

Kasukabe-style CLI Treatment

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How much

Do you know about Kasukabe?

Kasukabe's Symbol



Dr. Hiroshi Ando



신짱구

Kasukabe's Real ~Limb Salvage Center~



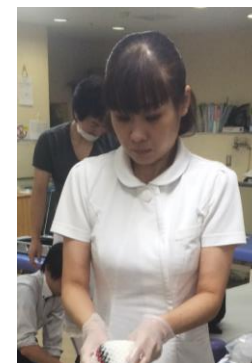
Super-Rare Pokemon



Cardiologist



Plastic Surgeon (1/w)



Wound Care Nurse



Physical Therapist

Plastic Surgeon (part-time)

Outpatients (Wed) **50-100** pts./d

Operation (Wed) **350** cases/y

CLI admission **170** pts./y



Daily Wound Care

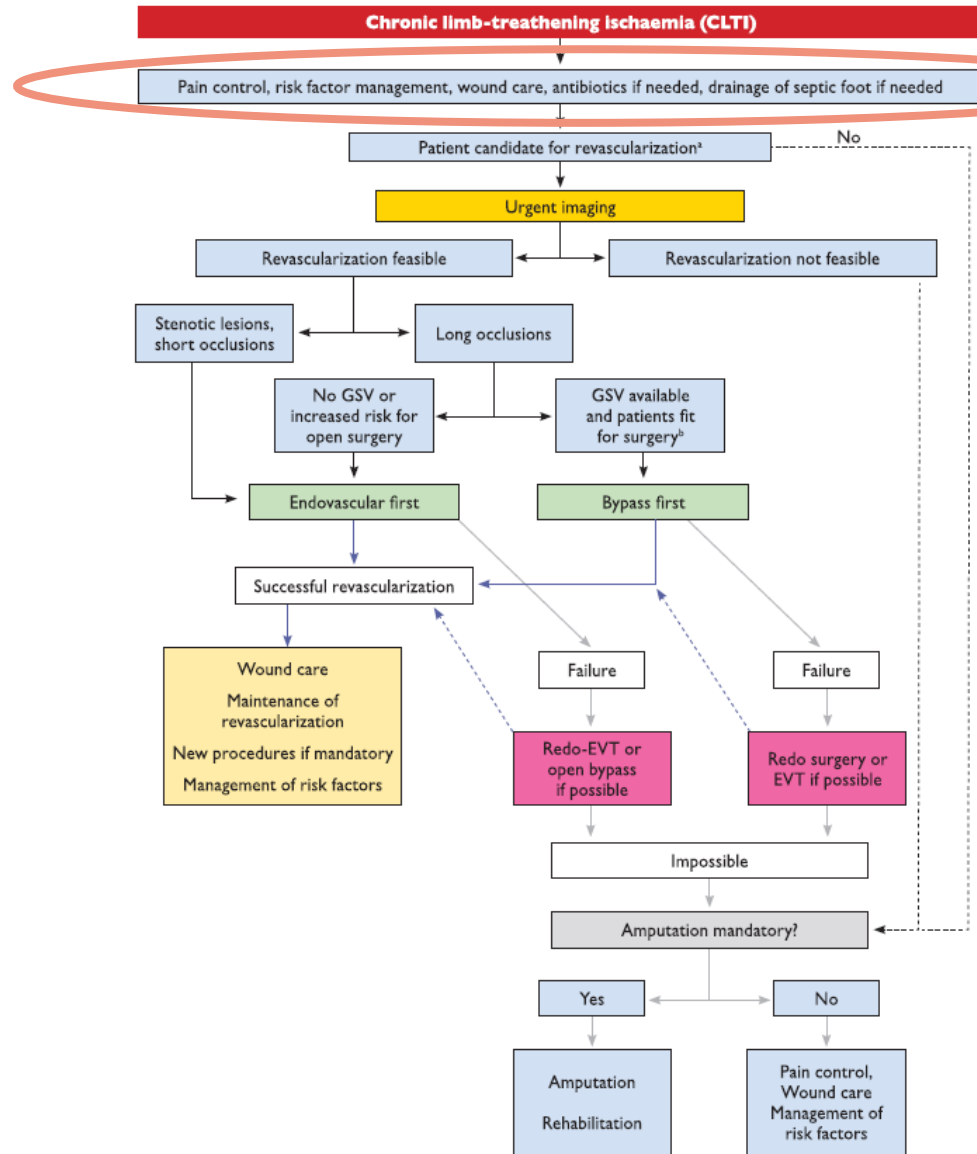
- ✓ Initial wound care
(Drainage, Debridement etc.)
- ✓ Off-loading Device, Footwear
- ✓ NPWT
- ✓ MDT (Maggot)



Kasukabe's Pride

Not only **Vessel**
We treat
but also **Wound**.

