

Keeping in circulation



VASCULAR DISEASE
FOUNDATION

the official newsletter of the Vascular Disease Foundation

FALL 2001
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our mission

The Vascular Disease Foundation's mission is "To reduce the widespread prevalence and affects of Peripheral Arterial Disease (PAD) by increasing public awareness of the benefits of its prevention, prompt diagnosis and comprehensive management."

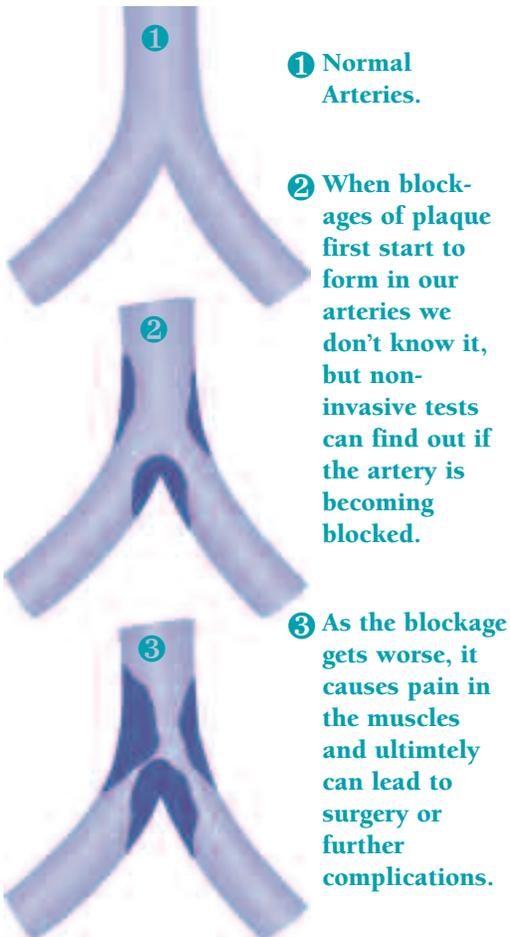
WHEN SURGERY IS NECESSARY FOR INTERMITTENT CLAUDICATION

Gene Donaldson, a 72 year-old retired firefighter told his physician about a worsening problem with walking. His doctor took note of the symptoms, examined both his legs and felt for his pulses. He told Gene that he could feel normal femoral artery pulses at the groin level on both sides, but couldn't feel a pulse at the level of the knee or ankle on the right—the side where Gene experienced pain when walking*. A measurement of arm and ankle level blood pressures allowed calculation of the Ankle/Brachial Index (ABI), which indicated his blood flow on the right side was only 60% of normal.

Gene's physician diagnosed the leg pain as "intermittent claudication" and explained to Gene that this common symptom of peripheral arterial disease, or PAD, was not an immediate threat to life or limb, but it did mean that Gene was at an increased risk for other complications of arterial disease, such as heart disease or stroke.

Gene started on a regular walking program and was also prescribed a medication to help with the claudication symptoms. After a few months, he had improved some but remained dissatisfied with his inability to do things that he enjoyed. Following a reassessment with his regular doctor, Gene was referred to a vascular surgeon, to see if he could benefit from a procedure to bring more blood to his leg muscles during exercise.

The vascular surgeon reviewed Gene's medical history and performed a careful physical examination, with particular attention to examination of the blood vessels. He noted Gene had already addressed several PAD risk factors—including taking medicine to lower his blood pressure and cholesterol, avoiding dietary fats, and quitting cigarette smoking—and that he had already tried walking and medication for relief of his symptoms. Gene did not have a family history suggesting hereditary or metabolic problems that might contribute to PAD, nor did he have diabetes, another



Continued on page 3

“In the News”

Colorado Senior Health Fair



In May, The Vascular Disease Foundation participated in a senior resource fair to increase awareness about PAD. Thank you to Dr. Michael Podolak of Denver for graciously donating his time to assist with medical questions. Many of the thousands of fair participants stopped by with questions or signed up to receive our newsletter and materials.

