



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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Saved by a Whisker: PE Survivor Given a Second Chance

In May of 2006, 52-year-old John Bunch of Springfield, VA, had a knee injury requiring surgery and then went home to recuperate. John then found himself in the emergency room just a day after his release from the hospital with a life-threatening condition known as a *pulmonary embolism* (PE). PE is a blood clot that breaks free when a *thrombus* (clot) develops in the large veins of the legs or pelvic area and travels to the lungs (for more information, please see story on page 3). On average, an estimated 650,000 PEs occur annually. PEs are the third most common cause of hospital death.

John went home from the hospital on a Sunday just a few days after his surgery and was surprised to find himself uncomfortable and in pain on Monday morning. He was experiencing chest pains and shortness of breath, so John's wife Anne called for an ambulance. When the emergency workers couldn't get an IV into his arm, they rushed him to the hospital.

"All I remember is that I was sitting on the couch and didn't feel well. I was cold and couldn't breathe," said John. "The next thing I knew, I woke up in intensive care

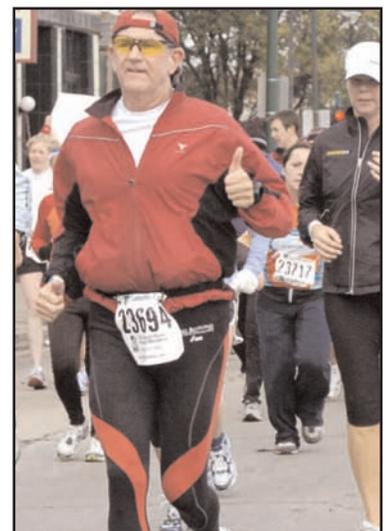
Continued on page 2

Join Team VDF!

Last fall, the Vascular Disease Foundation was one of over 60 charities that were selected as one of the official charities for the LaSalle Bank Chicago Marathon. Twenty-six runners from all over the country made up the first group of individuals to run in a marathon to raise money for vascular disease. VDF is once again an official charity for the race, and now is the time to sign up for this year's marathon!

The 2007 LaSalle Bank Chicago Marathon takes place on Sunday, October 7, and spring is a great time to start training for the 26.2 miles that make up the race. Being a member of Team VDF not only helps to raise money for VDF, but also helps to raise awareness about vascular disease for hundred of thousands of spectators.

Want to be part of Team VDF? Now is the time! The Chicago Marathon limits the number of runners it accepts to the first 45,000 participants who sign up, and that deadline will be here soon. Join us and sign up today. Please contact us at 888.VDF.4INFO or online at www.vdf.org.



Decked out all in red, Dr. Tim Harward is shown running in the 2006 LaSalle Bank Chicago Marathon. Harward was one of Team VDF's top fundraisers in 2006, bringing in \$3,205 for VDF! Photo courtesy of MarathonFoto.

Saved by a Whisker cont. from page 1

and according to my doctors, it was a miracle that I woke up at all.”

With his heart rate elevated and his blood pressure dropping, doctors suspected that he had a *pulmonary embolism* (blockages of the blood vessels that go to the lungs). Within a very short period of time, he had barely enough oxygen in his blood; one of his lungs was completely blocked and the other lung was 70% blocked by the embolism.

Doctors performed a CT angiogram of John's lungs, which showed a massive pulmonary embolus affecting both lungs. He was transferred immediately to the care of interventional radiologist Dr. Alain Drooz (President of VDF's board of directors), who threaded a mechanical thrombectomy device into the clot in the arteries of his lungs. A thrombectomy device is like a miniature vacuum cleaner on a thin catheter designed to remove enough of the clot to relieve the pressure on his heart and allow new oxygen to enter the blood. The embolus kept him from getting needed oxygen into his blood and caused the blood pressure on the right side of his heart to rise to dangerous, life-threatening levels. Dr. Drooz also administered a small dose of a powerful clot-busting drug called tPa (tissue plasminogen activator) into the clot to soften it for the thrombectomy device to work more effectively. John was also given heparin through an IV.

