

FIRST BTK DCB CASES IN INDIA: WHAT ARE THE CHALLENGES

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INTERVENTIONAL RADIOLOGIST

LILAVATI, FORTIS, SAIFEE, BREACH CANDY HOSPITALS

MUMBAI, INDIA

CHALLENGES IN INDIA

- **2ND LARGEST POPULATION**
- **SOCIO-ECONOMIC DIVERSITY**
- **HIGH INCIDENCE OF COMMUNICABLE DISEASES**
- **INCREASING INCIDENCE OF NON-COMMUNICABLE DISEASES**
- **POOR AWARENESS OF THERAPIES FOR LIMB SALVAGE**
- **FIXED MINDSET OF GENERAL SURGEONS AND ORTHOPEDICIANS**

Incidence of diabetes

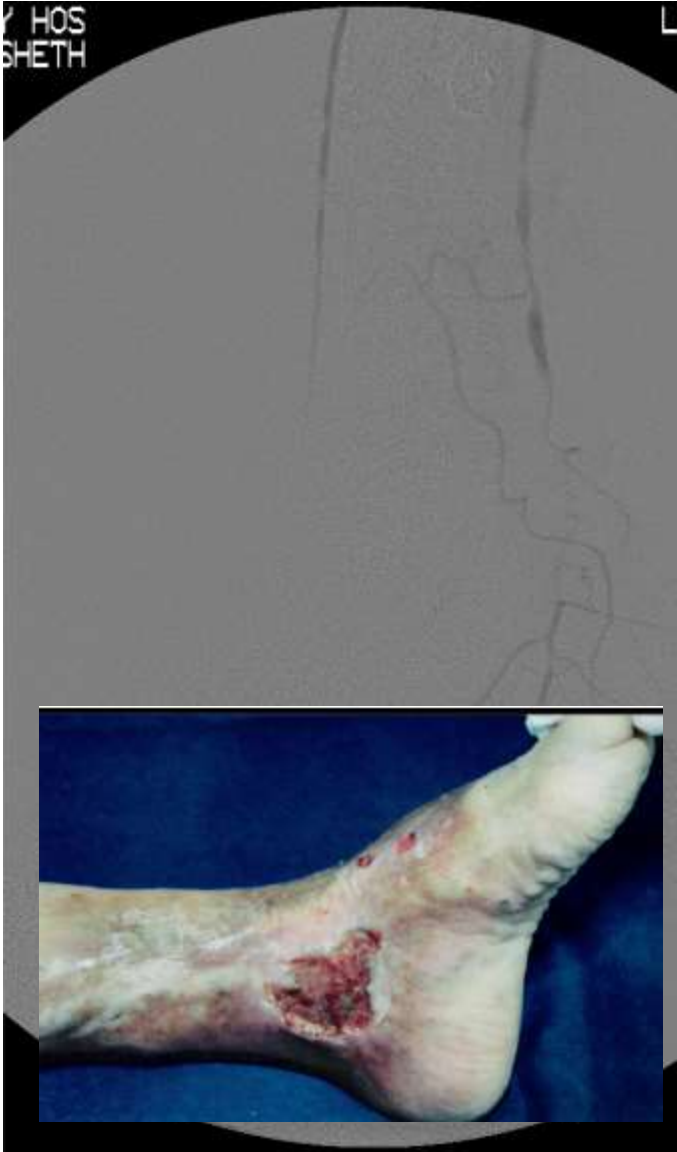
- **India (66 million)**
- **China (50.2 million)**
- **United States (29.5 million),**
- **Russia (16.6 million)**
- **Germany (12.4 million).**

