



Keeping In Circulation

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the official newsletter of the Vascular Disease Foundation

our mission

To reduce death and disability from vascular diseases and improve vascular health for all Americans.

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**Call 888-VDF-4INFO
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Aortic Dissection

The Disease that Took John Ritter's Life

New Research Study

On September 11, 2003, the entertainment industry and general public were shocked when beloved actor John Ritter fell ill on the set of his ABC sitcom, *8 Simple Rules for Dating my Teenage Daughter*, and died later that day. It was determined that he suffered an aortic dissection.

Aortic dissection is the most common catastrophe affecting the aorta, which is the large artery through which blood leaves the heart. Approximately 24 in every million people are affected by it each year in the U.S (for more information, see article on page 3).

Ritter was a household name from 1977-1985 when he starred as Jack Tripper on the ABC sitcom *Three's Company*, the show for which he won an Emmy Award. Amy Yasbeck met John Ritter in 1990 at a read-through of their 1990 movie *Problem Child*. Yasbeck and Ritter eventually married and had a daughter.

Yasbeck is establishing the John Ritter Foundation for Aortic Health in his memory and to help educate the general public about aortic dissection.

Also helping to teach the general public more about aortic dissection, the University of Texas Health Science Center at Houston (UT) announced in June 2006 the receipt of an 11.6 million dollar grant from the National Heart, Lung, and Blood Institute (NHLBI) to study aortic diseases. The grant will allow UT to create the Specialized Center for Clinically Oriented Research in Thoracic Aortic Aneurysms and Dissections, to be located in the Texas Medical Center.

Dianna Milewicz, M.D., Ph.D., professor and Director of the Division of Medical Genetics at UT, will use the multi-million-dollar grant to take the next step in her



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quest to prevent premature deaths from a stealthy disease that kills people in the prime of their lives.

Dr. Milewicz, along with other researchers, has previously identified some of the defective genes that cause the inherited form of the disease that affects 20% of people with aneurysms and dissections. Through DNA testing on family members, early detection of those at risk has led to further testing, which ultimately will save lives. The grant will help scientists to study the pathological process to develop new therapies and diagnostic tools for the disease.

“This is a first step toward understanding the disease process leading to aortic aneurysms and dissections, so we can go after better biomarkers, better imaging, and better ways to predict outcomes,” said Milewicz. “The ultimate goal of the grant is to prevent premature deaths due to

aortic dissection or rupture and hopefully lead to new therapies to treat the disease.”

UT is accepting participants for this research study; the inclusion criteria are:

1. Two or more persons in a family with a history of aortic aneurysms and/or dissections with an onset in individuals under age 50 years, or
2. One person with early-onset aortic aneurysms/dissections (under age 50 years) and a relative with aneurysms/dissections in other parts of the body (cerebral, carotid)

For information about how to be part of this important research study, please contact 713-500-6865.

New Medicare AAA Screening Benefit Goes into Affect January 1, 2007

Beginning January 1, 2007, Medicare will offer a free, one-time, ultrasound screening benefit to check for Abdominal Aortic Aneurysm (AAA) in qualified members.

What is AAA?

Abdominal aortic aneurysms (AAA) are caused by progressive weakening of the aortic wall that causes a “ballooning” of the vessel. The aneurysm will grow larger and eventually rupture if it is not diagnosed and treated. Aneurysms occur most often in the aorta, the main artery of the chest and abdomen. The aorta carries blood flow from the heart to all parts of the body including the vital organs and the legs and feet.

There are approximately 15,000 deaths per year related to the rupture of an aneurysm. Ruptured aneurysms are the 10th leading cause of death in men over 50 in the

country. A ruptured aneurysm is an emergency and procedures must take place immediately to save one's life and avoid serious complications.

How do I Qualify for the Screening?

You must receive your Welcome to Medicare Physical Exam (WTMPE), the one time physical exam that must be completed within the first six months of Medicare eligibility, in order to receive the free screening. There is no time limit thereafter for completion of the AAA screening.

You must meet the following qualifications:

- Male smoker or who used to smoke
- Men and women with a family history of AAA

If there is a finding during the test, consult your family doctor or a vascular specialist.