Vascular Meetings

The VDF staff was fortunate to either attend or exhibit at several annual meetings for professionals in the vascular specialties. These included: **The Society of Cardiovascular and**

Interventional Radiology (San Antonio in March), **Society for Vascular Nursing** (Minneapolis in April), and two meetings in June in Baltimore: **The Society for Vascular Medicine and Biology**, and the joint meetings of the **American Association for Vascular Surgery and the Society for Vascular Surgery**.

These were wonderful opportunities to introduce the goals, missions and publications of the organization to those involved in the everyday care of patients with vascular diseases.

NHLBI Meeting

In June, the Board of Directors of the Vascular Disease Foundation held a joint meeting with the director of

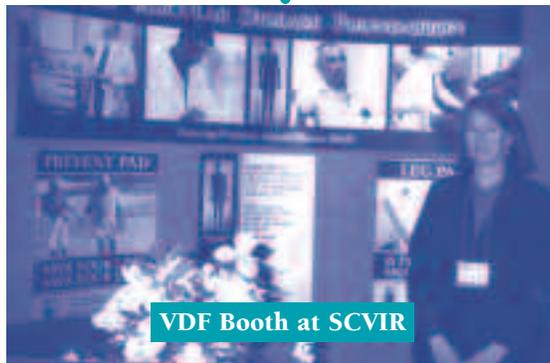


the National Heart, Lung and Blood Institute and representatives from several key departments of the

National Institutes of Health, to discuss the importance of increasing public education about PAD. The meeting was a unique and extraordinary opportunity to discuss future joint efforts that will increase attention and publicity about the disease and encourage its prevention and early treatment. Current NHLBI programs and scientific meetings offer conceivable avenues for working together to increase awareness. We hope this meeting will result in long-term collaborative efforts between the NHLBI, vascular professionals and the Vascular Disease Foundation to benefit the 8-12 million Americans with PAD.

New CPT Code Published for PAD Vascular Rehabilitation

After a ten year effort by several vascular professional societies, a new CPT code (93668) was published by the American Medical Association in January. CPT codes form the system by which medical procedures are coded and billed to Medicare and insurance companies. The new code describes a supervised treadmill exercise and Atherosclerosis risk reduction program for three times per week



over 12 weeks. This represents improved care through safe and effective rehabilitative (exercise) therapy to decrease claudication symptoms. It should improve the quality-of-life and prolong the lives of many individuals with claudication. Unfortunately, the mere existence of such a code does not yet mean that programs will be created or that health care insurers will pay for this necessary service. Health care professionals will meet in September 2001, in Minneapolis, to discuss the next steps in creation of such national programs.

FREE PAD Screenings

There will be hundreds of FREE PAD screenings held in many cities across America from September 15- 21 sponsored by the Society of Cardiovascular and Interventional Radiology. These screenings are for people who may be at risk for PAD. For information on a participating **Legs For Life** site near you, check our web site, www.vdf.org for link information or call their hotline at **877-357-2847**.