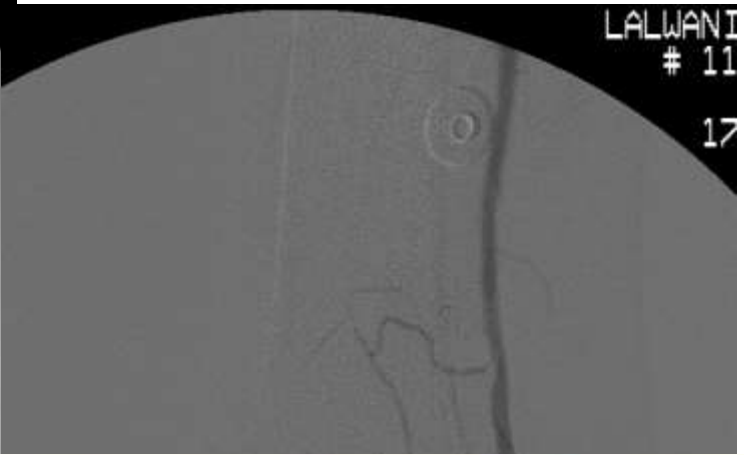
- **Each year, over half of all amputations in India are caused by diabetes mellitus and subsequent complications, with most being lower-extremity amputations**
- **Range of incidence as per various data for ischemic ulcers is 8 to 12% in community**
- **Five-year mortality was 45%, 18%, and 55% for neuropathic, neuroischemic, and ischemic ulcers, respectively. Mortality was higher in ischemic ulcers than neuropathic ulcers**

BTK INTERVENTIONS IN THE LAST DECADE

- **AMPUTATIONS**
- **TIBIAL BYPASSES**
- **POBA**
- **DRUG ELUTING STENTS**
- **BIOABSORBABLE STENTS**
- **ATHERECTOMY**
- **DRUG ELUTING BALLOONS**