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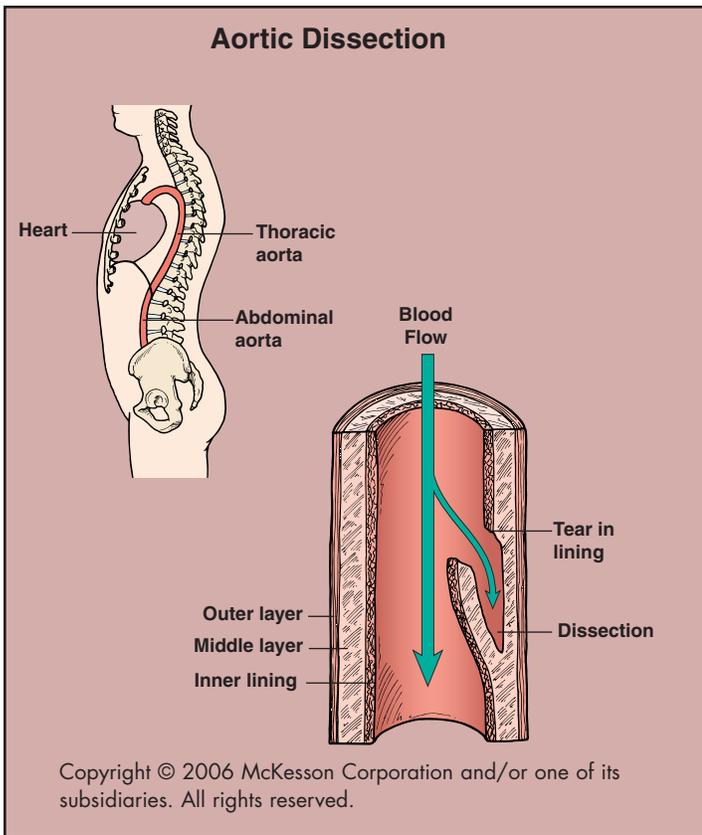
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Aortic Dissection: Catastrophe for the Aorta



In all cases, the first treatment for patients with aortic dissection is aggressive control of blood pressure with medications. In some patients, the exact type of aortic dissection, including how much of the aorta is involved, the effects of the dissection on various parts of the body, and the resulting symptoms, may require additional therapy to prevent or manage complications. This may include a surgical repair to replace the site of the initial tear.

In cases where surgery is not advised, the risk of death within the first 30 days after an aortic dissection occurs is in the range of 10% to 17%. There is a tendency for the aortic false lumen to grow over time. This expansion may progress to an aneurysm (an abnormally enlarged size, usually greater than twice the normal vessel diameter) with an increased risk of rupture. This degree of aortic enlargement occurs in about one third of patients within two years after the diagnosis of aortic dissection and continues to carry significant risk, requiring close monitoring.

Patients who have medical management of their symptoms must be followed regularly by their physician. Blood pressure must be controlled at all times. If surgery is performed, patients must still keep their blood pressure within normal levels and be seen regularly by their health-care provider.

About the Author: *Michael D. Dake, MD, is Professor of Radiology and Internal Medicine at the University of Virginia School of Medicine and Chairman, Department of Radiology at the University of Virginia Health System. He has published numerous articles and is a noted national speaker.*



Aortic dissection is the most common catastrophe affecting the aorta, which is the large artery through which blood leaves the heart to deliver oxygenated blood to the rest of the body. It occurs in about 24 people per million each year in the U.S. It is caused when the inner layer of the aortic wall tears and then peels or separates away from the next layer of the aorta. This creates two channels; the original aortic channel for blood flow (the true lumen) is still present while the peeling away of the outer layer in the dissection creates a new additional aortic flow channel (the false lumen).

This double-barrel flow pattern in the dissected aorta can cause serious problems downstream. The dissection or separation can result in a significant decrease in blood flow to various organs and tissues supplied by the involved branches. Branches that may be affected include the kidney (renal) arteries, the gut (mesenteric) arteries, leg arteries, and others.

The main risk factor for an aortic dissection is a history of high blood pressure (hypertension). Over time, hypertension weakens the aortic wall, making it more likely to have a spontaneous tear involving the inner lining of the aorta. The tear exposes the middle of the wall to aortic blood pressure. This creates a separation that unzips the aorta between the layers which are pulled apart by the dissection process. As the dissection progresses through the aorta, it may extend into critical aortic branches, causing poor blood flow to various organs. The result of this may be kidney failure or death of the intestines, increased risk of stroke, leg pain, and death.

SYMPTOMS OF AORTIC DISSECTION

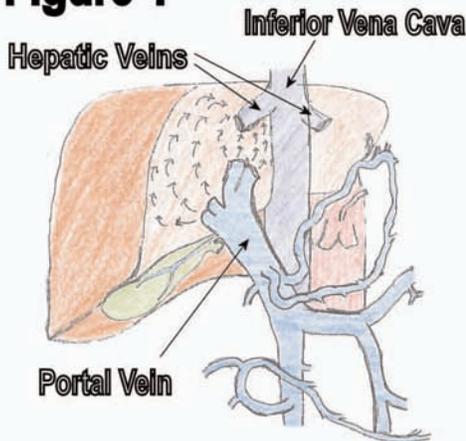
- Pain**
 - Location of Pain**
 - Chest pain
 - Back pain
 - Flank pain
 - Abdominal pain
 - Leg pain
 - Quality of Pain**
 - Pain that is tearing or sharp
 - Abrupt onset of pain
 - Pain that migrates or radiates
- Neurological Deficits**
- Coma/Altered Consciousness**
 - Paralysis
 - Extremity numbness
- Light Headiness/Fainting**
- Difficulty Breathing/Shortness of Breath**

