The decision to proceed with surgery or to wait is never straightforward. As a Vascular Surgeon I constantly ask myself, "How can I make a difference in my patients' quality of life? How will my patient benefit from surgery?"

No two patients are alike. Each has their individual goals, needs, and limitations. The old adage "Not every nail needs a hammer" is applicable here. Two patients with the same disease process can present with very different symptoms, and the recommendations will be different for each.

One of the most common diseases I treat is peripheral vascular disease, or PAD. The spectrum of the symptoms can range from mild leg discomfort to gangrene of a limb. With this disease, blockages in arteries of the legs limit the flow of blood and oxygen to the tissues. Although two people may have the exact same blockage in an artery at the same location, the symptoms can vary tremendously. One patient may have minimal symptoms with cramping after walking a few blocks, the other unable to walk to their mailbox before having to stop and rest from the leg pain. This is where the art of medicine comes in. Determining when to treat the patient conservatively or when to perform surgery is not only based upon the patient's medical condition, but it is based upon the individual's lifestyle and goals. When discussing options with the patient, I consider what recommendations I would give to the closest member of my family.

The treatment of PAD is guided by the patient's limitations and symptoms. The indications for surgery are as follows. First is limiting claudication. This is the medical term used to describe leg pain and cramping that occurs after walking the same distance due to lack of blood flow. The second indication is rest pain. This presents as cramping and burning in the legs and feet when at rest due to tissues being starved for oxygen. The third indication is tissue loss. This occurs when the blood supply of the leg is so poor that the skin and tissues die. This is presented with the development of ulcers or gangrene. Fortunately the options for treatment today are excellent. I specialize in minimally invasive techniques such as atherectomy, also affectionately known as the "Roto-Rooter". During this procedure, a long thin tube that is equipped with a special device for removing plaque is inserted directly into the blocked artery. This device is then guided through the artery to cut away the fatty plaque that has accumulated along the walls of the artery, thus opening up the blockage. Most patients go home 4-24 hours after an atherectomy. I also specialize in traditional open surgery to bypass around a blockage. This option is used when a blockage cannot be treated with the less invasive angioplasty. This requires a 3-5 day stay in the hospital as a general rule.

The decision process in treating PAD comes from listening to my patients. My recommendations will be based on the descriptions of their symptoms and how the disease limits their daily activities. Only after taking the time to listen to my patients with an open ear and a caring heart, am I able to develop a treatment plan with the goal of making a positive impact on their quality of life.