

How did you get here?

PAD progresses over time and your physician feels that you are at risk. Therefore, the next step is to see a vascular specialist for evaluation, diagnosis, and possible treatment.

The disease may progress and we need to catch this as soon as possible. Office visits allow us to see any changes inside your arteries or blood vessels.

The earlier we catch the changes the better our options are to try and fight the progression of the disease together with you.

What can we do to ease the symptoms you may be feeling?

We are the specialists that treat any leg pain and therefore please let other physicians know you are under our care to manage your PAD...

We have a very specific care plan and therefore we need to be the physician managing all of your leg pain, another doctor may not be aware of the new treatment options available and that's what makes our group unique...

We are the front line for developing the best care of PAD and therefore we are the leading practice and treat more PAD patients allowing for the best care possible.

Treating PAD:

There are three main approaches to treating PAD: making lifestyle changes, taking medication, and, in some cases, having an endovascular procedure or surgery. Your health care provider will determine the best treatment option for you based on your medical history.

One in every 20 Americans over the age of 50 has PAD (Peripheral Arterial Disease).

Learn about Peripheral Arterial Disease and the importance of follow-up visits.



PAD & your Path Ahead

Peripheral Arterial Disease and the Importance of Follow-Up Visits



What is PAD and who is affected?

Peripheral **A**rterial **D**isease (PAD) is a buildup of plaque in the walls of arteries which reduces or blocks the flow of blood to your limbs. PAD is most commonly seen in the legs.

PAD affects 8 to 12 million people in the United States. The risk of PAD increases dramatically with age. If you are over 70 or if you are over 50 and have cardiovascular risk factors such as high blood pressure or diabetes, you may be more susceptible to PAD.

Let's walk through PAD together



Visiting your doctor . . .



**Walking alone . . .
(no diagnosis of PAD)**

**PAD
Diagnosis**

If you are 70 or over, or if you are 50 or over and have other cardiovascular risk factors (high blood pressure, diabetes, high cholesterol, or are a smoker or former smoker), ask to be tested for PAD.

Why should I come to ALL of my follow-up appointments?

The disease may progress and we need to catch this as soon as possible and the office visits allow us to see any changes inside your arteries or blood vessels...

The earlier we catch the changes the better our options are to try and fight the progression of the disease together with you . . .

**YOUR
Care
Plan**

Visits

Follow-Up

**Make sure
you come to ALL
of your follow-up
appointments!**

SUCCESS!

*Improved mobility
Higher quality of life*



Follow-ups are important to help slow the disease and ease the symptoms.

**NO
Care
Plan**

No Follow-up visits?

Untreated PAD or late diagnosis could result in less mobility and, in extreme cases, amputation of a limb.

Diagnosis of PAD

There are three main approaches to treating PAD: making lifestyle changes, taking medication, and, in some cases, having an endovascular procedure or surgery. Your health care provider will determine the best treatment option for you based on your medical history.

Peripheral Arterial Disease (PAD) is a buildup of plaque in the walls of arteries which reduces or blocks the flow of blood to your limbs and is most commonly seen in the legs.

Affecting 8 to 12 million people in the United States, the risk of PAD increases dramatically with age.



**Untreated PAD
HIGH RISKS for:**

**Amputation of limb
Lower quality of life
Less mobility**

YOUR QUALITY OF LIFE