POBA WAS THE MAINSTAY FOR BTK INTERVENTIONS

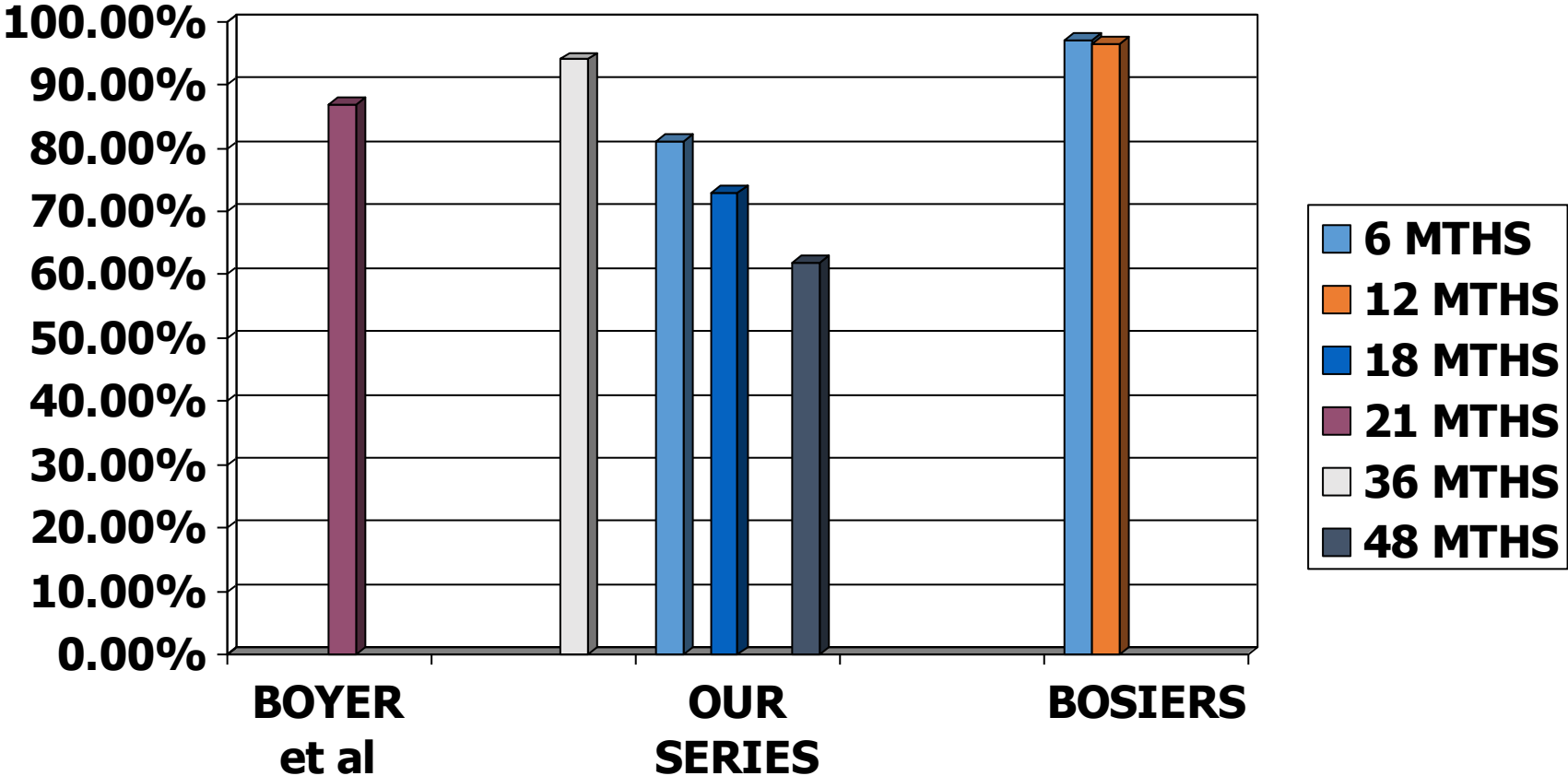




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LIMB SALVAGE



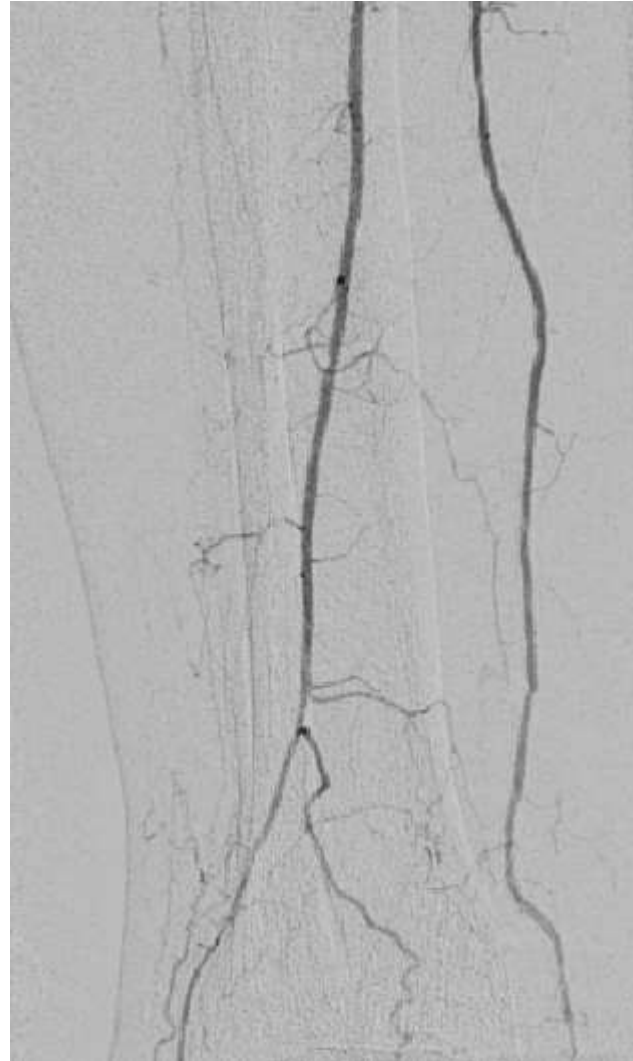
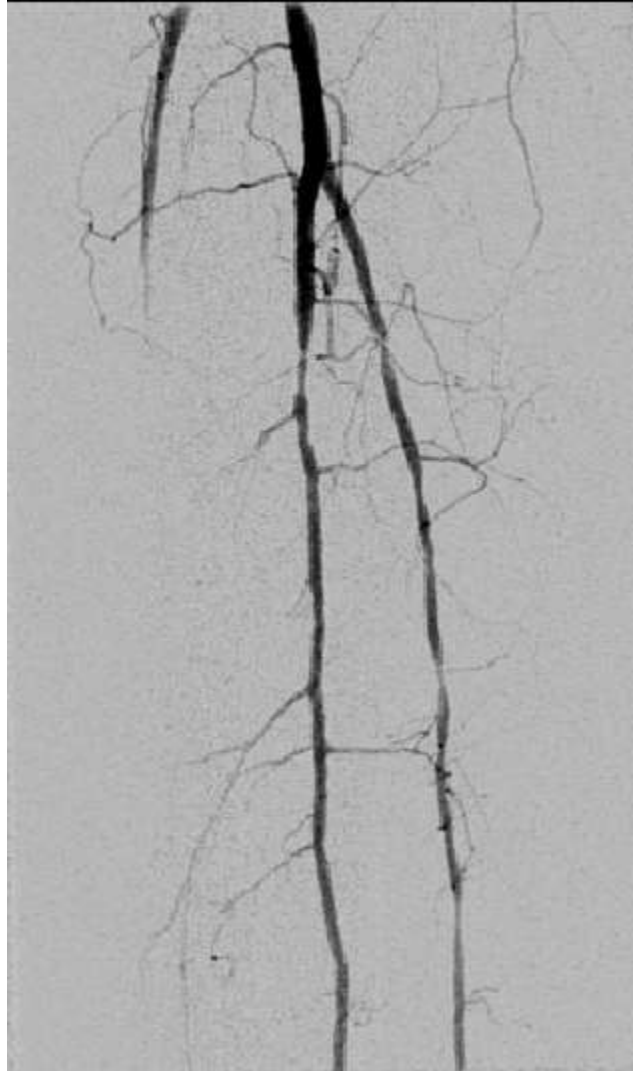
Boyer et al. Acta Radiol 2000: 41: 73-7