At the same time, a cardiologist, Dr. Khalid Abousy, placed a temporary pacemaker (which was removed after the procedure) in the left groin to keep John's heart beating regularly while a lung specialist monitored John's oxygen level in his blood. An inferior vena cava filter (IVC) was also installed to prevent more clots from entering the heart or lungs. After the procedure, he was given the blood thinner, heparin, followed by warfarin (Coumadin®), which he still takes almost one year later. The IVC filter was removed late in 2006.

“You can't imagine how quickly all of this occurred,” said Anne. “Within a period of no more than 45 minutes, John was on the couch having chest pains and then being wheeled into the interventional radiology suite for clot removal. It was amazing.”

The most shocking part of John's scenario is that he was considered to be in very good health. He has no family history of clots or major illnesses and his cholesterol and blood pressure were within normal levels. According to Anne, he took very good care of himself, ate a healthy diet, and exercised regularly. However, John did smoke for

about 8-10 years, although he gave it up about 20 years ago. The only health issues he suffered from were sports injuries, thus leading to the knee surgery that precipitated the PE incident.

“This is difficult for me to explain, I have a low-stress job and a great life,” he said. “I didn't realize that I was in that kind of trouble. This has been a humbling experience.”

According to Dr. Drooz, John is lucky to be alive. “John arrived at the hospital in critical condition with a huge PE. His condition was so serious that if we had not intervened, he would have made it only another hour or two. He made it by a whisker,” he said.

Over twenty people from John's family crammed into the emergency room to support John during his endovascular procedure. John and Anne have seven children between them and celebrated their first wedding anniversary in the emergency room. “It wasn't really what I had planned for our first anniversary,” said Anne. “I was hoping for something a bit more romantic, but it was a big relief that he survived.”

Now, almost one year later, John is doing very well. He says that he appreciates things more and sometimes just sits and wonders, “The pulmonary specialist who worked on me said that most people who were as sick as I was don't leave the hospital,” he said. “I just feel so lucky that the best doctors were on call that night to save my life.”

John and Anne both commented that, if they could impress one thing on the general public, it is their advice to take the doctor's discharge instructions seriously and not wait to go to the hospital if anything doesn't feel right.



Pulmonary embolism (PE) survivor John Bunch and his wife Anne on their wedding day. The Bunch's celebrated their first wedding anniversary in the emergency room.

What is Deep Vein Thrombosis (DVT)?

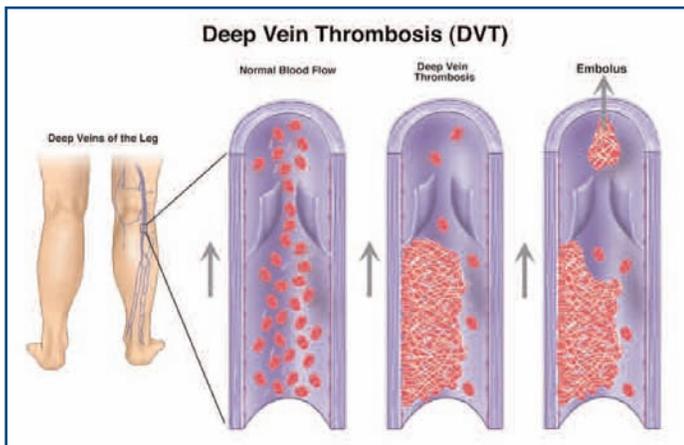


Illustration is used with permission of the Society of Interventional Radiology

Deep vein thrombosis (DVT) occurs when a blood clot, or thrombus, develops in the large veins of the legs, pelvic area, or arms. Only half of those with DVT will have typical symptoms of leg or arm swelling and pain. In rare cases, DVT may also occur in the veins of the arms. With prompt diagnosis and treatment, the majority of DVTs are not life-threatening. However, if the blood clot breaks loose and travels through the heart to the lung, a condition known as a pulmonary embolism (PE) occurs. If the traveling clot, called an embolus, clogs the main lung artery, it can be fatal. On average, an estimated 650,000 PEs occur annually, placing it as the third most common cause of hospital death.

More people suffer from DVT annually than from heart attack or stroke. Each year up to two million Americans are affected by DVT and up to 600,000 are hospitalized. DVT affects men and women, all ethnic groups and all social levels. It is seen most often in adults over the age of 40, and more frequently in elderly patients, but can occur at any age. Women in the later stages of pregnancy or for 4-6 weeks after delivery are at increased risk. Other conditions may also increase one's risk, and individuals who smoke or are immobile are at increased risk.

