THE FACTS ABOUT PAD.

EACH YEAR THERE ARE MORE THAN

160,000 AMPUTATIONS PERFORMED

AS A RESULT OF PERIPHERAL ARTERIAL DISEASE[1]
(COMMONLY CALLED PAD).

TAKE A STAND™ AGAINST AMPUTATION

COMMON SYMPTOMS OF PAD:

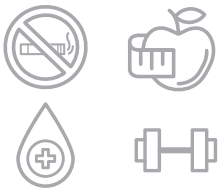
In advanced cases of PAD, called critical limb ischemia (CLI), the lack of blood flow can lead to wounds that won't heal and possibly amputation of the toe, foot or leg.

PLAQUE BUILDS UP ON THE INSIDE WALLS of the arteries that carry blood from the heart to the legs and arms.

THE ARTERIES HARDEN AND NARROW (a process called atherosclerosis) and blood flow to the legs and feet is significantly reduced.

THIS MAY ALSO INVOLVE HARDENED and narrowed arteries to the heart and brain, causing an increased risk of heart attack or stroke.

YOU CAN START WITH LIFESTYLE CHANGES[2]:



- ❑ QUIT SMOKING
- ❑ MANAGE YOUR DIABETES
- ❑ EAT A HEALTHY DIET
- ❑ GET REGULAR EXERCISE

YOU MAY ALSO NEED MEDICATION TO HELP YOU:

- **LOWER** high cholesterol and/or high blood pressure
- **THIN** your blood to prevent clots from forming
- **IMPROVE** your walking ability and decrease pain in your legs

IF YOUR PAD WORSENS, YOUR DOCTOR MIGHT RECOMMEND:

ANGIOPLASTY – a minimally invasive procedure where a balloon is inflated inside a blocked artery to restore blood flow.

STENT – a tiny tube placed in the artery to keep it open.

ATHERECTOMY – a minimally invasive procedure using a medical device to help open blocked arteries.

BYPASS SURGERY – a surgical procedure that uses a blood vessel or synthetic tube to bypass blockages in the artery.

LEFT UNTREATED, PAD CAN LEAD TO AMPUTATION.

- THE AMPUTATION RATE AMONG PATIENTS WITH CLI, THE WORST FORM OF PAD IS ESTIMATED TO BE **~25%**[3]
- **95%** OF AMPUTATION PATIENTS EXPERIENCE CHRONIC PAIN[4]
- **MORE THAN 54%** OF PATIENTS WERE NOT ASSESSED VIA DIAGNOSTIC ANGIOGRAM TO DETERMINE IF BLOOD FLOW COULD BE RESTORED[5]
- **67%** OF MEDICARE PATIENTS WHO UNDERWENT A MAJOR AMPUTATION NEVER HAD A REVASCULARIZATION PROCEDURE ATTEMPTED TO SAVE THE LIMB[6]
- **60-80%** OF MEDICARE PATIENTS WHO UNDERGO AMPUTATION NEVER WALK AGAIN[7]
- **THERE IS A 30-50%** 2-YEAR MORTALITY RATE AFTER AMPUTATION[8]

THE GOOD NEWS: THERE ARE MANY TREATMENT OPTIONS FOR PAD.

SO DON'T WAIT. DISCUSS YOUR SYMPTOMS WITH YOUR DOCTOR NOW.

To learn more visit
www.StandAgainstAmputation.com

1. What is the link between diabetes and PAD? Vascular Disease Foundation website. http://vasculardisease.org/flyers/lifesaving-tips-on-diabetes-and-padflyer.pdf. Accessed Feb. 1, 2013.
2. Olin and Sealove, Peripheral Artery Disease: Current Insight Into the Disease and Its Diagnosis and Management. Mayo Clin Proc. 2010 Jul; 85(7): 678–692.
3. Henry AJ, et al. Socioeconomic and hospital-related predictors of amputation for critical limb ischemia. J Vasc Surg. 2011;53:330-9.e1.
4. Ephraim PL, et al., Phantom pain, residual limb pain, and back pain in amputees: results of a national survey. Arch Phys Med Rehabil 2005; 86: 1910-19.
5. Goodney PP, Travis LL, Nallamothu BK, et al. Variation in the Use of Lower Extremity Vascular Procedure for CLI. Circ Cardiovasc Qual Outcomes. 2012; 5:94-102.
6. Allie DE, Hebert CJ, Lirtzman MD, et al. Critical limb ischemia: a global epidemic. A critical analysis of current treatment unmasks the clinical and economic costs of CLI. Eurointervention, 2005;1:60-69.
7. Dormandy JA, Rutherford RB. Management of peripheral arterial disease (PAD). TransAtlantic Inter-Society Consensus (TASC) Working Group. TASC document. J Vasc Surg. 2000; 31:S1-S296.
8. Norgren L, Hiatt WR, Dormandy JA, et al. Inter-society consensus for the management of peripheral arterial disease (TASC) II. J Vasc Surg. 2007; 45:S1-S67.