monitored by an independent trained observer present. Dr. Lin was present during the entire procedure and spent 23 minutes of face to face sedation time with the patient.

**Procedures Performed:**

1. Ultrasound guidance for vascular access.
2. Selective and separate individual catheterization of the abdominal aorta, right common iliac artery, and common femoral artery.
3. Selective and separate angiography of the abdominal aorta, right common iliac artery, right common femoral artery, and runoff vessels.

**Technique:**

The risks, benefits, and alternatives of the procedure were discussed with the patient. Written informed consent was obtained. The patient's medication records were evaluated and reviewed within the patient’s chart. The patient's laboratory values were carefully reviewed within the patient’s chart. The patient was placed in the supine position on the angiographic suite and the left groin was prepped and draped in the standard usual sterile fashion. 1% lidocaine was used to anesthetize the groin. Next under real-time ultrasound guidance, a 21-gauge micropuncture needle was used to access the common femoral artery. An US image was permanently saved. A microcatheter-introducer sheath was inserted. A 0.035 guidewire was inserted through the sheath into the abdominal aorta and exchanged for a 5 French vascular sheath. Ipsilateral common femoral artery angiogram was performed to evaluate the access site for suitability of a closure device.

Next selective catheterization of the abdominal aorta was performed with a RIM catheter advanced into the abdominal aorta over the Glidewire and reformed. An angiogram was performed. Next the catheter was used to select the right common iliac artery origin and an angiogram was performed in the AP projection. The catheter was then used to select the right common femoral artery and multiple digital subtraction angiograms of the lower extremity were performed in the AP projection. Lateral angiogram of the foot was also performed.

The patient remained asymptomatic throughout the procedure.

The sheath and catheter were removed and hemostasis was achieved with an angioseal device and manual compression. Sterile dressings were applied.

The patient tolerated the procedure well with no immediate complications and returned to the recovery area in stable condition.

**Findings:**

**RIGHT LOWER EXTREMITY:**

Common iliac artery: Patent.

External iliac artery: Patent.

Internal iliac artery: Patent.

Common femoral artery: Patent.

Superficial femoral artery: Patent.

Deep femoral artery: Patent.

Popliteal artery: Mild focal stenosis just above the knee segment.

Anterior tibial artery: Patent with sluggish flow distally.

Tibio-peroneal trunk: Patent.

Posterior tibial artery: Patent with mild stenosis.

Peroneal artery: Patent with sluggish flow distally.

Dorsalis pedis artery: Patent.

Posterior tibial artery in the foot: Patent.

Midfoot arch: Incomplete, chronic.

**EBL:** Minimal.

**Complications:** None immediate.

**Impression:**

1. Right lower extremity diagnostic angiogram, with findings as detailed above. Of note, the patient has small arteries, which is an anatomic variant. However, no significant stenosis was identified. There is adequate arterial supply for wound healing.

**Plan:**

1. Patient should return for right and then right lower extremity superficial vein ablation.

The patient has been counseled on conservative measures including lipid control with goal LDL less than 70 mg/dL, goal blood pressure < 130/90, goal hemoglobin A1c < 7%, smoking cessation, and exercise therapy (20 minutes a day for 3 days a week). The patient should be given a referral for a cardiologist if they do not already have one given the high correlation between peripheral vascular disease and coronary artery disease.

Discharge instructions were reviewed with the patient in great detail and a follow up visit was scheduled.

**Thank you for the opportunity to participate in the care of your patient.**

**Regards,**



**Peter H. Lin, M.D.**

**Vascular Surgery**