How Is DVT Diagnosed?

The most commonly used method for diagnosing DVT is by an ultrasound exam. This simple, painless test is safe and widely available. A specific blood test may also be performed to measure "D-dimer," which is a sign of recent clotting. When this test is negative, it is unlikely that DVT has occurred.

What Are the Causes of DVT?

DVT is generally caused by a combination of two or three underlying conditions:

- o slow or sluggish blood flow through a deep vein
- o a tendency for a person's blood to clot quickly (also called a hypercoagulable state or thrombophilia)
- o irritation, inflammation, or injury to the inner lining of the vein

There are a variety of settings in which this abnormal clotting process can occur. These include individuals on bed rest (such as during or after a surgical procedure or prolonged medical illness, such as heart attack or stroke) or those who are confined and unable to walk for prolonged periods of time (such as the confining environment of air or car travel). It can also occur in certain families with a history of parents or siblings who have suffered from prior blood clots. It has been found to occur in individuals who have active cancer or are undergoing cancer treatment, which may predispose the blood to clotting. A recent major surgical procedure, especially hip and knee orthopedic surgeries, or any treatment that requires prolonged bed rest, also predisposes the blood to clotting. Additionally, irritation or inflammation occurs when a leg vein is injured by a major accident, surgical procedure or invasive medical procedure.

Also, there are specific medical conditions and other factors that may increase your risk of developing a DVT via these three mechanisms, such as congestive heart failure, severe obesity, chronic respiratory failure, a history of smoking, varicose veins, pregnancy, and estrogen treatment in the form of birth control pills or hormone replacement therapy. If you are concerned that you may be at risk due to any of these conditions, you are encouraged to consult with your physician.

Treatment:

Both DVT and PE are treated with blood-thinning medication. These medicines, called anticoagulants, decrease your blood's ability to clot and can also stop clots from getting bigger. The use of medication may also prevent new clots from forming. They do not, however, break up existing clots that have already formed. The body's natural systems will help dissolve the clot to varying degrees. The length of time the patient is treated with anticoagulants depends on a number of factors, and is determined by a physician.

Some doctors may recommend sequential compression devices to promote blood flow after surgery-particularly orthopedic surgery such as hip or knee replacement. Anticoagulant therapy prevents further clots from forming and diminishes the risk of a pulmonary embolus. It

WHAT IS DVT? *Continued from page 3*

consists of heparin, which may be given intravenously or, more frequently, by subcutaneous injection. A newer subcutaneous injection medication can also be used to treat blood clots. Warfarin (Coumadin®), which can be given orally, is continued on an outpatient basis.

The physician may also recommend thrombolysis, using an intravenous agent that dissolves blood clots. This medication is given by a catheter that is threaded up through the vein to the clot, and one of the clot-dissolving drugs is injected to dissolve it. The clotbuster is injected slowly through a catheter (which has many tiny holes) into the area of the DVT, much like a soaker hose. Sometimes a tiny vacuum cleaner type of device is used to suck out the softened clot. Once the clot is gone, balloon angioplasty or stenting may sometimes be necessary to open the narrowed vein, but this is common only in the larger veins, located in the leg or pelvic area. With this approach, the patient will also need anticoagulants to prevent new blood clot formation while the existing clot is being dissolved.

For some patients, extraction of the clot (*thrombectomy*), through a small incision at the groin, may be recommended. These approaches are designed to remove the clot and restore the venous system to normal, but they involve additional risk and expense and therefore are applied selectively by the appropriate vascular specialist. Clot removal, by either technique, is usually recommended only for major clots higher up in the leg, and particularly in active, healthy patients without any serious associated diseases. It can significantly reduce the serious late after-effects of DVT in the legs, such as chronic leg swelling, discoloration and, ultimately, ankle ulcers, but it does so at an increased risk of serious bleeding.

Current recommendations are that all patients with leg DVT wear a prescription support stocking to help decrease the risk or treat symptoms of leg swelling. The stockings also help to prevent the skin changes that can occur over time (as mentioned above) including skin irritation, skin discoloration, scarring, and leg ulcers. This condition is called *post-thrombotic syndrome*.

Can DVT Be Prevented?

