

## PVD...What's That? Peripheral Vascular Disease (PVD) at a Glance

You probably know that arteries in the heart can get clogged. But did you know that arteries in your arms, legs or brain can get clogged in the same way? Fatty cholesterol can build up in these peripheral (outside the heart) arteries, too. Eventually, this fatty buildup can harden and block the flow of blood to your arms, legs and brain. This condition is called peripheral vascular disease (PVD).



have been diagnosed with PVD and are seeing a doctor for treatment.

### Am I At Risk For PVD?

PVD affects everyone, although men are somewhat

more likely than women to have the disease. At highest risk are those who are:

- over the age of 50
- smokers
- diabetic
- overweight
- people who do not exercise, or who have high blood pressure or high cholesterol
- people with a family history of heart or vascular disease

### How Do I Know If I Have PVD?

The symptoms you may experience depend on which artery is affected and how severely the blood flow is reduced.

Some of the symptoms you may experience in the affected areas are:

- Dull, cramping pain in hips, thighs, or calf muscle
- Buttock pain
- Numbness or tingling in the leg, foot, or toes
- Changes in skin color (pale, bluish, or reddish discoloration)
- Changes in skin temperature, coolness
- Infection/sores that do not heal

There is no cure for PVD, but the sooner you are diagnosed, the quicker you can make lifestyle adjustments in order to manage symptoms and stop the disease from getting worse.

If you are experiencing any of the above symptoms or believe you are at risk for PVD, talk to your doctor as soon as possible.

### How Do You Treat PVD?

The best treatment for PVD depends on a number of factors, including overall health, the location of the affected artery or arteries, and the size and cause of the blockage or narrowing.

In the past, treatment of PVD has included exercise therapy, medication, bypass surgery and minimally invasive procedures such as bypass grafts, stent implants and angioplasty.

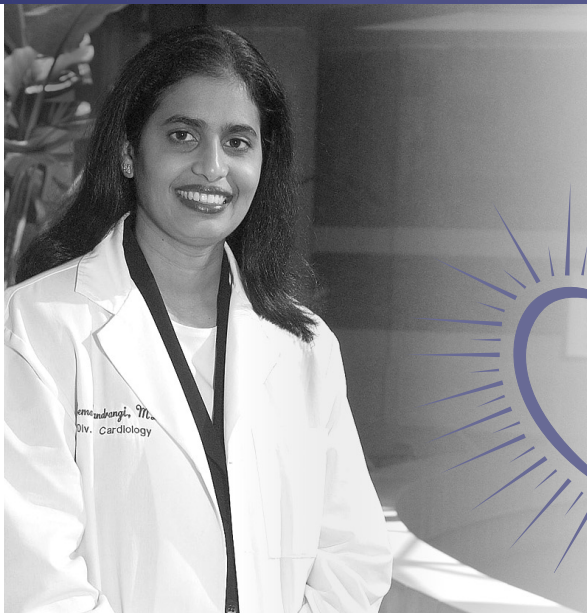
Today, a new minimally invasive procedure called plaque excision allows the blockage to be removed altogether. To read more about this procedure, see page 5.

Information provided, in part, by Vascular & Interventional Associates

### How Common Is PVD?

PVD affects about 1 in 20 people over the age of 50, or 10 million people in the United States. More than half the people with PVD experience leg pain, numbness or other symptoms – but many people dismiss these signs as “a normal part of aging” and don’t seek medical help. Only about half of those with symptoms

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# Heart of the Matter

## Stress and Cardiovascular Health

Stress has become the norm of life. As we try to juggle multiple roles, race against time, we incur mental and physical stress. Little do we realize how this stress impacts our overall well being and specifically our cardiovascular health.

Stress is one of the most commonly reported risk factors for cardiovascular disease both among patients who have suffered a cardiac event and among the general public. Stress is a trigger for ischemia (insufficient blood supply to the heart) and myocardial infarction (heart attack). Stress-related emotions – such as depression, anxiety and a sense of isolation – have been associated with the increased likelihood of death following a heart attack.