Algorithm of CLI Treatment



Maximum Priority

Aboyans V et al: 2017 ESC Guidelines on the Diagnosis and Treatment of Peripheral Arterial Diseases, in collaboration with the European Society for Vascular Surgery (ESVS) Eur Heart J 00: 1-60, 2017.

CLI Treatment Flowchart @Kasukabe

CLI

```
graph LR; A[CLI] --> B[Wound Care  
Removal of Causes  
Antibiotics  
Off-loading  
Footwear]; B --> C[Revascularization  
(if needed)  
Operation  
(if needed)]; C --> D[Wound Care  
Adjunctive Therapy  
Antibiotics  
Off-loading  
Footwear  
Rehabilitation];
```

Wound Care
Removal of Causes
Antibiotics
Off-loading
Footwear

Revascularization
(if needed)
Operation
(if needed)

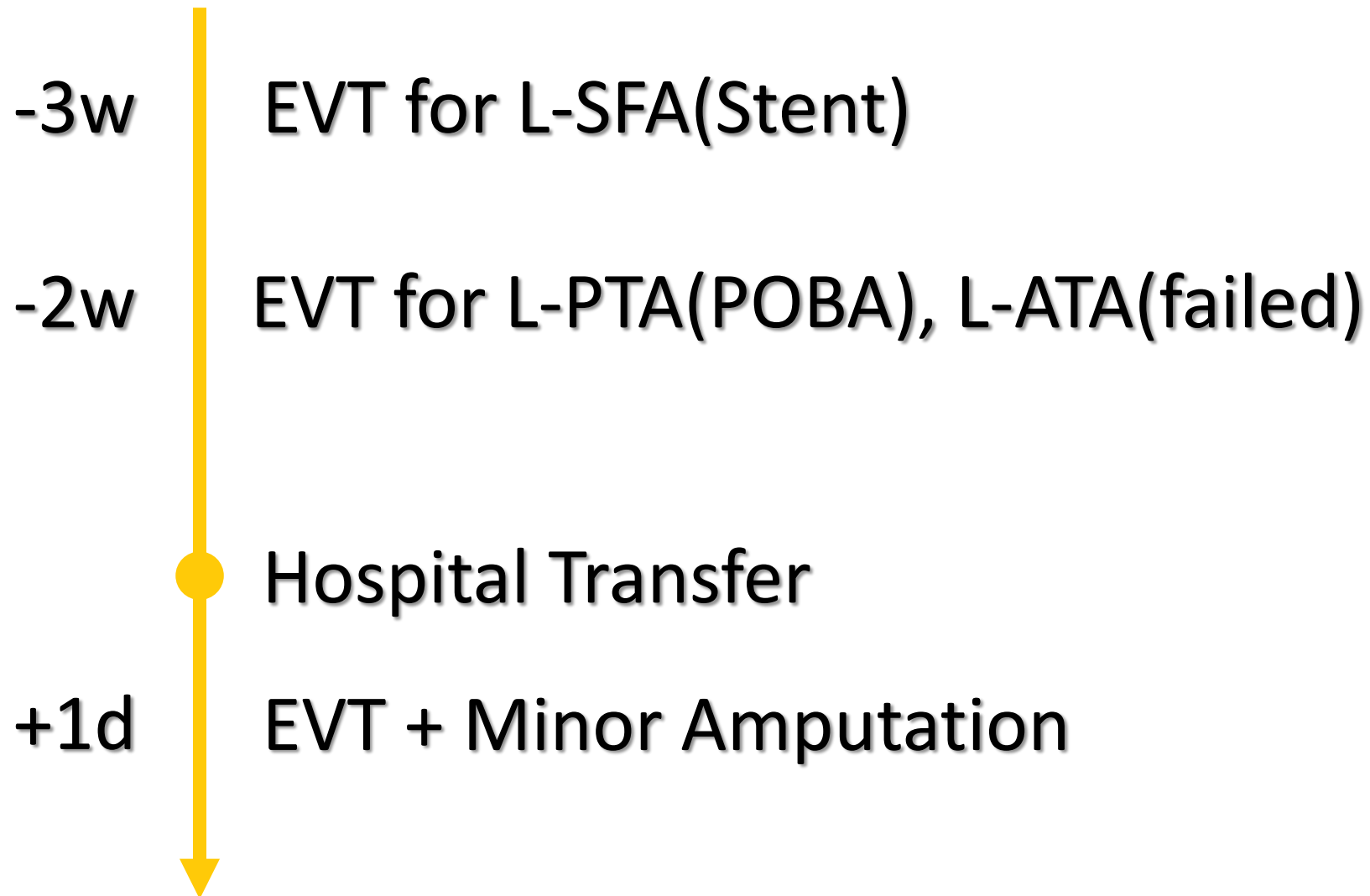
Wound Care
Adjunctive Therapy
Antibiotics
Off-loading
Footwear
Rehabilitation

