

## The art of medicine and Vascular Surgery

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The field of medicine over the last 50 years has changed dramatically. Advancements have been made saving countless of lives – new diagnostic tools, surgical procedures and techniques, better medications, and a better understanding overall of disease process. However somewhere during this medical renaissance the patient has been virtually taken out of the equation. Doctor offices are increasingly getting busier and busier. Doctors have less time to spend with their patients, government regulations are beginning to dictate how we practice medicine, and as physicians we are constantly worried about cuts in reimbursement. The patient unfortunately has become lost in the middle of this. On a daily basis I hear complaints from patients of having to wait long times in a doctor's office, not ever seeing a doctor, and never having the chance to know their doctor.

Despite the shortcomings of our medical system we must put the focus back on the patient and not necessarily the disease process. Just listening to the patient's story will tell me 90 % of what I need to know, the physical exam and ancillary testing provide the rest. The greatest personal satisfaction I receive as a physician is the relationships developed with my patients. Getting to know them on a personal level, learning their limitations, and restrictions will guide the treatment. There is no fixed "recipe" and every patient must be individualized. Nothing could be more true than in the field of vascular surgery. One of the most common disease processes treated is peripheral vascular disease or PAD. This disease affects over 10 % of individuals over the age of 55. The spectrum of the symptoms can range from mild leg discomfort to frank 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. Hence this is where the art of medicine comes in – when do we treat the patient? When do I perform surgery? If this were my own family member what would I recommend? The treatment of PAD is guided by the patient's limitations and symptoms. 1<sup>st</sup> is limiting claudication – this is a term to describe leg pain and cramping occurring after walking the same distance due to lack of blood flow. 2<sup>nd</sup> is rest pain – cramping and burning in the legs and feet occurring at rest due to tissues being starved for oxygen. 3<sup>rd</sup> is tissue loss – when the blood supply of the leg is so poor the skin and tissues die with development of ulcers or gangrene. Fortunately the options for treatment today are excellent. I specialize in minimally invasive techniques such as atherectomy or "roto-rooter" of an artery to open up a blockage as well as traditional open surgery to bypass around a blockage.

The decision process in treating PAD comes from listening to my patients. My recommendations will be based on the descriptions of their symptoms, how the disease limits their daily activities. "I can't work at the ship yard because my legs

hurt so bad when I walk across the parking lot.” “I can’t do my shopping and have to use a scooter because my legs hurt when I shop for groceries.” “I can’t play with my grandchildren because of my leg pain.” “My legs hurt so bad I stopped walking on the beach.” Only after taking the time to know my patients with an open ear, and a caring heart can I understand their limitations and symptoms – only then am I able to develop a treatment plan with the goal of making a positive impact on their quality of life.

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