PORTAL HYPERTENSION

The portal vein, a major vein in the abdomen, collects nutrient-rich blood from the intestines and delivers it to the liver to nourish it, where it is purified for our body to use. Portal hypertension is high blood pressure of the portal vein. Unfortunately, there is no simple way or test to show if a person has portal hypertension. We cannot use a blood-pressure cuff like we can on an arm to measure “whole body” hypertension. Doctors become aware of portal hypertension when its signs and symptoms are first noticed. The most common cause of portal hypertension is cirrhosis, which refers to the “hardening” of the liver because of scar tissue. The other primary cause of portal hypertension is due to clots which narrow or block blood flow through the veins to and from the liver. Portal hypertension is fairly uncommon, but when it occurs, it most often happens in older adults and may result in death, if untreated.

What Happens?

Figure 1



Like other organs, the liver needs oxygen and nutrients to function, which it receives from the portal vein. After the oxygen-rich

and nutrient-rich blood passes through the liver, it flows into the hepatic veins (Figure 1) and on into the inferior vena cava, which takes it back to the heart. Blocked or reduced blood flow at any point of this process will result in increased pressure inside the portal vein. When this occurs, blood is detoured into other smaller veins that ultimately allow blood to flow back to the heart. However, these smaller veins can enlarge and form varices (varicose or dilated veins). Varices (pronounced var-uh-seez) can rupture or burst, especially where the esophagus

and the stomach join. Bleeding from varices can be massive, causing patients to vomit blood, which is a major cause of death in patients with portal hypertension.

Blood may also be detoured through the veins along the rectum, the lowest portion of the large intestine (colon), causing them to enlarge. Enlarged veins along the rectum are called internal hemorrhoids, which can rupture and result in massive bleeding from the rectum and anus.

Another symptom of portal hypertension is ascites (uh-sahy-teez), the collection of large amounts of fluid in the abdomen. Ascites can lead to early sensations of being full when eating, resulting in malnutrition. People with ascites often have a harder time being active because of the weight of the fluid and the large size of their abdomen. Someone with massive ascites will have a protruding or swollen abdomen, often with thin legs and arms, due to muscle loss because of liver disease and malnutrition.

Ascites can cause the kidneys to fail. Urgent steps must be taken to drain the ascites and to monitor the kidneys and liver. Unless the liver function is corrected and the kidneys recover, approximately half of these patients die within a few weeks.

Treatments:

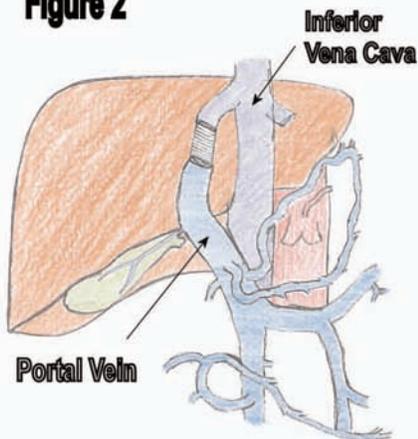
Medical treatment of portal hypertension includes beta-blockers. This class of drugs helps to decrease blood flow into the portal-vein system and to decrease the pressure. Beta-blockers also reduce the risk of bleeding from varices.

Minimally invasive procedures such as endoscopic variceal sclerotherapy (EVS), which involves the injection of a solution to seal the bleeding, and endoscopic variceal banding (EVB), which is the placement of a band from inside the esophagus to seal the bleeding, are used to stop bleeding from varices.

A temporary solution for portal hypertension is a procedure known as transjugular intrahepatic porta-system shunt (TIPS) (Figure 2). This procedure inserts a stent (a hollow wire tube) between the right hepatic vein (the vein that collects blood from the right side of the liver) and the right branch of

PORTAL HYPERTENSION continued from page 4

Figure 2



the portal vein. The stent passes through the liver to connect these two vascular structures. With TIPS, blood moves

through the stent and bypasses the liver. This procedure has both advantages and disadvantages. TIPS reduces portal- vein pressure and bleeding from varices. However, TIPS is associated with an increased risk of brain dysfunction because the brain does not get all the nutrients usually provided from passing through the liver. Additionally, there is

no proof that someone lives longer after this procedure. TIPS is also expensive and has a high failure rate within one year because the stent often becomes narrowed or blocked.