CASE 1

70's Male R5
SPP 35/69
Wifi W1 I2 f11
HD for 10y(DMN)



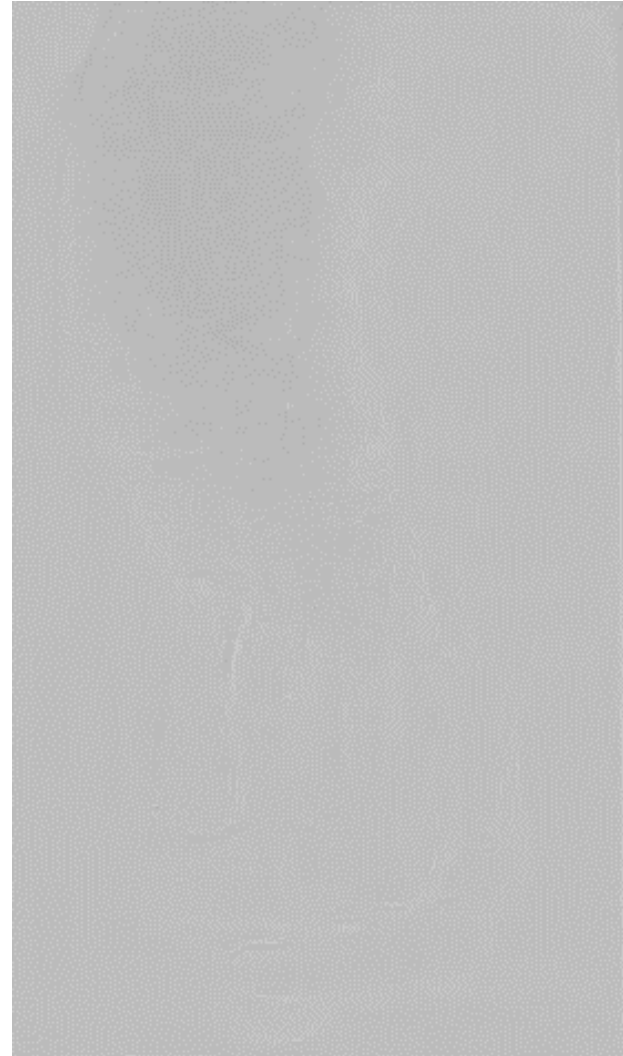
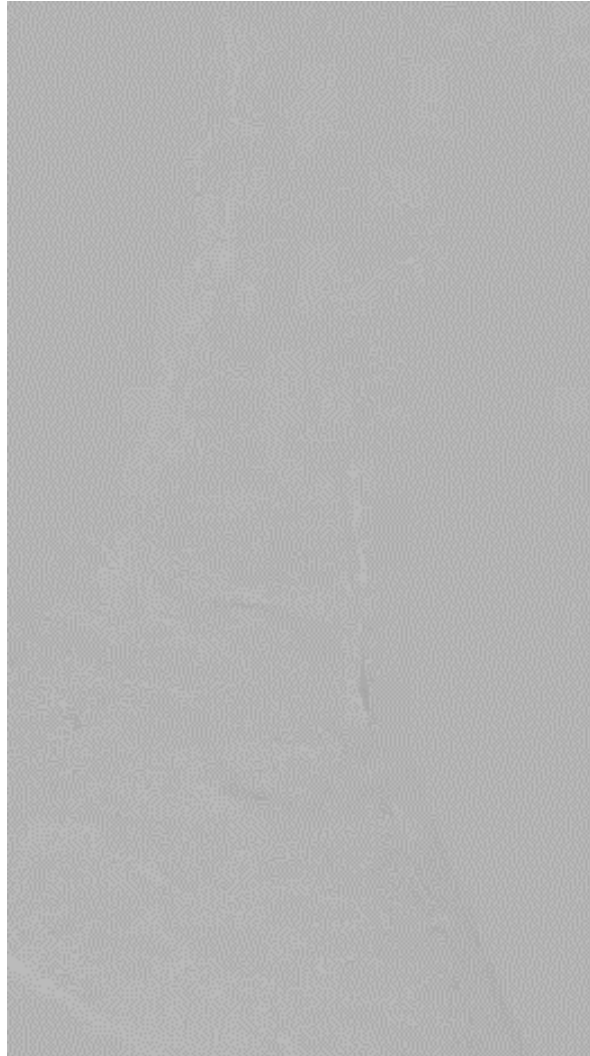
Time Series



