### Introduction:
Peripheral arterial disease (PAD) carries high risk of morbidity and mortality. There is still some lack of evidence of the ideal first line treatment of worsening symptom of the disease.

### Objectives:
We aim to assess the outcomes of the first line treatment strategy of PAD patients.

### Methods:
All patients who underwent primarily endovascular therapy (ET), bypass (BS), common femoral artery endarterectomy (CFE), sequential pneumatic compression (SPC) and primary major amputation (PMA) were included. Patient demographics, follow up and clinical improvement and further interventions were noted.

### Results:
From 2002 to 2015, 623 had critical limb ischemia. 213 patients (34%) underwent (ET), 77 (12%) underwent (BS) at the different levels using different conduits, 66 (11%) underwent CFE, 187 (30%) treated conservatively with (SPC) and 80 patients (13%) underwent (PMA). Demographics were comparable in all groups. Amputation free survival was 90% in ET, 90% in BS, 87% in CFE, and 77% in SPC at 5 years follow up (P=0.866). The Primary patency was 52% in ET, 57% in BS, 81% in CFE. The Primary assisted patency was 68% in ET, 66% in BS and 87% in CFE. The Secondary patency was 70% in ET, 66% in BS, and 87% in CFE. Freedom from re-intervention was highly significant at PMA group 97%, 95% at 1 and 5 years, respectively.

### Conclusion:
CFE has better outcomes compared to the other groups. Endovascular therapy is still favorable approach in the high-risk patient due to lower perioperative morbidity.