So, how does the body's response to stress affect the cardiovascular system? The original stress response – the “fight-or-flight” reaction – is a primitive survival instinct. This stress response occurs whenever an individual is threatened or faced with an adverse situation. The pituitary gland located at the base of the brain releases a hormone which sends signals to other glands to produce additional hormones. These hormones, including cortisol and adrenaline, focus concentration, increase reaction time, strength and agility. These hormones originally helped us fight predators and increase survival. Once the stress situation passes, the cortisol levels decline and everything is restored to normalcy. However, if stress becomes chronic, the system remains continually activated and causes negative effects on our body. High levels of cortisol can race your heart rate and increase your blood pressure as well as your cholesterol levels. As regular readers of HeartBeats already know, these are risk factors for both heart attacks and strokes.

There are many other significant, negative affects of stress. For instance, chronic stress dampens the immune system, which makes us more susceptible to infections. And, continued high levels of cortisol lead to increased appetite and weight gain. Stress also leads to unhealthy behavior patterns such as increased smoking and drinking and decreased exercise – all which increase the risk of heart problems.

# Reducing Stress

How we handle stress is just as significant as the presence of stress. We now have scientific data that show that women with heart disease who are hostile are more than twice as likely to have a heart attack or to die from heart disease as women who are not hostile. In fact hostility appeared to be a greater risk factor than smoking, high blood pressure and high cholesterol. Anger and hostility increase the risk of heart attack or other acute cardiovascular events in many populations, including older men without heart disease; and young men with a “type A” behavior trait known as time urgency/impatience are more than twice as likely to have developed hypertension as those without this personality trait.

So, how do you protect yourself against the ill effects of stress? Since stress develops when the demands in your life exceed your ability to cope with them one of the first, yet most sweeping changes you can make is to your environment – that is look for ways to reduce your daily demands. Your attitude in times of stress affects your heart. Look for ways to relax: consider an exercise or yoga program, and maybe try massage therapy or some meditation. If you believe you are unable to change your behavior pattern, seek help from your doctor.

*Hema Pandrangi*

Hema Pandrangi, MD



# THE HEART AT WORK

The following people have joined our team at The Dayton Heart Center since our last issue:

**Renea Ashcraft** – Renea has joined our Needmore Road office as a medical records technician. She is part of the team that provides the day-to-day operations of the medical records department.

**Jarrah Cole, MA** – Jarrah works in the lab at our Needmore Road office as a medical assistant. She guides patients through blood tests and other lab procedures as well as administering hospital pre-admission tests.

**Abi Pleasant** – Abi is an insurance coordinator at our Needmore Road office. She is responsible for processing all electronic insurance claims and account billing inquiries.

**Linda Plummer** – Linda is the newest member of our Needmore Road front office team. She works primarily at check-out where her duties include collecting co-pays and scheduling follow-up appointments and tests for our patients.

**Ron Shumaker** – Ron has been the controller at The Dayton Heart Center since 1999. Just this past January, Ron was promoted to the role of assistant executive director.

## NEWS YOU CAN USE

### A WORD ABOUT HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) has raised its security standards.

What this means for you as a patient of The Dayton Heart Center is that, for confidentiality purposes, you have most likely been issued a new insurance card with a new ID number from your insurance company.

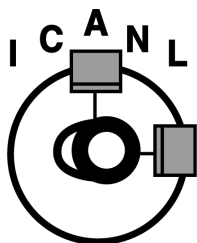
So, on your next office visit please be prepared to show your insurance card to the front desk staff so that we can update our records.

Thanks!

### MyRecord NOW MORE AFFORDABLE

The cost of your first MyRecord disc (the pocket-size computer disc that stores your medical record information) has been cut in half. The compact discs – which were previously \$40 – are now available for only \$20.

And remember, those patients who need or want to update their medical information during the year can get a new CD for only \$10.



**Nuclear Cardiology**  
Accredited Nuclear  
Cardiology Laboratory

### TDHC LABORATORY RECOGNIZED FOR QUALITY!

The Dayton Heart Center's nuclear cardiology laboratory was recently recognized by the Intersocietal Commission for the Accreditation of Nuclear Medicine Laboratories (ICANL) for its commitment to quality testing for the diagnosis of heart disease.

The Dayton Heart Center's laboratory is one of the first nuclear cardiology laboratories in the United States, Canada and Puerto Rico to be recognized for its commitment to high quality patient care and diagnostic testing.