Another treatment of portal hypertension is surgical shunting, a more invasive procedure than TIPS. However, some believe that surgical shunts, particularly in certain locations, improve long-term survival with portal hypertension. The only way to fully cure portal hypertension is with a liver transplant, which is expensive and afterward the patient needs life-long medical attention. With liver transplantation continuing to be a difficult solution, a better understanding of portal hypertension is required, along with earlier diagnosis and management of the disease. Then, patients with portal hypertension can have a better and longer life.

Authors: Sam Al-Saadi, MD, Amy Collins, BS, Jennifer Cooper, BS, Carl Bowers, RN, Eleanor Justen, MD, Alexander Rosemurgy, MD, FACS Department of Surgery, University of South Florida, Tampa.

Symptoms and Causes of Portal Hypertension

Symptoms (Not all are present all of the time)

- Ascites (fluid build-up in the abdomen)
- Weight loss (malnutrition)
- Enlarged liver (at times)
- Internal hemorrhoids — with possible bleeding
- Varicose veins of the esophagus — with possible bleeding
- Jaundice (yellowing of the skin)

Causes

- Cirrhosis of the liver (may be due to alcohol use or hepatitis)
- Clotting of the portal vein
- Clotting of the hepatic veins

VDF would like to thank the many volunteers and supporters of our organization in 2006. Your financial support has helped us grow, but we still need your continued help. Please call us at 888.VDF.4INFO to make a donation, share fundraising ideas or with questions.

Ways you can help VDF:

- Make a donation online at www.vdf.org
- Honor a loved one
- Donate your car to VDF
- Include VDF in your will or trust
- Sponsor an event in 2007 (host a run/walk to support vascular disease)
- Search Internet using www.GoodSearch.com
- Shop online using www.iGive.com





Launches New Patient Education Resources on Peripheral Arterial Disease (PAD)

The P.A.D. Coalition, an alliance of leading health organizations united to raise public awareness about lower extremity PAD, has put together an array of patient education resources which are available free for patients and health care professionals. The resources are available on the Coalition's Web site, www.padcoalition.org, and they include a series of nine handouts that can be downloaded in PDF format. The materials provide easy-to-understand, science-based information to help patients and their families better manage PAD. Several topics have been specifically adapted for the Canadian population by including metric conversions. Topics are as follows:

- **LifeSaving Tips About PAD**
- **LifeSaving Tips About Smoking and PAD**

- **LifeSaving Tips About Walking and PAD**
- **LifeSaving Tips About High Blood Pressure**
- **LifeSaving Tips to Control Your Cholesterol**
- **LifeSaving Tips About Foot Care and PAD**
- **LifeSaving Tips to Prevent Blood Clots in Your Arteries**
- **LifeSaving Tips for Managing Diabetes and PAD**
- **LifeSaving Tips About Special Treatments for PAD**

The P.A.D. Coalition has also partnered with the Medtronic Foundation's Patient Link program to adapt these informative hand-outs into Spanish. These new Spanish-language resources will debut in the spring of 2007.

2007 Partner Organizations:

These organizations believe in our mission to increase public awareness about vascular disease. Each organization has a representative that serves on the Vascular Disease Foundation's Board of Directors.

American Association of Cardiovascular and Pulmonary Rehabilitation
 American College of Cardiology
 American Heart Association
 American Venous Forum
 Society for Clinical Vascular Surgery

Society for Vascular Medicine and Biology
 Society for Vascular Nursing
 Society for Vascular Surgery
 Society for Vascular Ultrasound
 Society of Interventional Radiology

LOOKING FOR PATIENT STORIES

VDF wants to hear your story! We're looking for personal stories from individuals or medical professionals that have experience with vascular disease. Please write to us at info@vdf.org and share your personal experience.

"In Memory of" and "In Honor of" Envelopes Available

VDF has created a preprinted envelope in response to requests from supporters who have contributed "In Memory of" and "In Honor of" a loved one. This can simplify and expedite your desire to memorialize or honor a special person through a donation to VDF. If you would like to receive these special envelopes, call us at 1-888-VDF-4INFO, e-mail us at info@vdf.org, or complete this coupon and return it to: VDF, 1075 S. Yukon Street, Suite 320, Lakewood, CO 80226.

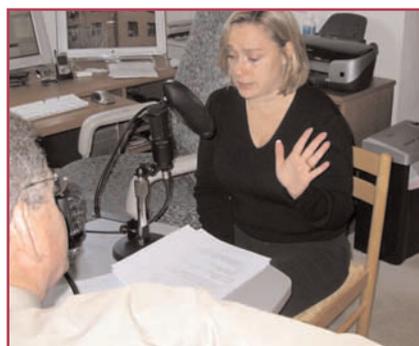
NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PLEASE SEND ME _____ 10 _____ 20 _____ 30 preprinted envelopes

VDF Podcasts Are Here!



Dr. Susan J. Bartlett, smoking cessation expert and guest speaker on VDF HealthCast episodes 7 & 8.