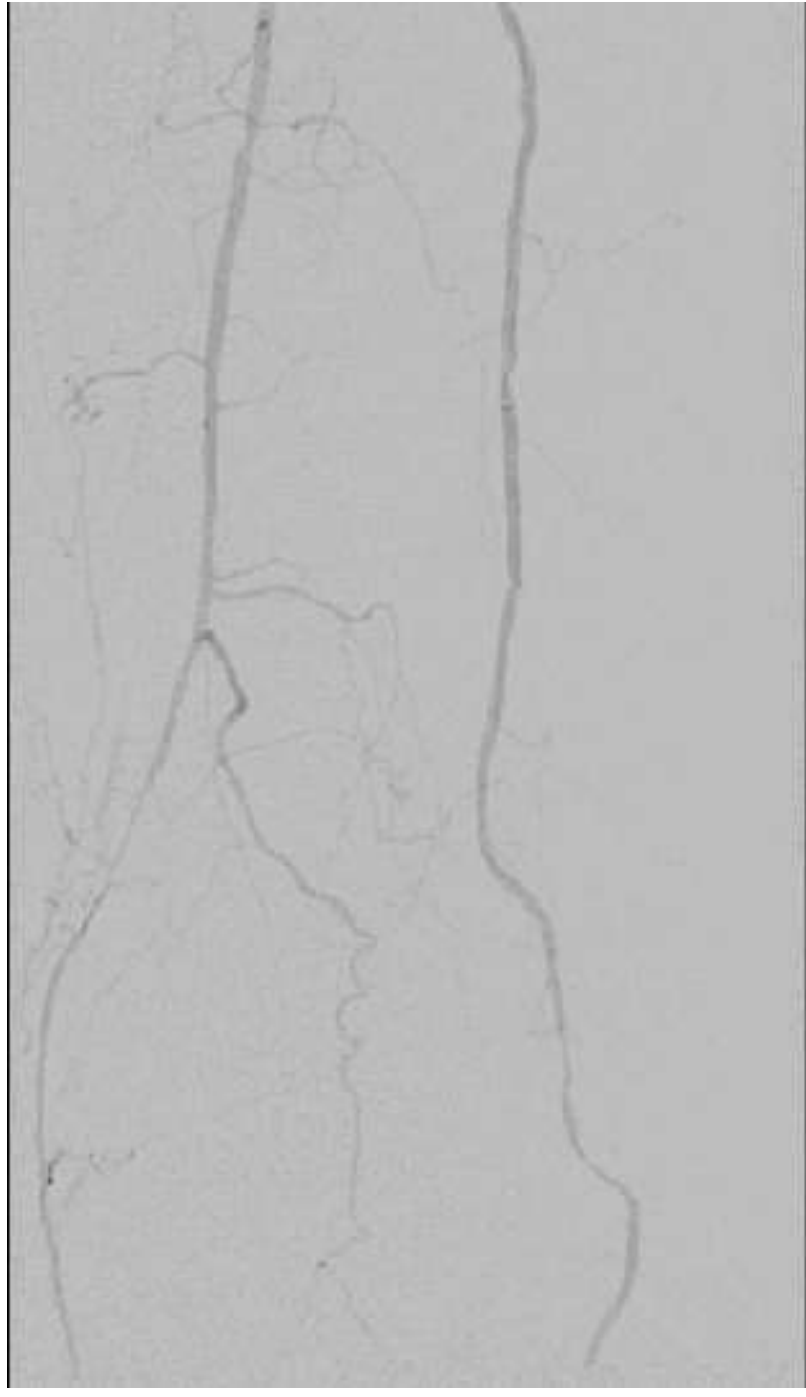
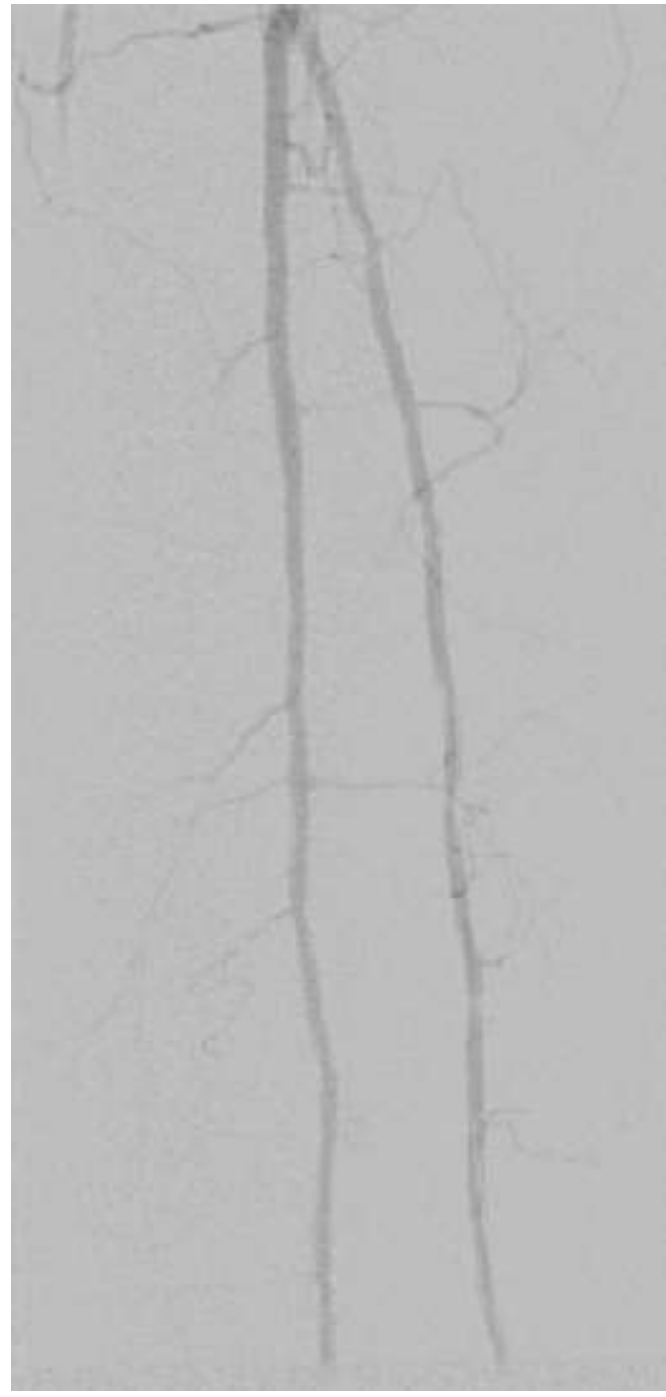
