PERIPHERAL ARTERY DISEASE (PAD) TREATMENT



INFORMATION FOR PATIENTS

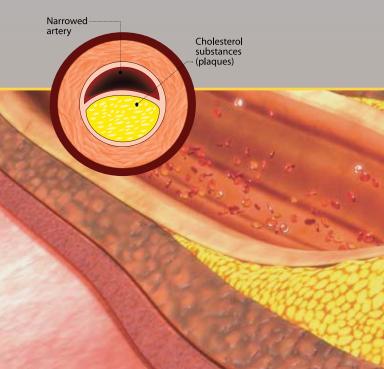


1 in 5 Americans over 65 has PERIPHERAL ARTERY DISEASE...

Peripheral artery disease (PAD) refers to the narrowing of the "peripheral" arteries, which are blood vessels in the legs, arms, stomach and head.

PAD is caused by a buildup of cholesterol and scar tissue on the walls of the artery which forms a substance known as plaque. The plaque builds up gradually and over time it will clog the artery, restricting the flow of blood. In some cases, PAD may be caused by blood clots that break free from within larger arteries and get lodged in narrower arteries, which reduces blood flow.

PAD is most often diagnosed within the legs. Left untreated, it can lead to painful cramping, limited mobility, amputation, gangrene, infection and even death. Fortunately, there are several highly effective treatment options if PAD is detected early.



TREATING PAD

If the disease is not severe, PAD can be treated with medication and/or lifestyle changes. If it has progressed to the point where an intervention is needed, there are several procedures available for you and your doctor to consider.

The interventional radiologists at AMIC offer minimally invasive treatments for PAD that do not require open surgery, and have a faster recovery period with less downtime. These include:

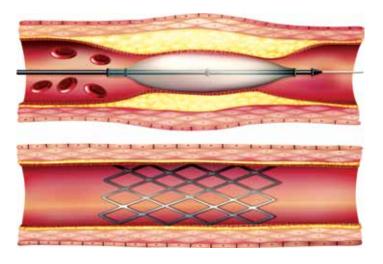
Angioplasty | At the site of the blockage within the artery, a tiny balloon is inserted and inflated to open the blood vessel.

Stents A stent is a small metal "scaffold" that is inserted into the site of the blockage to open the blood vessel and keep it open.

Catheter-Directed Thrombolysis | If the blockage in the blood vessel is caused by a clot, a special drug known as a "clot buster" is used. This effectively dissolves the clot to restore normal blood flow.

Atherectomy An alternative to angioplasty, this procedure is a technique for removing plaque from the blood vessel with a catheter and sharp blade.

Stent Grafts | When an artery is no longer able to function, a special stent covered with a synthetic fabric can replace or "bypass" the diseased artery.



RISK FACTORS

Lifestyle and risk factors that can lead to PAD include having had coronary artery disease or stroke, smoking, high blood pressure, high cholesterol, diabetes/metabolic syndrome, family history, being overweight and your age (over 50). African Americans are at a higher risk for PAD. Quitting smoking reduces your risk of developing PAD by 60% within 10 years.









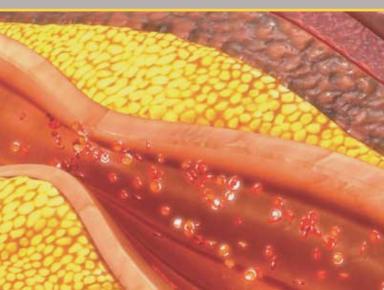




Family History

Smoking

Diabetes



DIFFICULTY IN DIAGNOSING PAD

PAD often goes unnoticed and undiagnosed by healthcare providers. What's more, the symptoms of PAD are easily mistaken for other conditions, such as neuropathy or just the aches and pains of getting older.

Symptoms include:

- · Leg pain, numbness, tingling or weakness
- Changes in the color of the arms or legs
- · Foot or toe wounds that do not heal or heal slowly
- Decrease in the temperature of the lower legs and feet compared to the rest of the body
- · Erectile dysfunction
- · Poor nail or hair growth

The good news is that PAD is easily diagnosed with simple, easy and painless tests. These can include physical examination by your doctor, ankle-brachial index (ABI), ultrasound (duplex), X-Ray (arteriogram), CT (CT angiography), and MRI (MR angiography). In some cases, an angiogram may be performed to identify the precise location of blockages within the peripheral arteries.



PAD is underdiagnosed IN WOMEN

It is believed that PAD is often missed in women for two important reasons: First, because women are less likely to complain about leg pain to their doctor than men. Second, because men with PAD are more likely than women to have coronary artery disease, and so their doctors are actively looking for PAD. As a result, when women are eventually diagnosed with PAD, the disease is more likely to have become severe.

RAISE YOUR RADIOLOGY EXPECTATIONS

AMIC is effectively raising expectations with a more responsive, more accessible and more collaborative approach to healthcare than you're likely to find from other radiology providers.

We are among the most experienced physicians in the region, with the majority of our doctors having undergone additional, subspecialty training in one or more of the disciplines of diagnostic and/or interventional radiology. We perform radiology services at leading hospitals, health systems and outpatient centers in Colorado, Nebraska and Wyoming.

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