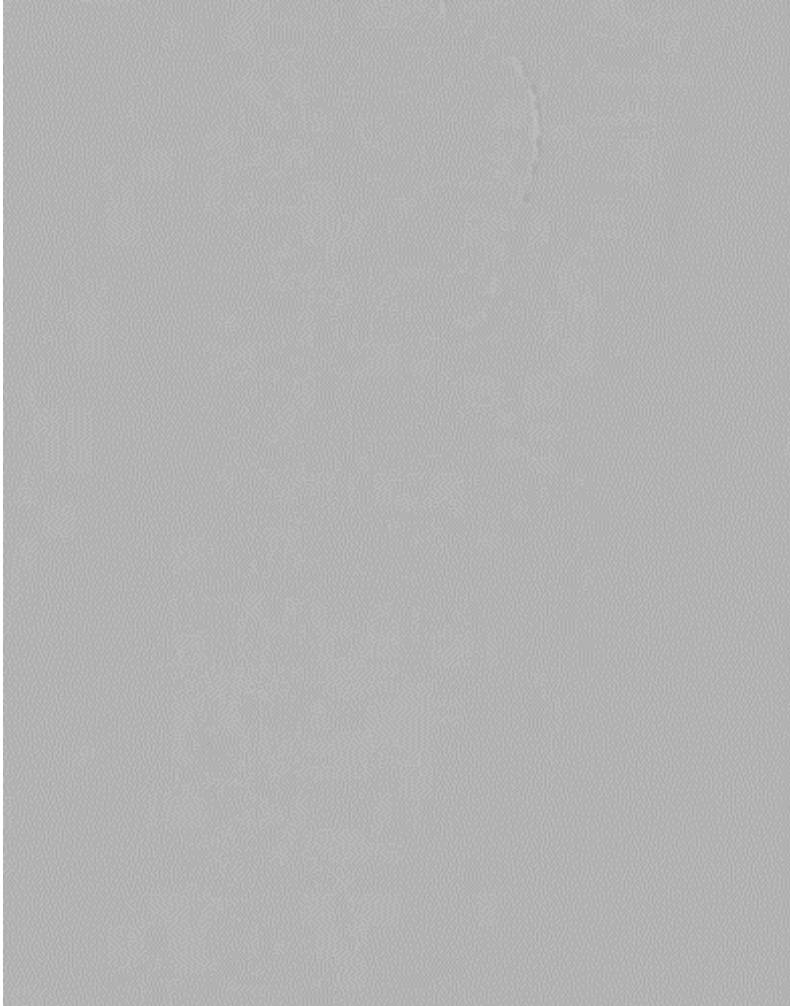
Benefit of Revascularization/ W1 I2 fl1

| | | 0 | | | | 1 | | | | 2 | | | | 3 | | | |
|---|---|----|----|----|----|---|---|---|---|---|---|---|---|---|---|---|---|
| W | 0 | VL | VL | VL | VL | L | L | M | L | L | M | M | M | H | H | H | |
| | 1 | VL | VL | VL | VL | L | M | M | M | M | H | H | H | H | H | H | |
| | 2 | VL | VL | VL | VL | M | M | H | H | H | H | H | H | H | H | H | |
| | 3 | VL | VL | VL | VL | M | M | M | H | H | H | H | H | H | H | H | |
| | | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 |
| | | fl | | | | | | | | | | | | | | | |