Persons who undergo major surgery are at risk to develop DVT; therefore, exercising the calf and leg before surgery and resuming physical activity as soon as possible after surgery will decrease the risk for DVT.

Preventing DVT is the major reason why hospitals have patients up and walking as soon as possible after surgery. Regular stretching and leg movement are important for

individuals who sit at a desk all day or are traveling in a confined space on long trips, such as in air travel. Other recommendations are to refrain from smoking cigarettes and to maintain a normal body weight. If you are in the hospital for any reason and have any of the risk factors mentioned above, you should discuss prevention of clots with your physician.

Most Common Signs and Symptoms of DVT

- o Sudden swelling of one limb (leg or arm)
- o Pain or tenderness
- o Skin that is warm to the touch
- o Fullness of the veins just beneath the skin
- o Change in the color (blue, red, or very pale)

These symptoms can develop slowly or suddenly. **If you have these symptoms, contact your doctor immediately.**

Common Signs and Symptoms of PE

- o Shortness of breath
- o Chest pain, often worse when taking a breath
- o A feeling of apprehension
- o Sudden collapse
- o Coughing
- o Sweating
- o Bloody phlegm (coughing up blood)

The signs and symptoms of these disorders (DVT and PE) can vary by individual and event. Some individuals may also experience uncommon symptoms such as dizziness, back pain, or wheezing. **Because PE can be fatal, if you experience these signs or symptoms, seek medical attention right away.**

Sometimes patients cannot take blood thinners or have recurrent clots on blood thinners. These patients may have a vena cava filter placed in the major vein in the abdomen (which drains blood from the legs). This is a device which stops clots from traveling to the lungs.

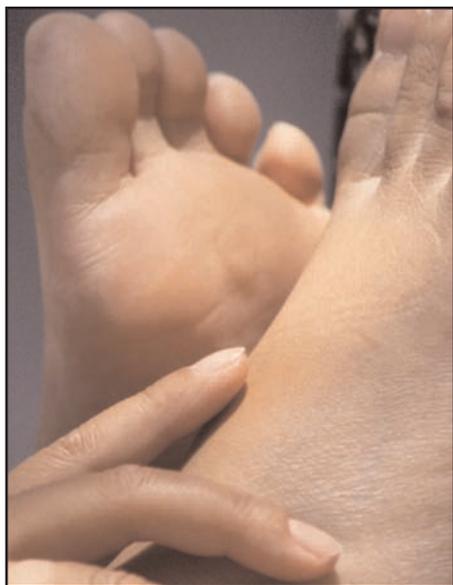
See page 9 for helpful tips for how to avoid DVT.

About the Author: Robert B. McLafferty, MD
Dr. McLafferty is the Professor of Surgery for Southern Illinois University School of Medicine, Division of Vascular Surgery. He is a well-known expert and national speaker at numerous conferences and other events on venous diseases.



Diabetes and Your Feet

What You Should Know



There are over 19 million people in America who now have diabetes. Almost one-third of them are not aware they have the disease. Diabetes is a disease that affects almost every part of the human body. It very often affects the eyes, kidneys, hands, and feet.

For your feet, the most common side effects of diabetes are:

1. **Nerve Damage** (Peripheral Neuropathy)
2. **Reduced Blood Flow** (Peripheral Arterial Disease)
Resulting in:
3. **Foot Wounds**

Nerve Damage

For feet, the number one danger is from nerve damage. This damage causes a gradual loss of feeling leading to almost complete numbness. This process often starts by the patient's feeling tingling sensations. This decreased feeling means that someone with diabetes may not sense pain or feel very hot or very cold temperatures. Therefore, the person may not notice a problem until the damage is done and an ulcer or wound develops.

Reduced Blood Flow

Often with diabetes, blood vessels are narrowed, thus resulting in reduced blood flow. The reduced blood flow makes problems worse because, for an ulcer to heal, the injured tissue and the surrounding area must have an adequate blood supply. The reduced blood supply means that ulcers take longer—sometimes much longer—to heal.

Ten Key Steps to Keep Healthy Feet

It is suggested that people with diabetes check their feet every day. The following list offers some key steps to avoid foot problems and maintain healthy feet.

1. **CONTROL YOUR BLOOD SUGAR LEVELS.** This will reduce foot problems by decreasing nerve damage and arterial blockage.