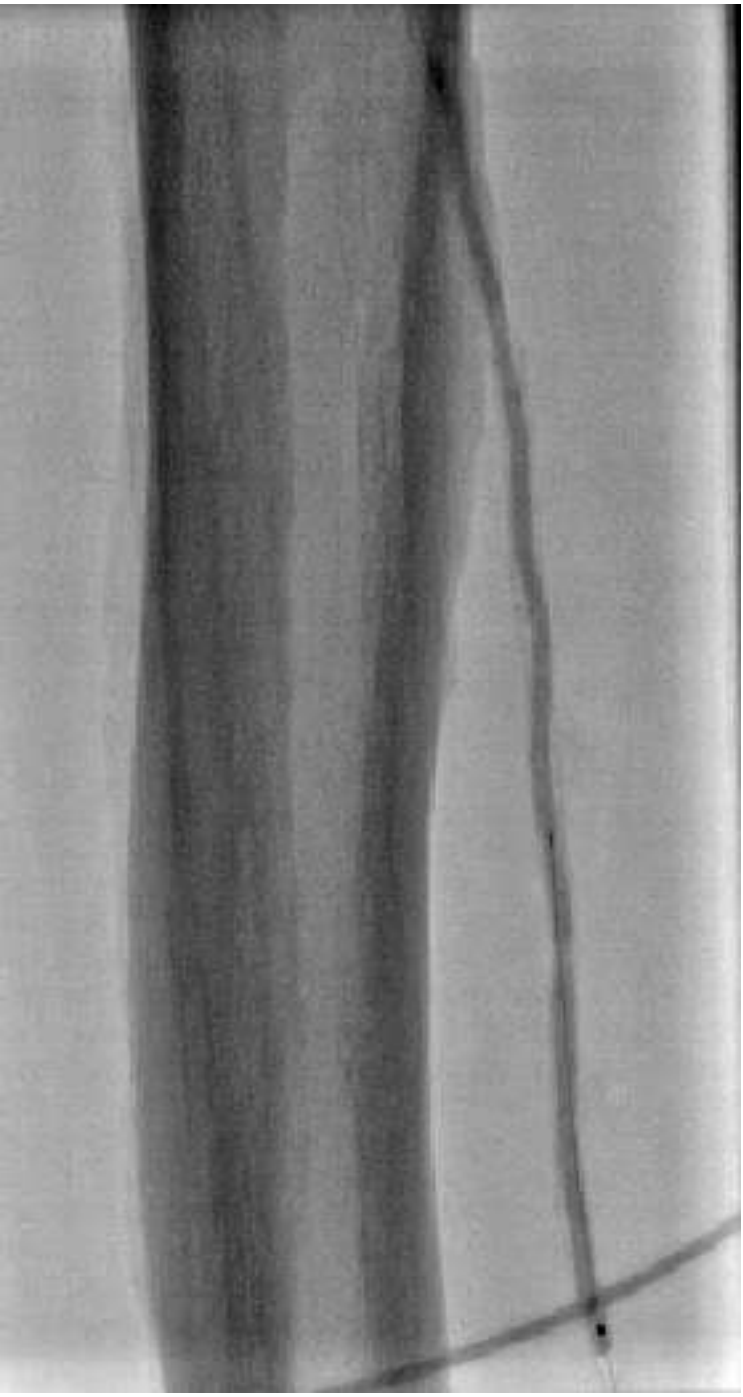
Ingle et al J Endovasc Therapy 2002;9:411-6