Initial Angiogram



Antegrade Wiring



Distal Puncture & Wire Rendezvous



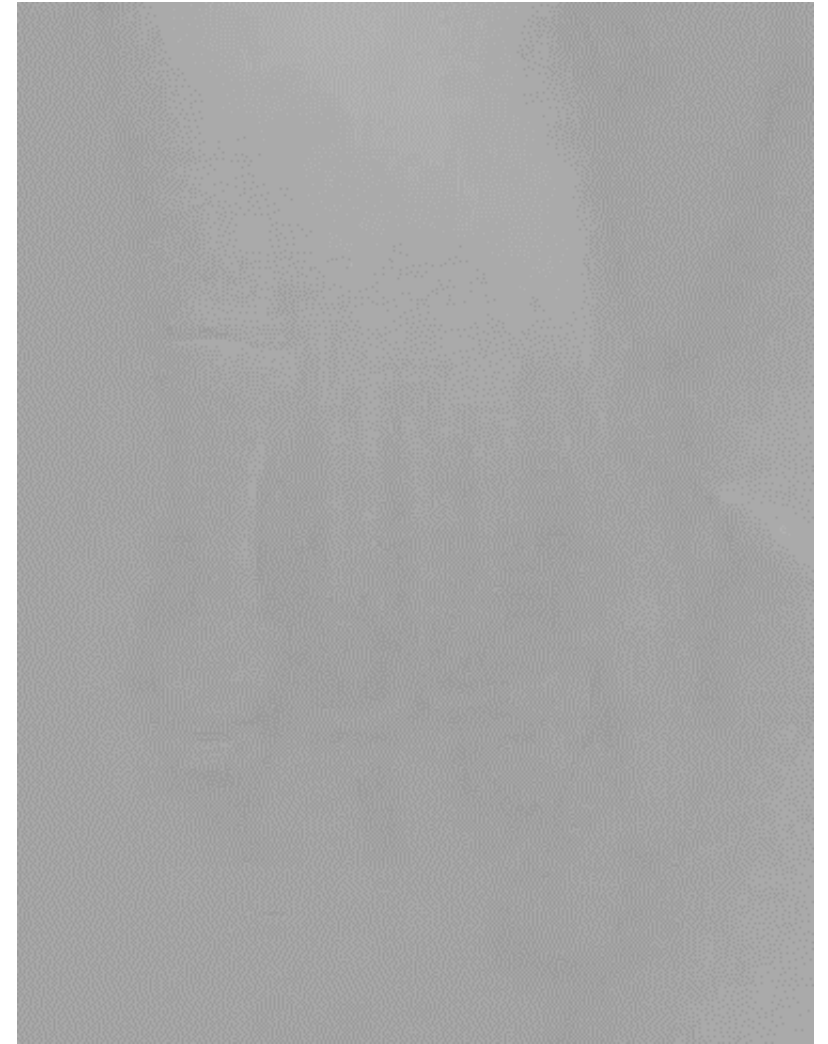
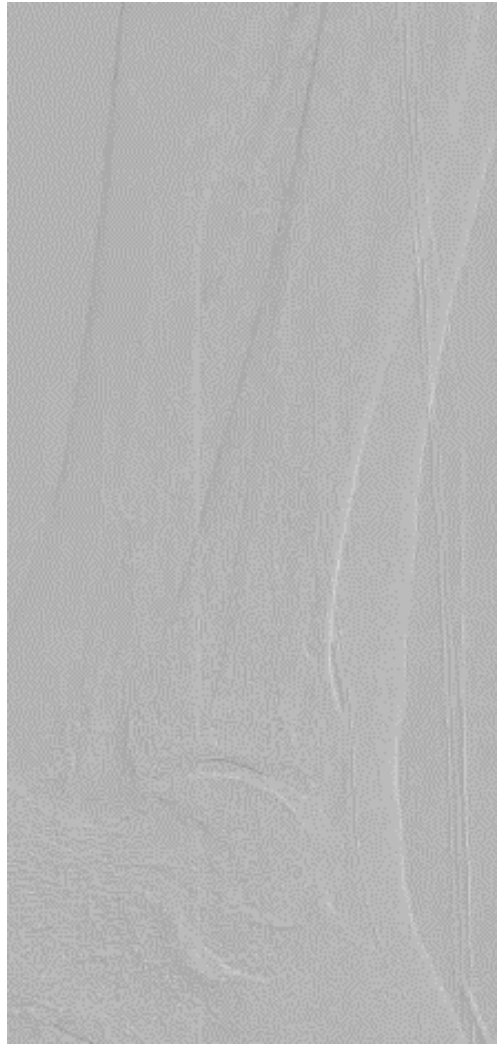
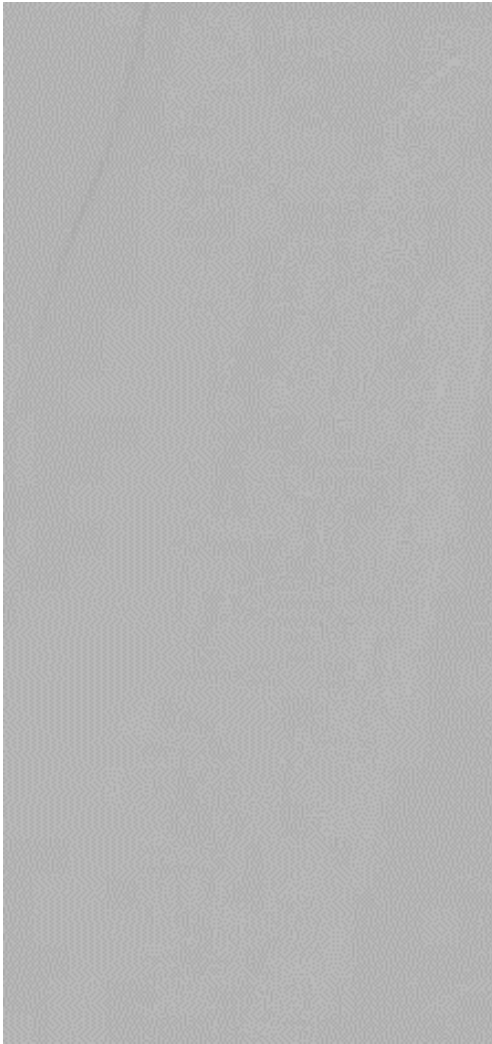
The BADFORM Technique