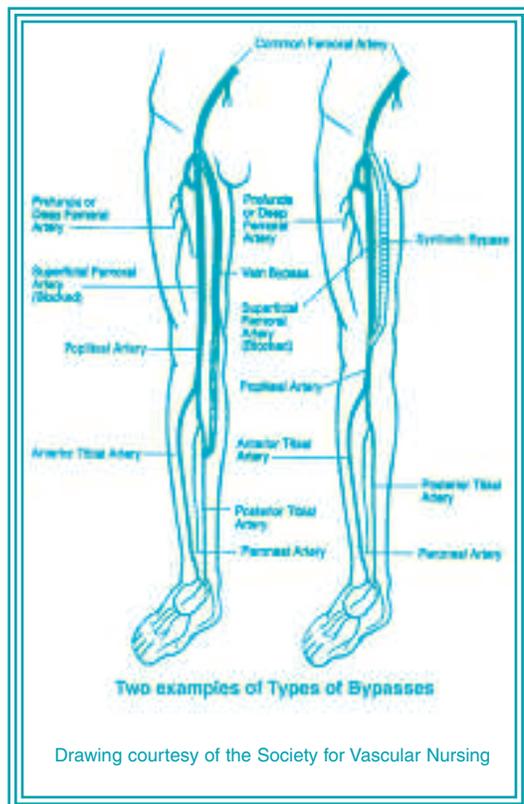
WHEN SURGERY IS NECESSARY *(continued)*

important PAD risk factor. He concurred with the diagnosis of PAD and that Gene might be a candidate for an endovascular treatment or surgical operation to improve the blood flow to his right leg.

The final selection of the required procedure would be based on the location and extent of the arterial blockages determined by an arteriogram exam. This was performed on an outpatient basis and Gene found it easier than expected. The groin site where the needle was introduced into the femoral artery was easily numbed with local anesthetic. A tiny catheter was threaded into the artery and x-ray contrast dye was injected to allow the arteries to be imaged.

In Gene's case, the arteriogram demonstrated little arterial disease above the groin, but the right superficial (nearer the skin's surface) femoral artery (SFA) in the thigh was occluded for most of its length. The popliteal artery (the main lower limb artery at the level of the knee) was open, but flow came to it around the blocked femoral artery, through smaller side branch arteries known as collaterals.

Angioplasty or stenting might have been good options for short arterial blockages, but his long segment of arterial occlusion was best managed, Gene learned, with



a surgical bypass graft. In Gene's case, the graft would go from the open portion of the femoral artery in the groin to the popliteal artery below the knee joint. His surgeon told him that a bypass with an artificial graft material was an option, but that using the saphenous vein (a superficial vein in the

thigh near the skin's surface) would provide better long-term results.

Gene chose to go ahead with surgery, a femoro-popliteal bypass with a vein graft. Gene reviewed his overall health with his internist, to assure that his heart would do well during the operative procedure and recovery, and he came through with flying colors. He came to the hospital the morning of the operation. The operation took about two and one half-hours, but by the evening he was out of the recovery room, sitting up and eating a light dinner. He spent several days in the hospital, walking a bit more each day. The incisions were uncomfortable, but the medications for pain relief were quite helpful. A duplex ultrasound scan was performed before he was discharged from the hospital and the flow through the graft looked fine.

During the first few weeks after his operation, Gene had progressively less discomfort from the incision. He followed his surgeon's instructions for keeping the incision clean. Some mild swelling was present, but this gradually resolved. The clips that closed the incision were removed at a follow up visit at the surgeon's office and he was told he could resume his walking for exercise. He was told he would need follow-up duplex ultrasound examinations of the graft in a few months.

Gene was pleased that his right calf no longer ached when he walked, and he was gradually able to increase his walking speed and distance. He was especially happy with the results when, about three months after the operation, he and his wife Edie took a short trip to visit their son's family. He was able to take his 10 year-old granddaughter to the mall and he was actually able to keep up with her without being stopped by the gnawing calf pain that had kept him home on previous outings. Not only that, he was back on the golf course for the first time in two years.

Regular visits to his primary physician, continued attention to controlling his weight and blood pressure, managing his cholesterol, and maintaining a regular walking program helped keep Gene feeling better than he had in years.

All PAD patients need medical care directed at both the underlying arterial disease process and their symptoms. Some PAD patients, like Gene, may have claudication symptoms that effect their ability to live full and active lives. In selected cases, surgery can help.

ABOUT THE AUTHOR:

Dr. David L. Dawson is a vascular surgeon with special interest in the medical, surgical, and endovascular treatment of peripheral arterial disease. He is on active duty in the United States Air Force and is on the faculty of the Uniformed Services University of the Health Sciences.

*Roughly 30% to 40% of people with PAD experience intermittent claudication or pain when walking.

Note: The name of the patient and specific details of his care were changed to protect his privacy.

LIKE TO LEARN MORE?

For more information on peripheral arterial disease, be sure to visit our web site at www.vdf.org.