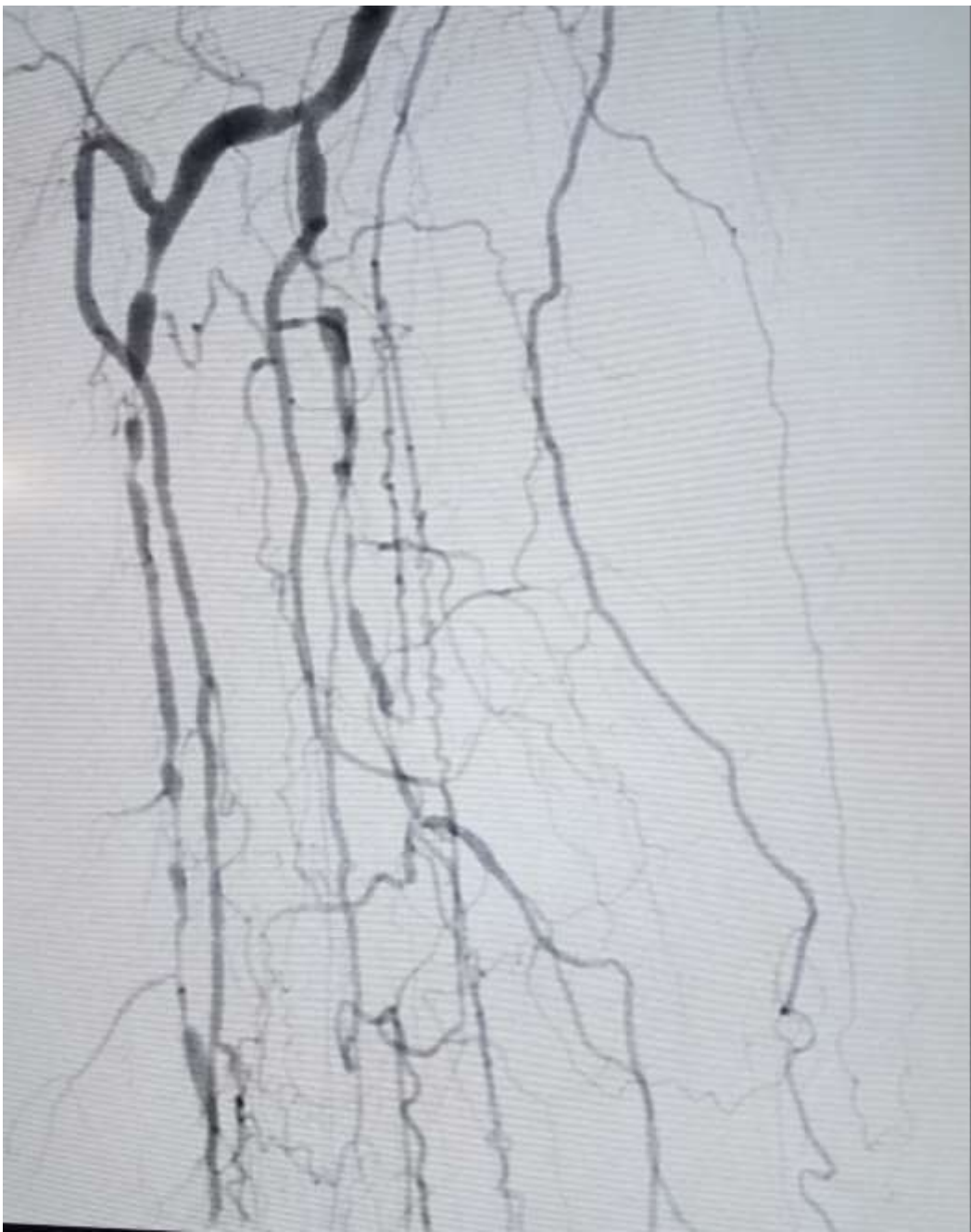
Bosiers et al:2006 Mar-Apr;14(2):63-9.