POBA



Final Angiogram



Minor Amputation

On the same day



Time Series




CASE 2

70's Male R5
SPP 73/54
Wifi W2 I1 fI2
HD for 5y(DMN)

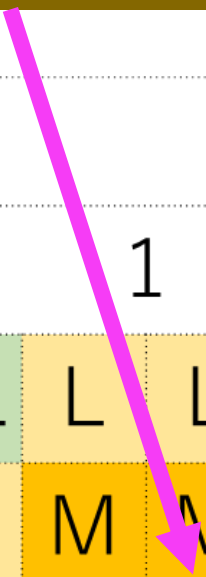


Time Series

- 
- 9w EVT for R-SFA(POBA)
 - 7w EVT for L-ATA(failed)
 - 4w EVT for L-ATA(POBA)
 - 2w EVT for L-SFA(stent)
 - 1w EVT for L-PTA(failed), PeroA(POBA)
 - Hospital Transfer

W2 I1 fl2

| | | I | | | | | | | | | | | | | | | |
|---|---|----|----|----|----|----|---|---|---|---|---|---|---|---|---|---|---|
| | | 0 | | | | 1 | | | | 2 | | | | 3 | | | |
| W | 0 | VL | VL | VL | VL | VL | L | L | M | L | L | M | M | M | H | H | H |
| | 1 | VL | VL | VL | VL | L | M | M | M | M | H | H | H | H | H | H | H |
| | 2 | VL | VL | VL | VL | M | M | H | H | H | H | H | H | H | H | H | H |
| | 3 | VL | VL | VL | VL | M | M | M | H | H | H | H | H | H | H | H | H |
| | | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 |
| | | fl | | | | | | | | | | | | | | | |