The Vascular Disease Foundation is proud to announce that we now offer audio HealthCasts that cover all aspects of vascular disease. Our guests are the leading scientific and clinical experts in their respective fields.

HealthCasts are hosted by Dr. David Meyerson and are produced by Dr. Kerry Stewart, who also participates in the discussions with Dr. Meyerson and his guests. Dr. Meyerson is a cardiologist at Johns Hopkins and is also a scientific advisor to VDF. Dr. Stewart is a Professor of Medicine at Johns Hopkins and a member of the VDF Board of Directors.

Currently available are eight episodes of the HealthCasts, whose topics include the following:

Episode 1: Introduction to the VDF; What Is PAD?

This premiere episode of the VDF HealthCast describes the goals of the Vascular Disease Foundation and provides an overview of peripheral arterial disease.

Episode 2: VDF Health—The Vascular Laboratory

Dr. Heather Gornik, a cardiologist at the Cleveland Clinic, discusses how diagnostic vascular tests are performed and what blood vessel conditions can be detected.

Episode 3: More about VDF, PAD, and Answers to Frequently Asked Questions

Drs. David Meyerson and Kerry Stewart answer our listeners' questions.

Episode 4: More about PAD Diagnosis and Treatment, and Critical Leg Ischemia and Its Treatment

Dr. Alain Drooz, president of VDF and an interventional radiologist in Fairfax, Virginia, discusses peripheral arterial disease (PAD), how it can be prevented, diagnosed, and treated.

Episode 5: Carotid Artery Disease; FAQ's about Travel and Blood Clots

Dr. Michael Jaff, a vascular medicine specialist who is an Assistant Professor of Medicine at Harvard University and Director of Vascular Medicine at Massachusetts General Hospital in Boston, provides information about the prevention, diagnosis, and treatment of carotid artery disease, a condition that, if left untreated, can cause life-devastating and life-threatening strokes.

Episode 6: Exercise and Peripheral Arterial Disease

Dr. Judith Regensteiner, Professor of Medicine at the University of Colorado Health Sciences Center in Denver, Colorado, discusses the role of exercise training and physical activity for preventing and treating vascular disease and diabetes.

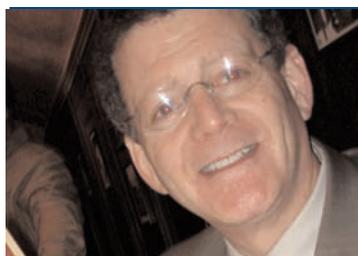
Episode 7: Smoking Part 1: Its Harmful Effects and Getting Ready to Quit

Dr. Susan J. Bartlett, Associate Professor of Medicine in the Division of Rheumatology, Department of Medicine at Johns Hopkins in Baltimore, Maryland discusses the harmful effects of smoking and how to get ready to quit.

Episode 8: Smoking Part 2: Steps to Take to Quit Smoking

This follow-up to Episode 7 again features Dr. Susan J. Bartlett, Associate Professor of Medicine in the Division of Rheumatology, Department of Medicine at Johns Hopkins in Baltimore, Maryland and focuses on the specific steps needed to quit smoking and remain free of this harmful addiction.

HealthCasts may be found online at www.vdf.org/resources. Listening instructions may be found online as well. VDF would like to thank all of the guests and especially Drs. Meyerson and Stewart for volunteering their time, energy, and expertise to the creation and production of these informative HealthCasts.



HealthCast Hosts Dr. David Meyerson (left) and Dr. Kerry Stewart (right)

Listen to HealthCasts at www.vdf.org/resources



New Year's Resolutions - S

Are you one of those people who make New Year's resolutions every year and see how long you can keep them? Or, do you want to be? Setting realistic goals is, in fact, the best way to achieve them. And it's not as difficult as it may seem, especially if you plan your steps carefully, taking time to really think them through. Here are some tips to help you accomplish some healthy and reasonable goals for 2007.

Every year, one of the top resolutions of the American public is to **stop smoking**. VDF has listed some proven tips to help you kick the habit. Smoking is a very addictive habit, and if you are a smoker, you know how hard it can be to give it up. Studies show that when people follow the five steps

below, they have the best chances of quitting for good.

Another healthy resolution to consider is to **walk more frequently**. Walking increases your vascular health and your heart health, and soon you'll be walking much farther and faster than before.

Some people walk to help themselves lose weight and others because it's fun. See tips on page 10 for getting the most out of your program.

Do you need a few more ideas for resolutions? OK, here goes! **Smile and laugh more heartily, drink more water, play with your children/grandchildren more frequently, and remember to share your VDF newsletter with others!**



Tips to STOP SMOKING

1. Get ready

- Set a quit date within the next 30 days.
- Mark the date on your calendar.
- Before your quit date, get rid of ALL cigarettes and ashtrays in your home, clothes, car, and work place.
- Write down your reasons for quitting. Put the list in a place where you will see it every day.
- Think about what worked and what did not work in your past attempts to quit.