- **AWARENESS IN MAJOR CITIES**
- **CENTRES OF EXCELLENCE**
- **AVAILABILITY OF NEWER TECHNOLOGY**
- **ADHERENCE TO FOOT CARE**
- **FOLLOW UP**
- **LIMB SALVAGE RATES UPTO 85-88% NOW**

FIRST DCB CASE LUTONIX (BARD)









CHALLENGES WITH DCB IN INDIA

- **ACCESS: INTRODUCED 2013-14 IN EUROPE, AND LATE 2015 IN INDIA**
- **COST :MULTIPLE AND LONG LESIONS
MULTIPLE BALLOONS**
- **AWARENESS: AMONGST REFERRAL SURGEONS/PHYSICIANS**

INSURANCE

- **GOOD INSURANCE COVERS WITH POOR PENETRATION**
- **PRE-EXISTING WAITING PERIOD BETWEEN 2-4 YEARS**
- **ONLY 10-12% OF POPULATION IS INSURED**
- **GOOD GOVERNMENT SCHEMES- RESTRICTIONS ON PERIPHERAL INTERVENTIONS**

CONCLUSION

- **HIGHLY SKILLED INTERVENTIONISTS**
- **SLOW PENETRATION OF TECHNOLOGY IN SMALLER CENTRES**
- **INADEQUATE RATIO OF DIABETIC FOOT CLINICS/CENTRES TO THE AFFECTED POPULATION**
- **LACK OF REGISTRY**
- **FOLLOW UP A CAUSE OF CONCERN**
- **MARKED IMPROVEMENT SINCE THE LAST DECADE**

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