For your own copy of the "Keeping in Circulation" newsletter call 866-PADINFO toll free

or write to

The Vascular Disease Foundation
3333 S. Wadsworth, Ste. B-104-37
Lakewood, CO 80227

WHY YOU SHOULD KNOW ABOUT PAD

According to results from a study announced at the recent American Heart Association annual meeting, PAD affects 25 percent of those over the age of 70 or those between the ages of 50 and 70 who smoke or have diabetes. A national detection program known as PARTNERS (stands for PAD Awareness, Risk and Treatment: New Resources for Survival) found that people with PAD walk a lot less and have more difficulty climbing stairs than people with other cardiovascular diseases. Of those with PAD who experience the cramps and leg pains of claudication, two out of three cannot walk half a block and one out of three have difficulty moving around their home.

The TransAtlantic Inter-Society Consensus (TASC) Working Group has published information indicating that smoking has twice the impact in the arteries of the legs than it does in the coronary arteries. Smokers are three to four times more likely to be at risk for developing the cramps and leg pains of claudication.

Vascular Terms that Start with the Letters "D, E & F"

You can view these terms and others used in the diagnosis and treatment of vascular disease on our website. We've made them easy-to-understand to help you in talking with health care professionals. Each newsletter will cover a section from our glossary.

Diabetes Mellitus: A metabolic disorder in which the body does not produce insulin (type 1) or when the body does not make enough or cannot properly use insulin (type 2).

Doppler: A diagnostic instrument that uses low intensity ultrasound to detect blood flow velocity in arteries or veins.

Duplex: A diagnostic ultrasound instrument that provides the examiner with both a waveform of the blood flow and an image of the artery or vein.

Endarterectomy: The removal of plaque from the inner wall of a diseased artery by surgery.

Endovascular Procedure: The method of treatment for vascular disease from inside the blood vessel using non-invasive methods to insert stent grafts or perform angioplasty under x-ray guidance.

Femoral Artery: The large artery in the thigh region of the leg (extends from hip to knee). Often the bypass grafts start or end at this artery.

Frequently Asked Questions

Q. How effective is aorto-bifemoral bypass and how safe is the procedure?

A. This operation is the gold standard for all surgical interventions for bilateral aortoiliac occlusive disease (Atherosclerosis that affects both legs in the pelvic area where the main artery from the heart splits into the two main leg arteries.) The long-term effectiveness of this surgical procedure have been established with many studies showing that over 90% of these bypass grafts remain open over five years, which compares to 70-75% rates for balloon angioplasty and stents in this location. The procedure is usually safe, with mortality from studies performed in the 1990's being less than two percent (1.9%.) Patients usually can go home from the hospital in about 5 days.

Despite this success, an aorto-bifemoral bypass procedure is not always the best choice. For some patients, the area of narrowing in the aorta or iliac arteries is short and would be favorable for balloon angioplasty or stenting which are less invasive procedures.

Q. Recently my husband has been having hot flushes in his feet, sometimes in one foot sometimes the other. Could this be a sign of vascular disease? It seems to occur after he has been sitting down then starts to walk around.

A. The symptoms you describe are not those of PAD or any other serious vascular disease. They could be related to autonomic nerve dysfunction, which control dilation or constriction of blood vessels, but it is not possible to tell from your brief description.

Q. I have just been told I have Atherosclerosis and that a femoral bypass would allow me to walk again. But I have been told that a femoral bypass is only good for about 4 to 5 years and then I would die. Is this true?

A. This is certainly not true. Some bypasses function better than others, but properly performed bypasses using vein grafts approach 80% patency (open and working) by the 5-year mark. More importantly, bypasses are only occasionally performed to help people walk. There are better more conservative approaches to this problem, called claudication. Bypasses are more commonly used when there is true threat of limb loss from rest pain, ulceration or gangrene. The comment "and then I would die" is an inappropriate threat. It is true that patients with Atherosclerosis in their leg arteries often have it elsewhere, such as in their coronary arteries. This is the reason we advise control of the risk factors contributing to Atherosclerosis. However, while up to 20% of such patients will die in 5 years, it does not relate to bypass function but how well they care for themselves and control the factors leading to Atherosclerosis, including smoking, diabetes, hypertension and lipid (cholesterol/triglyceride) abnormalities. The 80% who survive include those who use this opportunity to change their life style and control existing risk factors. The pages of our web site at www.vdf.org contain more information on controlling risk factors.