2. Get support

- Tell your family and friends that you are going to

"Every day the equivalent of four, 747 jet liners full of passengers die from the direct effects of tobacco smoking. That's 1,400 people a day and over a million people a year."—Dr. David Meyerson

Please visit page 7, and listen to VDF HealthCasts episodes 7 and 8 and learn about the health risks of smoking and learn some great tips from Dr. Susan J. Bartlett, smoking cessation expert.

Some Healthy Tips for 2007

quit and want their support. Ask them not to smoke around you or leave cigarettes around where you can see them.

- Talk to your health-care provider about your decision to quit and ask for help and support.

3. Get counseling

- Studies show that the more counseling people receive when quitting smoking—either one-on-one, in a group, or even by telephone—the more likely they are to quit.
- Call your local hospital or health department about programs in your area.

4. Learn new skills and behaviors

- During the first few weeks after you have quit, change your routine. Take a different route to work. Drink tea instead of coffee. Eat your meals in a different seat.
- Distract yourself from the urge to smoke by going for a short walk, cleaning a closet or a drawer, or doing something with your hands such as knitting or working on a puzzle.
- To reduce your stress, take a hot bath or shower, make time for a long walk, or read a book.
- Drink a lot of water and other low-or no-calorie fluids.
- Get medicine to help you quit. Talk with your health-care provider about whether you should try any such products to help you quit smoking, lessen your urge to smoke and how to use them so they will work for you.

5. Be prepared for tough situations or times during which you may slip up

- Avoid drinking beer, wine, or other alcoholic drinks. Switch to soda or ice water with lemon or lime.
- Stay away from places where people are smoking so you will not be tempted.
- Don't worry if you gain a few extra pounds after you quit smoking. Eat a healthy diet and stay as active as you can. Focus on your goal of quitting smoking.
- Deal with a bad mood or feeling depressed by doing something good for yourself. Call a friend to go to lunch or a movie. Buy something you've always wanted with the money you have saved by not smoking. Take a walk or a nice hot bath.
- Many people slip up or relapse during the first three months after quitting. Don't give up or punish yourself if you start smoking again. Go back to Step 1 and get ready to quit again.

Quitting smoking is hard, but you can do it!

Tips for a Walking Program

- Wear shoes that feel good on your feet and are not too tight or too loose. The shoes should be sturdy, not worn out, and have thick and soft soles to cushion your feet and absorb shock. Always wear socks or stockings to prevent blisters. This is very important if you have diabetes.
- Examine your feet daily, especially if you have diabetes. You may have cuts, sores, blisters, or splinters that you may not feel. Call your health-care team if you find a cut or sore that does not heal. Untreated, these problems can cause severe infections and lead to losing a foot or a leg.
- Finding a friend to walk with you will make your walking sessions more enjoyable. Your friend should be able to walk on the same schedule and at the same speed.
- Have fun while you walk! Take a walk in the park and listen to music. Walk in the mall and window-shop, or find a community center that has a treadmill and try it out. Vary your walking program so you don't get bored.
- Wear a pedometer when you walk so you can see how far you've walked.
- Track your progress. Download a walking log at www.vdf.org/resources/pamphlets.php and post it in your kitchen or bedroom so you can see how much progress you have made. If you do not have access to the Internet, call us and we'll mail you one.
- Reward yourself for meeting your walking goals. Buy a new hat or a pair of socks or go to a movie.
- Most of all, be patient and don't be hard on yourself. It may take some time before you start to feel better and enjoy going places and doing things that used to make you feel tired.



VDF Meets Mickey!

The 5th annual AARP National Event and Expo took place this year at the Anaheim Convention Center in California in October, across the street from Disney Land. Over 25,000 attendees came to this unique event, which provided information and entertainment for adults over 50. Over 400 exhibitors were on hand, sharing information and goodies with participants. VDF volunteers were also there, educating folks about vascular disease and introducing the “Stay in Circulation: Take Steps to Learn about P.A.D.” campaign.

“This is such a great opportunity for VDF to provide education and information for the over-50 population about vascular disease and PAD in particular,” said Sheryl Benjamin, VDF executive director. “The more we can educate people about these diseases, the better chance people have to improve the quality of their lives and be more informed when going to the doctor.” Those attending could register to win one of two \$50 gift certificates for Barnes and Noble Bookstore. The winners were Helen Arnold of Louisville, KY, and Donald Siefert of Spokane, MO. Congratulations!