2. **DO NOT SMOKE.** This has a serious impact on blood supply.
3. **DO NOT WALK BAREFOOTED—EVEN AT HOME.** Stepping on a small object can lead to big problems.
4. **CHECK YOUR FEET DAILY.** Check for cuts, blisters, redness, swelling, or nail problems. If you can't see, use a mirror or ask someone to check for you. If you notice anything, consult your doctor.
5. **WASH YOUR FEET DAILY WITH WARM (NOT HOT!) WATER.** Check the water temperature with a thermometer or your hand before you put your feet into it. Remember, your feet may not be able to recognize hot temperatures because of nerve damage. This bath time will give you a chance to check your feet and apply lotion (except between your toes) to keep the skin soft.
6. **CUT YOUR TOE NAILS STRAIGHT ACROSS** and file edges. Be sure not to cut them too short because this can lead to ingrown toe nails.
7. **DO NOT CUT CORNS OR CALLUSES** at home. Have your podiatrist treat these.
8. **WEAR WHITE COTTON SOCKS** and change them daily. Wear socks at night if your feet are cold. **DO NOT** use hot water bottles or heating pads to warm them.
9. **SHAKE OUT YOUR SHOES BEFORE PUTTING THEM ON AND BE SURE THEY FIT WELL.** You may want to use your hand to check your shoes to make sure there are no objects in them. Be sure shoes have enough toe room. If you are not sure, ask a shoe professional to help fit them. Break in new shoes slowly—a few hours at a time.
10. **TAKE OFF YOUR SHOES AND SOCKS DURING EACH VISIT TO YOUR DOCTOR.** This will remind the doctor to check your feet each time.

Your feet are very easy to ignore, and small problems can become big problems quickly when you have diabetes and a poor blood supply, because you cannot always feel the problem until it is too late. These simple steps can help you avoid many problems and their costly medical bills.

About the Author: *Jeffrey L. Jensen, DPM, specializes in the treatment of diabetic foot complications as the Medical Director of the Diabetic Foot & Wound Center in Denver, CO. He is also an Assistant Clinical Professor at the University of Colorado at Denver and Health Sciences Center.*



Give Exercise One Tips to Help You Start



Recent polls have shown that only one in five individuals in the United States exercises regularly, despite the widespread belief that regular exercise and good nutrition are beneficial to continued health and longevity. Although there are many reasons for this, the excuses generally boil down to a lack of time and motivation. Now is the time to give exercise one more chance.

For many years, health care providers and fitness professionals encouraged regular exercise for the purpose of becoming fit and maintaining fitness. For most, the terms “fit” and “fitness” were synonymous with vigorous physical activity such as jogging or running. However, over the past decade, researchers have found that low to moderate intensity activity can significantly contribute to health and well being. Some of the health benefits of regular exercise include the following:

Cardiovascular health:

- Reduction in blood pressure
- Reduction in body fat

Peripheral vascular health:

- Increase in leg blood flow

- Reduced viscosity (thickness) of blood
- More efficient use of oxygen in the exercised muscle
- Increased ability to walk farther without pain

Metabolism:

- Improved ability to use insulin and thereby maintain normal blood sugar levels

Bone density:

- Stabilization of bone density through weight-bearing exercise

Psychological well-being:

- Increased self-confidence in performing physical tasks
- Enhanced self-image and sense of well-being
- Better sleep habits
- Less depression, stress, and anxiety
- Improved outlook on life

The good news is, YOU can receive the benefits of exercise. You do not need to train for a marathon, or spend two hours a day lifting weights. The recommendation from a group of experts from the Centers for Disease Control, U.S. Surgeon General's office, and American College of Sports Medicine is: ***Every adult should accumulate 30 minutes or more of moderate-intensity physical activity on most, preferably all, days of the week.***

Activities that should be included in these 30 minutes of activity are:

1. Aerobic activity
2. Muscle-strengthening activity
3. Activity to improve flexibility

Aerobic activities are those that keep your whole body moving in a continuous rhythmic manner, such as walking, biking, or dancing. Muscular fitness refers to the increased strength and endurance of your muscles. Hand and leg weights are used with most muscular fitness activities. Plastic milk, water,

e More Chance - an Exercise Program

or detergent jugs partially filled with sand or water make good weights if you do not want to purchase dumbbells or barbells. Flexibility is your ability to move your joints and stretch your muscles.