If you have a question you would like our panel of experts to address in our next newsletter, please send it to info@vdf.org or The Vascular Disease Foundation, 3333 S. Wadsworth, Suite B-104-37, Lakewood, CO, 80227.

GRANTS RECEIVED

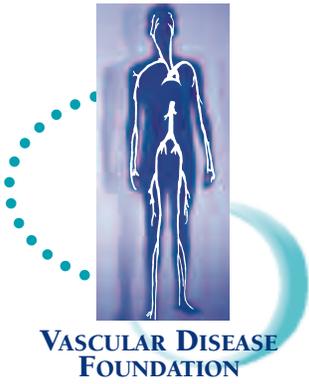
The Vascular Disease Foundation has recently received grants from **Colin Medical Instruments, Inc.** and from **Nicolet Vascular.** The grant from Nicolet Vascular will enable us to print and distribute this newsletter free as a public service. The grant from Colin will enable us to begin our public awareness campaigns this fall in Minneapolis and Denver enlightening millions about the risks and impact of peripheral arterial disease. We appreciate their support.

If you know an individual or organization that might be interested in assisting the Vascular Disease Foundation in its many projects that increase awareness about vascular disease, please contact Sheryl Benjamin at 303-949-8337.

Memorial Funds

Remember a loved one in a special way – open a memorial fund in his or her name! It's easy to do and helps others affected by vascular disease. All contributors to the fund will be acknowledged with a note of appreciation. Funds are announced in the "**Keeping in Circulation**" newsletter and our web site. Later this year, you will be able to post comments and memories to share with others about your loved one on our web site. Donations are tax deductible. To open a memorial fund, just contact us.

www.vdf.org
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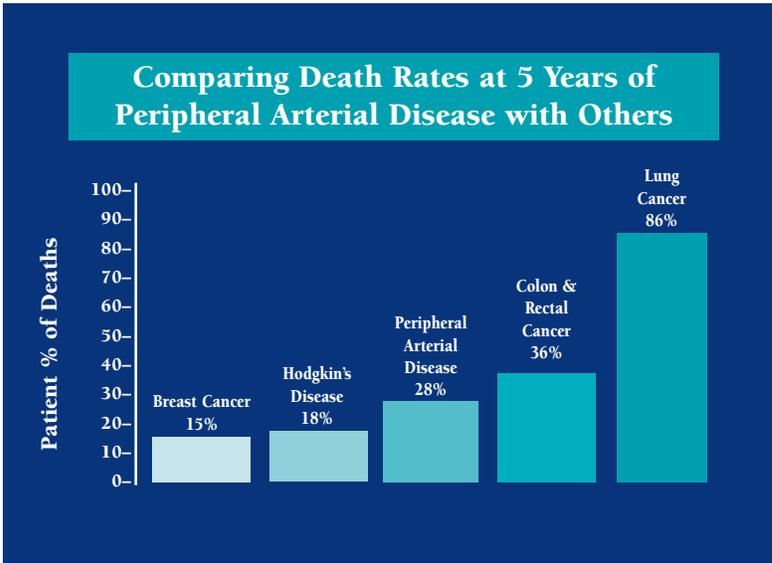
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DID YOU KNOW?

Mortality rates from peripheral arterial disease have been found to be as high or higher than some cancers. The chart above shows that after 5 years 28% of patients with PAD will die as compared to 15% dying from breast cancer and 18% from Hodgkins Disease. Early detection and treatment of PAD can help reduce this.

Thank You to Our New Supporters!

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New Memorial Fund
In memory of Christaville Hamm
Jo Berry
Desmond Allen