About . . . Red Blood Cells

Red blood cells are the most common type of blood cell. They carry oxygen to the body tissues and carbon dioxide to the lungs. They must have hemoglobin to carry the oxygen, and hemoglobin depends on the presence of iron in your system, which comes from food. Women average 4-5 million cells in each milliliter of blood while men average 5-6 million. When more red blood cells than average are present, it is called polycythemia and when less than average it is known as anemia. With the disease known as sickle cell anemia, cells are misshapen in the form of a crescent. Cells affected by this disease cannot carry enough oxygen.

Red blood cells are formed in the marrow of long bones from stem cells. They wear out in about 120 days and are broken down in the spleen, with some of the waste products sent to the liver for disposal. Structures in red blood cells vary from person to person and are the basis for the various blood groups (blood types).

A healthy diet that includes adequate iron supplies is necessary for red blood cell health. Read nutrition labels and consult a nutrition book if necessary for this information.



*Illustration provided by Bard
Peripheral Vascular, Inc.*

Excellence in Care



William M. Moore, Jr., MD, FACS was nominated for the Excellence in Care Award by Melody Heffline, Nurse Practitioner at Southern Surgical Group. Dr. Moore is currently the chief of staff for Lexington Medical Center and a board certified vascular surgeon with Southern Surgical group in West Columbia, SC. Melody writes, "Dr. Moore is an excellent leader in the field of vascular surgery and has brought cutting-edge technology to South Carolina. He is diligent in maintaining current knowledge and is passionate about providing the best care possible to his patients. He is committed to teaching the community, hospital and peers about vascular disease. He has worked diligently to put together a top-notch vascular surgery program for our hospital to provide care that has made a difference in our community and state. It has been a privilege and an honor to be part of his team for 12 years."

If you'd like to submit a nomination for someone for the Excellence In Care Award, please contact VDF at 888-VDF-4INFO or online at www.vdf.org

**For More Information about Vascular Disease
Visit www.vdf.org or Call 888-VDF-4INFO**

New “Stay In Circulation” Radio Advertisements

Stay in Circulation

Take Steps to Learn About P.A.D.

To help increase public awareness of peripheral arterial disease (PAD), the national “Stay in Circulation: Take Steps to Learn About PAD.” campaign has issued three new radio advertisements. Titled “On the Road”, “Purple Steps,” and “En la Playa” (Spanish-language). The spots

are targeted to adults over age 50 and aim to inform this audience about PAD risk factors and symptoms. To date, radio stations in 45 states, including stations that cover 18 of the largest 25 media markets, have committed more than 24,000 airings of the radio ads. The 313 hours of dedicated airtime have an advertising value of nearly \$1.5 million. We thank the participating radio stations for their generous donations of advertising space. To listen to the new radio spots, visit the “Campaign Materials” section of the Stay In Circulation Web site, www.about-pad.org.

Frequently Asked Questions

Q. I have peripheral arterial disease (PAD). I have had two leg artery bypasses. Do support hose help circulation in patients with PAD? Also, after an aorta-to-femoral bypass and a femoral-to-femoral bypass, can one ever have a less invasive procedure such as balloon angioplasty or stenting to widen the narrowing of the iliacs or other arteries?

A. To answer your first question, support hose are used for venous circulation, not for arteries. PAD is a disease of the arteries. So, unless you also have venous disease, you would not need to wear support stockings.

To answer your second question, the aorta-to-femoral bypasses replaced your iliac arteries. Your problem could be from inadequate blood reaching the pelvis via the remaining normal arteries, or it could be from blockage involving the bypass. This can be easily diagnosed in most cases. Depending on the findings of the diagnostic testing, some of these blockages may respond to angioplasty or stenting. Consult your vascular specialist.

Q. For six months, I've had problems (swelling, redness, warmth, "alligator skin," blisters and sores, and purplish-red spots) with my legs that were diagnosed as cellulitis. Could this "cellulitis" be a misdiagnosis of a vascular problem?

A. Cellulitis often occurs in patients with vascular disease, and it tends to be much worse. In addition, patients with cellulitis often have high fever, chills and nausea, and the leg is generally quite red in appearance. Lack of blood flow makes the skin less able to repair itself after even mild injury and is more prone to infection (cellulitis). Check with your doctor to arrange simple tests that can be done to see if inadequate blood flow is contributing to the problem.

VDF Goes to the Windy City



Left to Right: Laura Brotherton (VDF staff), Dr. Ron Bays (Team VDF), Dr. Tim Harward (Team VDF) and Sheryl Benjamin

On October 22, the 28th annual LaSalle Bank Chicago Marathon took place in the Windy City. VDF was one of the charities selected as an “official charity” for the event. Twenty-six runners from all over the county made up “Team VDF,” whose members were the first group of individuals to run in a marathon to raise money for vascular disease education.

The members of this incredible team ran the 26.2 miles of the marathon and helped to raise over \$14,080 for VDF at this inaugural event. VDF also had an information table during the race, staffed with volunteers who made thousands of spectators aware of the work and mission of the foundation.