Stretching exercises are the best way to improve flexibility. Visit www.vdf.org for a sample exercise plan for a person starting an exercise program; it includes all three types of activities. If you are unfamiliar with stretching or muscle-strengthening exercises, ask your local librarian to help you find a book on physical fitness at the library. There are many publications by the American College of Sports Medicine (www.acsm.org) that could help you, and they are written in very practical terms.

If you know or suspect that you have a chronic disease such as heart or lung disease, high blood pressure, joint disease, or chronic fatigue syndrome, consult with your doctor before beginning your program.

Congratulations!! You are ready to begin an exercise program. Here are some tips that may help you adhere to your program:

- Learn all you can about the benefits of exercise and keep them in mind.
- Establish and write down short and long-term goals.
- Find a friend with whom to exercise, or join a group.
- Engage in activities which you enjoy.
- Record your exercise achievements in a progress book.
- Consider multiple short bouts of exercise if time is an issue.
- Establish a schedule and stick to it. Don't find excuses to avoid daily exercise.

Good luck, you can do it!

About the Author: *Sharon K. Christman RN*, is an Associate Professor of Nursing at Cedarville University located in Cedarville, Ohio.



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2. Durstine, J.L. and Moore, G.E. (2003). *ACSM's Exercise Management for Persons with Chronic Diseases and Disabilities*, 2nd ed. Human Kinetics: Champaign, IL



VDF Walking Logs
are available for download
at www.vdf.org
and can be used for walking as
well as other activities.
Don't have access to the Internet?
Call us at
888.VDF.4INFO
and we'll mail you a copy.

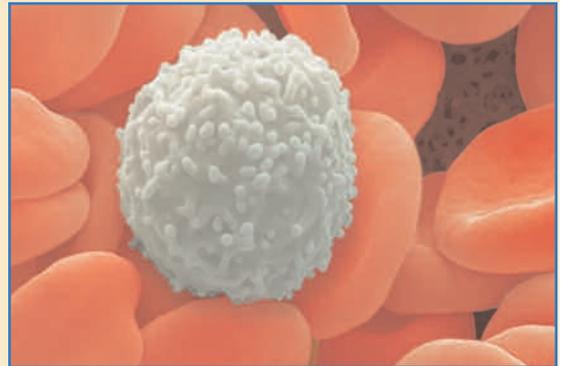
About . . . White Blood Cells

White blood cells (WBCs) are the cells in our blood that fight infection. These cells defend the body against infecting organisms (bacteria and viruses, or what we call “germs”) as well as against foreign agents. They fight infections that are in both the blood stream and the body tissues.

There are about 7,000 to 25,000 WBCs in one drop of blood. The number varies depending on whether or not they are currently fighting infection. These cells are formed in the bone marrow from stem cells. There is a variety of types of WBCs.

Some WBCs actually surround and digest the offending organism (bacteria or particle). Some release chemicals such as histamine which plays a role in the inflammatory response to infection. Some of the cells have digestive enzymes that are effective against parasitic worms. WBCs increase in the presence of allergic disorders. Some of the cell (T-lymphocytes) act against virus-infected cells and others (B-lymphocytes) produce protective antibodies that overpower invaders. B-lymphocytes may also be “memory cells” which are ready to fight if the same infection recurs.

Lowered WBCs can be a result of bone marrow failure, presence of cytotoxins (such as chemotherapy), collagen vascular diseases (such as lupus), disorders of the liver or spleen and radiation. Increased WBCs can be a result of inflammation (such as rheumatoid arthritis or allergy), leukemia, severe physical or emotional stress, and tissue damage such as burns and anemia.