Time Series



Hospital Transfer

Drainage
Antibiotics
Bed Rest



The Effectiveness of Drainage

pre



→
+3d

post



Time Series



Hospital Transfer

Drainage
Antibiotics
Bed Rest

+4d

TMA



Angio@+13d

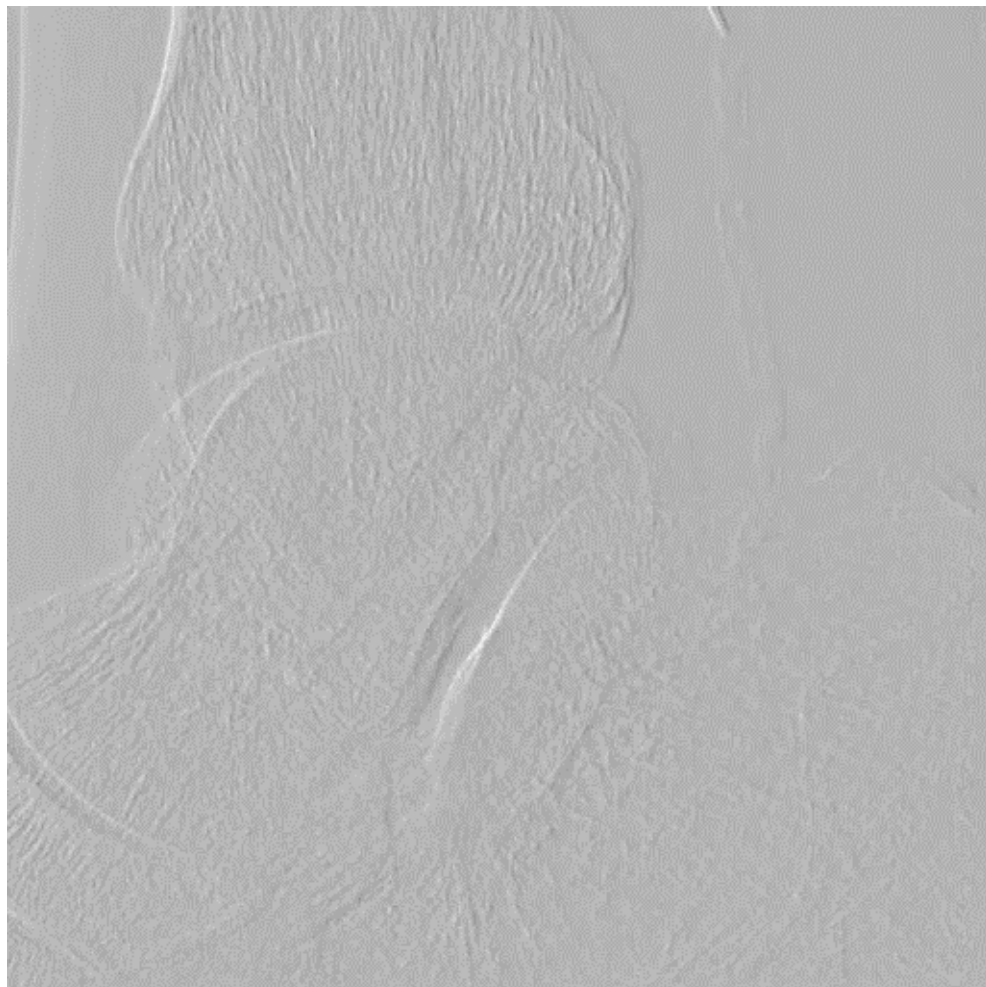


Bloodflow for Plantar region is poor



Endovascular Therapy

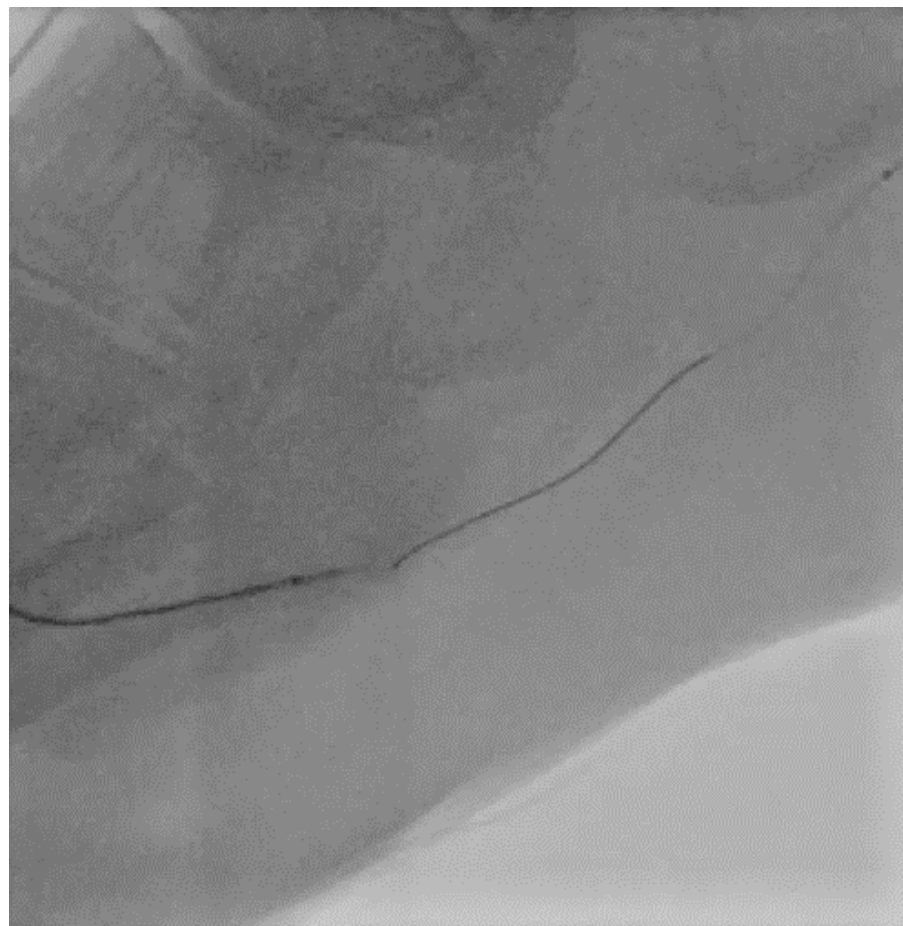
EVT



Trans-Pedal



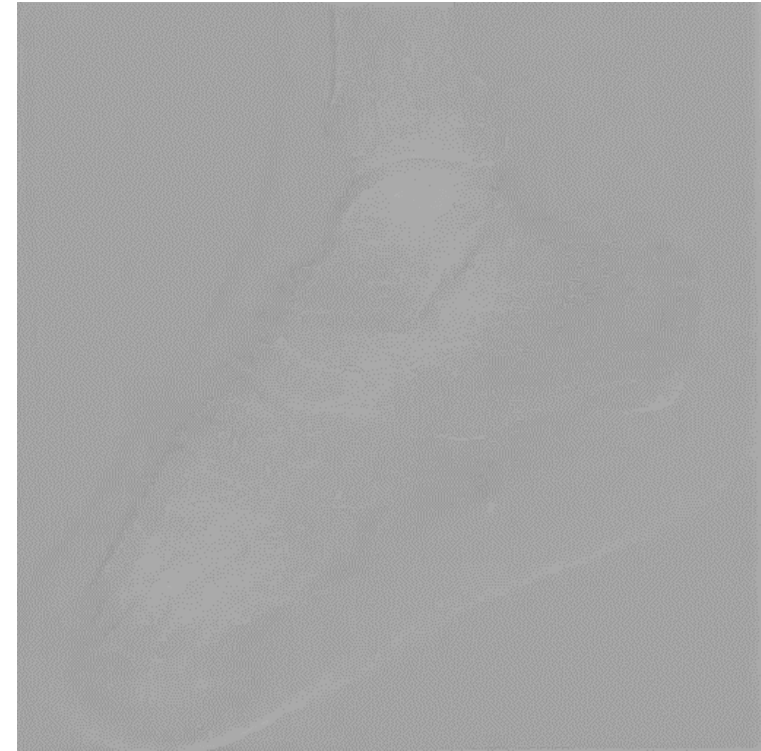
Bidirectional Approach \Rightarrow Rendezvous



POBA



Final Angio



Wound



+15d

+25d

+43d

+70d

+87d
ENT

Rehabilitation

On the Bed



Off-loading Shoes



Ankle-foot orthosis



ENT on his foot!



Real Kasukabe Style



EVT

Wound
Care

Foot
wear

Reha.

Limb Salvage + Gait Salvage



Thanks for your attention!
Wishing for more Limb Salvage.

Please come to observe our Footcare Team!

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