The top fundraisers for Team VDF included Dr. Timothy Harward, a vascular surgeon from Orange County, CA, who sees patients in the end stages of vascular disease when they are at risk of losing a limb, have a stroke, or die needlessly from a rupture of a large aortic aneurysm. Dr. Harward was the top fund-raiser for VDF, bringing in \$3,205 in donations, most of this from his patients, and also from St. Joseph Hospital, who support his efforts.

“My hope by running for the Vascular Disease Foundation is to raise money for increased awareness of vascular disease and provide education,” said Dr. Harward. “If we can help patients to seek medical attention long before they reach the end stages of their disease, it will make it easier to treat their problems.”

Patricia Lewis is a nurse practitioner from Hartwick, NY, who works in prime/care, internal

medicine at Bassett Healthcare in Cooperstown, NY. She has worked at Bassett for about 16 years as a member of its vascular surgery staff. Lewis was the second top fund-raiser, raising \$1,204 for the foundation.

“Even though I've been running for over ten years, this is only my second marathon,” said Lewis. “My sister asked me to run with her in Chicago and I agreed. I've known the Vascular Disease Foundation since its early days and decided to join Team VDF.”

“Once we were selected as an official charity, we started promoting it through our contacts, Web site, and quarterly newsletter. Of greatest help getting runners for us were our member organizations, all of which announced the program to their members,” said Sheryl Benjamin, executive director of Vascular Disease Foundation. “We are thrilled that these runners were the first group ever to join efforts to raise awareness about vascular disease.”

VDF would like to thank all of the runners for their hard work and dedication to this momentous event. In addition to Tim Harward and Patty Lewis, other Team VDF members were Frank Arko, Ron Bays, Russell Becker, Ben Bedsole, Javier Benitez, Lexie Cox, Mike Darcy, Susan Darcy, Annie Fu, Frances Gilday, Dawn Johnson, Ken Korber, Betty Kraeger, Robert McBane, Peter McCullough, Maha McCullough, Douglas B. Owens, Jorge Pereyra, Amy Pesa, John Pesa, Kevin Pratt, Todd Shirmang, Jason Wang, and Marcus Zwilling. Although the race is over, VDF is still accepting donations online at www.vdf.org.

Want to be part of Team VDF in next year's LaSalle Bank Chicago Marathon? Set the date for Sunday, October 7th. Registration begins in early January.



Patty Lewis and her sister, Fran Gilday, crossing the finish line

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IN THE NEWS

Our thanks to Denise Jaroszek who was the top fundraiser raising \$255 in the first annual Virginia Grove Memorial Walk. The walk took place in Maryland in October on a cold and rainy morning. VDF offers thanks to all those who braved the weather and participated.

March is DVT awareness Month! Learn more about DVT at www.vdf.org

Want to be part of Team VDF in next year's LaSalle Bank Chicago Marathon? Set the date for Sunday, October 7th. Registration begins in early January.



Check for upcoming events on our Web site to learn about screenings, fundraising walks, awareness activities in your area and more! Visit www.vdf.org/events.php

February is National Heart Month - Keeping your heart healthy is important to your overall circulation. Visit www.vdf.org for more information.

Thank You to Our 2006 Volunteers!

We couldn't have done it without you.

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We have tried to recognize all those who volunteered during 2006. However, if we omitted a name, we sincerely apologize. Please let us know so we can correct this oversight. For information on how you can volunteer, please call Sheryl Benjamin at 888-VDF-4INFO or send an e-mail to info@vdf.org.



VIVA RUN PHOTOS

Did you run in the Run for your Legs and Your Life 5K run/walk this past September at VIVA06 in Las Vegas? Want to see your photos? Go to www.vdf.org/events.php and view or download photos!



**For More Information
 about
 Vascular Disease
 Visit www.vdf.org
 or Call 888-VDF-4INFO**

Information You Can Trust

The Vascular Disease Foundation is the only organization not belonging to a medical or surgical specialty that is focused on public education about vascular disease. Our information is reviewed by a committee of people each representing different specialties to ensure it is accurate and non-biased. We strive to be your first source for information you can trust about vascular disease.

**Visit www.vdf.org or call 888-VDF-4INFO for a free copy of
 Keeping In Circulation**



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New Campaign Web Site Debuts

Developed by the National Heart, Lung, and Blood Institute in partnership with the P.A.D. Coalition, the "Stay in Circulation: Take Steps to Learn About P.A.D." campaign has launched a new Web site: www.aboutpad.org. The new Web site offers a variety of new resources for both patients with PAD and for health-care providers. PAD fact sheets, posters, and a new "patient stories" video are examples of the new materials. Check out www.aboutpad.org today!

Thanks to our Advisory Board



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