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Excellence in Care



From left to right, the technologists are Jean-Pierre Joseph, RVT, Samantha Hembree, RVT, Sherry Whiting, RVT, Excellence in Care Winner Tina Lengel, B.S., RVT, Mellissa Craft, RVT, Paul Kinsella, RVT, Lisle Pallin, RVT, and Michelle Wichman, RVT

Congratulations to Excellence in Care winners Tina W. Lengel, BS, RVT, and her staff at the Vascular Institute of Georgia. Tina and her dedicated staff have been an intricate part of the growth in vascular imaging in Atlanta, Georgia, and throughout the southeastern United States. The staff includes seven registered vascular sonographers who are highly dedicated ambassadors for the field of vascular imaging. Tina has been a leader in the field and a valuable resource for many vascular labs in the area and has the highest quality staff in the Georgia area. Together they have increased awareness and accuracy in testing by sharing their knowledge unselfishly with others in the field.

If you'd like to nominate someone for the Excellence In Care Award, please send us a note or e-mail with a tax-deductible donation of \$50 or more. Telling us who you are honoring and why he or she deserves the recognition. Nominees can be any medical professional who has helped you or your family or has shown special kindness which you feel deserves recognition.

Frequently Asked Questions and DVT

Is air travel safe for those with DVT? Travelers who have had a DVT in the past and are considering travel with prolonged periods of sitting should wear prescription-strength compression stockings and walk every 30 minutes. Additionally, simple calf exercises while sitting helps. If travel is for more than four hours, those individuals may receive a dose of a blood thinner called low-molecular weight heparin to help prevent clots. This is an injection with a needle under the skin.

Does Exercise Help DVT? Little is known as to how exercise effects a DVT after it has formed. Nevertheless, exercise will help prevent further clotting and may improve other pathways for the blood to travel from the legs back to the heart.

Is there any procedure or medicine that will clear out the DVT scar tissue and restore my veins to their proper functioning? Much work is being done in this area. There are several devices now that can be used to remove clot. If a clot is removed early (within three days), the veins may retain good function, with the valves remaining intact and able to prevent pooling of blood in the ankles.

In the News

VDF thanks all of those who supported the **2006 Annual Appeal**. Together, you raised over \$7,500 for VDF! This money helps us continue our mission to provide free vascular disease education to the public. Thank you!

Vice President Dick Cheney was recently diagnosed with DVT. March is DVT Awareness Month. Learn the signs, symptoms and risk factors at www.vdf.org.

NEW! Venous Coalition—Last year the Surgeon General's office hosted a two-day workshop on deep vein thrombosis (DVT) and pulmonary embolism (PE) and committed to issuing a “Call-to-Action” to prevent and decrease the negative impact of DVT and PE. In response to this call, VDF is helping to initiate a Venous Coalition to help provide public education about venous diseases. So far over 20 organizations from the science and medical communities have expressed interest in helping to create the coalition which will provide accurate, unbiased information to the general public about venous diseases, including DVT and PE. VDF is hoping this campaign will be as successful as the P.A.D. Coalition's efforts in providing public education about PAD.

May is Stroke Awareness Month—Learn the signs and symptoms by listening to VDF's HealthCast episode #10.

The P.A.D. Coalition now has a **FREE Peripheral Arterial Disease Wall Chart for Medical Offices**. The laminated 24 in. x 19 in. wall chart is targeted to patients and reviews PAD risk factors, symptoms, diagnostic tests and treatment. To get a copy for your clinic or lab, visit www.padcoalition.org or call 866.PAD.INFO.



SOME TIPS TO AVOID DVT

- Do not sit for long periods of time.
- Elevate legs if you are sitting for moderate periods of time.
- If you are on an airplane for more than six hours, get up and walk in the aisles, pump your feet up and down.
- If you are flying, drink plenty of non-alcoholic beverages.
- Keep hydrated. Drink six glasses of water per day.
- Talk to your doctor about the need for medications for long airplane flights.
- If you have varicose veins, wear support hose (especially if pregnant).
- Do not wear constricting garments on the legs (elastic bands or garters).
- Do not smoke.
- Maintain a normal body weight.
- If you have trauma or major surgery, discuss with your doctor the measures taken to reduce the risks of clots.

Thank You to Our Recent Donors!

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VDF HealthCasts Continue

The Vascular Disease Foundation is proud to continue its 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 produced by Dr. Kerry Stewart. Dr. Meyerson is a cardiologist at Johns Hopkins and a scientific advisor to VDF. Dr. Stewart is a Professor of Medicine at Johns Hopkins and a member of the VDF Board of Directors.

