For Physicians and Health Care Professionals from The University of Kansas Hospital

Comprehensive Care For Peripheral Vascular Disease

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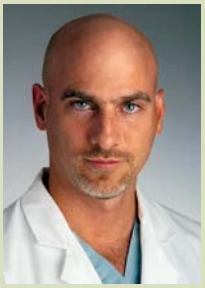

Philip Johnson, MD
Interventional Radiologist

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The American Heart Association estimates that 8 to 12 million people have peripheral vascular disease (PVD), which is also known as peripheral artery disease (PAD). Patients with PVD have an increased risk for heart attack, stroke, claudication, renal dysfunction and poor wound healing.

As a comprehensive vascular center, The University of Kansas Hospital would like to partner with you to diagnose and treat your patients who may have PVD. Our full range of services includes:

- PVD diagnosis using advanced 64-slice computed tomography angiography (CTA) and magnetic resonance angiography (MRA), as well as ultrasound.
- Minimally invasive interventional treatment tailored to the patient's specific vascular problem, using a variety of cutting-edge endo-vascular devices and techniques.
- Expert vascular surgery care for patients who have PVD and who are not good candidates for percutaneous or endovascular treatments.
- Conservative management to treat the whole patient, with access to clinical trials of new medications.
- Screening exams to identify vascular disease that may be clinically silent in the carotid arteries, abdominal aorta and arteries of the legs.

High-Quality, Non-Invasive Diagnosis

The 64-slice CT scanner is quickly revolutionizing the diagnosis of PVD, as well as cardiovascular disease. For most patients, it is an excellent alternative to traditional angiography for diagnosing blocked arteries in the legs, abdomen and neck, and has many benefits:

- CTA and MRA are non-invasive.
- CTA usually requires less X-ray dye than conventional invasive angiography and dramatically reduces exam time.
- CTA and MRA provide excellent image quality of the peripheral and cardiac arteries, including three-dimensional representation, plaque composition and the extent of plaque and calcium deposits.
- MRA uses dye that is safe for patients with renal dysfunction or those who have a severe allergy to conventional X-ray dye.
- MRA does not use ionizing radiation, making it safe for pregnant or younger patients.

This detailed information allows for planning before a minimally invasive interventional procedure. This gives our vascular specialists the opportunity to tailor the most appropriate treatment for each patient. These non-invasive exams also allow time to discuss treatment options with the patient and referring physician before the procedure.

James Thomas, MD, RVT
Vascular Surgeon

Karthik Vamanan, MD
Vascular Surgeon

While CTA and MRA are not considered screening exams, they are invaluable once an abnormality has been identified as a result of a traditional screening exam, such as ankle-brachial index (ABI) or Doppler/duplex ultrasound.

New Tools for Minimally Invasive Interventions

In addition to balloon angioplasty and stenting, an impressive array of new devices has become available during the past few years. These devices allow our physicians to treat vascular disease that previously needed surgery or was untreatable.

Specifically, the treatment of PVD involving the superficial femoral artery (SFA) is rapidly evolving.

Treatment of Chronic Total Occlusions (CTO)

- Devices using radiofrequency energy to ablate the occluded vascular segment.
- Devices using laser energy to open 100 percent blockages.
- Devices with a hollow needle that can pass through and beyond areas of blockage, creating a new channel for blood to flow.

Treatment of Open But Severely Narrowed Arteries

- Next generation stents, which are more flexible and resistant to bending and kinking.
- New stents that are lined with the same material as traditional surgical bypass grafts, effectively creating an endovascular bypass.
- Cryoplasty balloons that are used to open a narrowed vascular segment and prevent excessive scar tissue and possible re-stenosis.
- Atherectomy devices that actually remove plaque from the artery by delicately shaving the narrowed segment.

Specialized Care

Our vascular specialists also provide state-of-the-art carotid stenting and use distal embolic protection devices to prevent stroke during the procedure. The newest treatments for thoracic and abdominal aortic aneurysms are also available with the placement of endovascular stent-grafts to exclude the diseased vascular segment. The treatment of renal artery stenosis has also evolved. Distal embolic protection devices are commonly used to filter any debris that may be dislodged during the procedure, potentially damaging the kidney.

Vascular specialists at The University of Kansas Hospital keep up to date on the latest developments in minimally invasive endovascular diagnosis and treatment. The combined expertise of our cardiologists, cardiothoracic surgeons, vascular surgeons and interventional radiologists ensures that your patients will receive the best possible care and outcomes.

For more information or to refer a patient, call 913-588-5862 or toll free 877-588-5862. Or visit our Web site at *kumed.com*.