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Interventional Radiologists: Walking Shouldn't Be a Pain *Society of Interventional Radiology's Legs For Life® Screenings Available During September's National Peripheral Arterial Disease (PAD) Awareness Month*

FAIRFAX, Va.—[Peripheral arterial disease](#) (PAD) usually is caused by arteriosclerosis, a gradual process in which cholesterol and scar tissue build up, forming a substance called plaque that clogs the arteries and causes decreased blood flow in the legs that can result in pain when walking—and possibly gangrene and amputation. The [Society of Interventional Radiology](#) annually sponsors [Legs For Life](#)®—a nationwide community health and public information and PAD screening program that began in 1998—because interventional radiologists, vascular experts who treat PAD, recognized that the disease is a major public health problem with a growing incidence. SIR encourages early detection and management of PAD to prevent the progression of the disease in at-risk individuals.

“Because atherosclerosis is a systematic disease, the plaque restricting blood flow to the leg arteries is considered a red flag for several life-threatening vascular diseases, such as heart attack and stroke,” noted Robert A. Lookstein, M.D., FSIR, an interventional radiologist and chief, division of interventional radiology, Mount Sinai Medical Center in New York City. “The initial screening, a simple, painless ultrasound exam called the ankle-brachial index, or ABI, doesn't take any time at all, but it could reveal problems with blood circulation. Many people with early signs of peripheral arterial disease, or other vascular diseases, can be treated with medication, diet and exercise,” explained Lookstein, who is also chair of SIR's Peripheral Arterial Disease Service Line.

One in every 20 Americans over the age of 50 has peripheral arterial disease. Many symptoms that may be warning signs of PAD are typically dismissed as signs of getting older, such as pain in the legs while walking that subsides at rest, numbness and tingling in the lower legs and feet, coldness in the lower legs and feet, and ulcers or sores on the legs or feet that don't heal.

“We decided to hold—and continue to hold—Legs For Life screenings after realizing that many of our patients were concerned as symptoms of PAD became evident,” said SIR member R. Donald Doherty Jr., M.D., an interventional radiologist in Fredericksburg, Va. “We screen more than 100 patients every year and have found that about 40 percent of our participants require follow-up for unrecognized abdominal aortic aneurysms, peripheral arterial disease, or venous reflux symptoms” he said.

SIR member Corey L. Teigen, M.D., an interventional radiologist in Fargo, N.D., concurs. “Over the last several years, we have screened 100 to 200 people per year and, of those, approximately 15 to 20 percent were later seen in the clinic for either peripheral arterial disease, abdominal aortic aneurysm or venous disease. This represented about 70 percent of those who had positive screening tests, as some patients were screened positive for more than one entity,” he said.

“Those individuals who do not respond to medication, diet or exercise may need surgery or one of several minimally invasive interventional radiology treatments, including angioplasty, atherectomy and stent placement,” explained Lookstein. “In these procedures, a tiny tube, or catheter, is guided by X-rays into the affected blood vessel. In angioplasty, for example, a tiny balloon placed into the diseased blood vessel inflates to compress the plaque against the wall and create a larger passageway for blood flow. In atherectomy, the plaque is shaved away with a tiny rotor or laser. With stents, tiny metal scaffolds are used to prop open a blood vessel, usually after failed angioplasty or atherectomy,” he said.

Lookstein noted that interventional radiologists are increasing the use of minimally invasive treatments to treat critical limb ischemia (CLI), the most severe form of peripheral arterial disease. “Individuals with critical limb ischemia have symptoms ranging from intense pain at rest to ulceration and even gangrene of the symptomatic limb. If prompt revascularization is not performed, the patient may face limb loss or amputation,” he said. “People with peripheral arterial disease are frequently unable to undergo bypass surgery for medical and technical reasons and minimally invasive therapy may offer a safe and rapid option for revascularization that can alleviate the symptoms and help avoid amputation,” Lookstein said.

During September, National Peripheral Arterial Disease Awareness Month, individuals may find limited free Legs For Life screening sites listed at www.LegsForLife.org. Many interventional radiologists

also offer year-round screenings by appointment and can be found with [SIR's Doctor Finder](#) at <http://doctor-finder.SIRweb.org/> (choose "Peripheral Arterial Disease" in the Area of Expertise list). Some Legs For Life centers also screen for risk of other vascular diseases, such as varicose veins, abdominal aortic aneurysm, or AAA, and stroke. Take a test to see if you may be at risk for PAD, AAA or stroke at www.LegsForLife.org.

Please note: Legs For Life® sites provide a limited number of screenings; advance appointments are required. Many interventional radiologists offer year-round screening by appointment instead; a link to this information is provided on the Legs For Life® website (www.legsforlife.org). For a patient video about peripheral arterial disease, visit [SIR's Web site and scroll down to the "Video News Releases"](#) section at www.SIRweb.org/news/videoClips.shtml.

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About Legs For Life

Legs For Life is the largest, longest running and most inclusive national vascular disease screening program in the United States. Nearly 322,000 people have been screened to date, with one in four found to be at risk for PAD.

About the Society of Interventional Radiology

Interventional radiologists are physicians who specialize in minimally invasive, targeted treatments. They offer the most in-depth knowledge of the least invasive treatments available coupled with diagnostic and clinical experience across all specialties. They use X-ray, MRI and other imaging to advance a catheter in the body, such as in an artery, to treat at the source of the disease internally. As the inventors of angioplasty and the catheter-delivered stent, which were first used in the legs to treat peripheral arterial disease, interventional radiologists pioneered minimally invasive modern medicine. Today, interventional oncology is a growing specialty area of interventional radiology. Interventional radiologists can deliver treatments for cancer directly to the tumor without significant side effects or damage to nearby normal tissue.

Many conditions that once required surgery can be treated less invasively by interventional radiologists. Interventional radiology treatments offer less risk, less pain and less recovery time compared to open surgery. Visit www.SIRweb.org.

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