The newest Healthcasts episodes include:

Episode 9: A Discussion of the Key Messages about Vascular Disease from 2006

Drs. David Meyerson and Kerry Stewart discuss the process of atherosclerosis, the underlying cause of peripheral arterial disease, and how it is closely related to heart disease and carotid artery disease.

Episode 10: Stroke Identification and Action to be Taken

Drs. David Meyerson and Kerry Stewart discuss the signs and symptoms of stroke.

Episode 11: Deep Vein Thrombosis

Dr. Robert McLafferty is Professor in the Division of Vascular Surgery at the Southern Illinois University School of Medicine. He is also a vascular surgeon and a member of the VDF Board of Directors, representing the American Venous Forum. They discuss the issue of deep vein thrombosis, or DVT.

Episode 12: More about Deep Vein Thrombosis

Dr. Robert McLafferty continues a discussion about DVT, including risk factors diagnosis, signs and symptoms that are possible warnings for DVT, and treatments.

HealthCasts may be found on VDF's Web site at www.vdf.org/resources or at iTunes, Feedburner, Yahoo, and other sites. Listening instructions and a complete description of each episode may be found on VDF's Web site. Our continued thanks go to hosts Dr. David Meyerson and Dr. Kerry Stewart for volunteering their time and energy to the creation and production of these informative HealthCasts.

Listen at www.vdf.org



Remember Mother's Day & Father's Day

Remember and honor your mother and father this year with a donation to VDF. Our Web site will list all contributions on our "Special Mothers" and "Special Fathers" page. Please send us your mother's or your father's name, a statement you wish to make, and the names of those requesting this honor along with a contribution of \$25 or more. A special card will be sent to your mother and/or father if you also send us his or her address. Please contact us at 1-888-VDF-4INFO, e-mail us at info@vdf.org, or mail to: VDF, 1075 S. Yukon St., Ste. 320, Lakewood, CO 80226. You can also do this on-line using the Donor link on our Web page at www.vdf.org.



Annual Meeting of VDF's National Advocacy Board

In January, VDF's National Industry Advocacy Board met with the VDF Board of Directors at its annual meeting in Denver, Colorado, to recap the accomplishments of 2006 and make plans for 2007. Our thanks go out to John Brumleve from Cook, Ken Korber from CV Therapeutics, Mike Madden from Cordis Endovascular, and John Welch from DIOMED for braving the cold and the snow to join us in Denver. We are grateful for their continued support of VDF's mission.

Pictured left to right: back row, John Brumleve (Cook), Mike Madden (Cordis Endovascular), Dr. Alan Hirsch (VDF Board of Directors), Ken Korber (CV Therapeutics), John Welch (DIOMED); **front row,** Dennis Newman (VDF Chairman), Judy Fried, RVT (VDF Board of Directors Secretary), Dr. Alain Drooz (VDF Board of Directors President), Dr. Mark Creager (VDF Board of Directors President Elect).

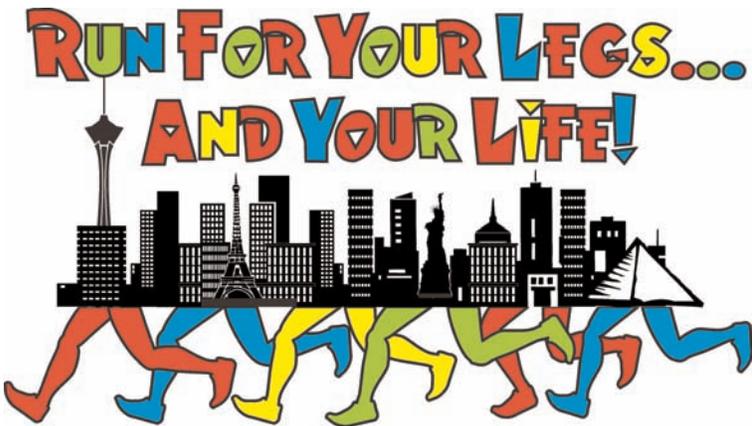


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Save the Date:

The 2nd Annual Run for Your Legs and Your Life VIVA07 fun run/walk will be held on September 26 in Las Vegas. Last year almost 300 runners came out to enjoy the Vegas sun for this inaugural event. Please join us for fun in the sun and help raise awareness about vascular disease and PAD. Call us at 888.VDF.4INFO for details.

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