# TDHC PHYSICIANS USING NEW PVD TREATMENT DEVICE AT DAYTON HEART HOSPITAL

Patients of The Dayton Heart Center who are hospitalized at Dayton Heart Hospital now have another choice in how their peripheral vascular disease (PVD) can be treated.

Recently, Dayton Heart Hospital introduced a new nonsurgical treatment that is used to clean out large amounts of plaque that clog the arteries of the legs and cause pain. The treatment is performed with a device called the SilverHawk™ Plaque Excision System.

The SilverHawk uses a tiny rotating blade the size of a grain of rice to shave away large quantities of plaque from inside the artery. As it is shaved away, the plaque collects in the tip of the device and then is removed from the patient. Removing harmful plaque from the artery helps restore normal blood flow to the legs and can help return patients to a more active lifestyle.

Before the arrival of plaque excision, treatments for PVD included angioplasty, stenting and open bypass surgery, an invasive procedure which requires creating a large incision and involves a hospital stay. Both angioplasty

and stenting clear a channel in the artery for blood flow by pushing plaque up against the artery walls. However, patients often return within six months to have the procedure repeated because plaque has crept back into the artery and blocked it again.

The SilverHawk device used by Dayton Heart Hospital cleans out the artery by removing the plaque altogether. Like angioplasty, plaque excision is a minimally invasive procedure performed through a tiny puncture site.

"Some of my patients cannot walk half a block without feeling severe cramping in their legs," commented Dr. Gary Fishbein "This device provides great relief to those patients and has improved their quality of life immensely. Using this procedure, we can remove large quantities of plaque entirely instead of simply compressing it against the vessel wall and hoping it won't come back. Cleaning out the arteries effectively gives a patient's legs a second chance."

## HERHeart Cardiovascular Screenings

Free from Dayton Heart Hospital



### Screenings include:

- Non-fasting Total Cholesterol, HDL and Glucose levels
- Blood pressure readings
- Body Mass Index evaluations
- Registered Nurse available to discuss personal risk factors
- Heart Healthy cooking demonstrations

### 2006 Free Screening Date:

- Tuesday, September 19  
4:30 p.m. – 7:30 p.m.

In the Lobby of Dayton Heart Hospital.

No appointment necessary. Walk-ins welcome. Open to men and women 18 or older.

For more information, call (937) 221-8777.

ALSO – HeartSaver CT scan hours will be extended and appointments taken by calling (937) 221-8900.

HERHeart



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## BREAKFAST TORTILLA WRAP Serves 4

vegetable oil spray	1/2 red bell pepper, diced
egg substitute equivalent to 2 eggs, (or 2 eggs)	1/4 C. chopped Canadian bacon (1 oz.)
1/8 t. black pepper	1/4 t. salt
4 6" nonfat or low-fat flour tortillas (or corn tortillas)	1/8 t. black pepper
1 C fat-free frozen shredded potatoes (3 oz.)	1 oz. nonfat or low-fat Cheddar cheese, shredded (1/4 C.)

Spray a nonstick skillet with vegetable oil spray. Heat skillet over medium-low heat.

Pour egg substitute into skillet and add 1/8 teaspoon black pepper. Cook, stirring occasionally, for 3 to 4 minutes, or until eggs are cooked through. Set aside.

Wrap tortillas in aluminum foil and warm in 350° oven for 5 minutes.

Meanwhile, in a medium bowl, mix potatoes, bell pepper, Canadian bacon, salt, and remaining black pepper.

Spray a medium-size nonstick skillet with vegetable oil spray. Heat over medium-high heat. using a rubber scraper, spread potato mixture evenly over the bottom of the skillet. Cook for 6-7 minutes on one side, or until potatoes are a light golden brown. Turn mixture over with a spatula and cook for 5-6 minutes.

To assemble: layer ingredients down the middle of a tortilla as follows: 1/4 of the scrambled eggs, 1/4 of the potato mixture, and 1/4 of the cheese; roll like a jelly roll, starting at the bottom. Secure each wrap with a toothpick if desired.

Calories: 142, Protein: 9 g, Carbohydrates: 19 g, Total Fat: 3 g, Saturated Fat: 1 g, Polyunsaturated Fat: 1 g, Monounsaturated Fat: 1 g, Cholesterol: 5 mg, Sodium: 281 mg *American Heart Association Lo-Fat, Low-Cholesterol Cookbook, 2nd Edition, Copyright 1989, 1997*

