LEARN Faculty Spotlight

Kumar Madassery, MD
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Dr. Kumar Madassery was interviewed by Dr. Bret Wiechmann, LEARN Program Planning Committee member.

Dr. Wiechmann: Welcome, Kumar Madassery to the LEARN faculty! Tell me about your training and your current PAD practice?

Dr. Madassery: Thanks, and this is going to be a fantastic opportunity for us all, and I couldn't be more thrilled to participate in the meeting! I've been privileged to learn from, grow with and for some years now work alongside some great mentors, namely Bulent Arslan and Cenk Turba. I focus mostly on CLI patients, many of whom have had minimal or insufficient revascularizations and are facing potential major amputations. By focusing on educating my referring colleagues and trainees, community physicians and patients, and through multidisciplinary meeting participation, I have been able to expand the scope of what we can offer patients. All of my amazing partners and I cover wound care clinic as well, which really drives home the full circle approach to CLI patients, especially with some that may have mixed arterial and venous causative factors.

Dr. Wiechmann: In your opinion, what are the biggest breakthrough technologies and/or promising technologies in the peripheral world?

Dr. Madassery: The biggest breakthrough technologies for some time had been the emergence of several drug coated technologies, which most felt helped improve outcomes in our patients, however as we know is been fraught with controversy as of late. There is great promise in the lithoplasty balloons, which can help us tackle the ever-challenging heavy calcifications that many of our patients have, which prevents optimal revascularization. The upcoming tibial-indicated self-expanding drug coated stents soon to be available have potential to help us improve patency as well. Part of the future will be improved monitoring and predictive technology, which will also include AI incorporation, which can give us better feedback and data to understand endpoints, healing potentials and future planning. Other technologies will also focus on the below the knee and below the ankle space, which we have a limited armamentarium of presently.
Dr. Wiechmann: You are a one-man tour-de-force on social media! Tell us how you use #SoMe (see what I did there?) and the impact social media has had on your practice?

Dr. Madassery: Social Media has been an interesting beast in the medical community. It has both the power to expand our presence, reach, and voice in the global community. It however can be a place of frequent misunderstandings. We have all tried to figure out how to maximize the value of outlets such as Twitter, LinkedIn, and Instagram. As many have seen, patient outreach may not be the most positive result, but by continually spreading the message of what all #Irads can do for patients, we hope patients and their advocates also take increasing notice. Interestingly, particularly with Twitter, we have created virtual specialty based, and multispecialty-based consults, discussions, and friendships. This has created opportunities for rapid virtual forum-based exchange of ideas regarding procedural techniques and patient management, as well as collaborating together on project ideas. The community we have been able to establish is growing, and many of us benefit from the sheer ability to reach out to scores of fellow physicians that we may have never interacted with.