

Just leg pain or PAD?



Thomas M. Reinsvold,
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PAD—short for peripheral artery disease, a potentially dangerous condition—affects as many as 8 million Americans, many who don't even know it. PAD plaque builds up in the arteries and decreases blood flow. This condition is characterized by leg pain, numbness and fatigue. However, in many people, PAD has no symptoms at all.

“Unfortunately, PAD is very common, especially among older patients,” says Thomas M. Reinsvold, M.D., FACC, a fellowship-trained interventional cardiologist with Northwest Cardiology in Bentonville. “PAD can particularly affect seniors and individuals with diabetes. Up to 20 percent of people older than age 65 suffer from PAD, and it’s estimated that fewer than 70,000 are treated annually. The good news is that PAD is treatable.”



Ahmad A. Elesber, M.D.
General and
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PAD warning signs include

- » numbness, tingling or pain in the leg, foot or toes at rest that often disturbs sleep
- » weakness in the legs or arms
- » changes in skin temperature or color
- » slow-healing sores on the feet or lower legs
- » bluish or black discoloration of the toes



PAD TREATMENTS

Depending on the disease’s severity, PAD can be treated through several options. In cases of mild PAD, regular exercise and quitting smoking can help. Even walking for 30 minutes a day can positively impact your vascular health.

“Since complications from PAD include tissue death, reduced ability to fight infection and increased risks for coronary artery disease, heart attack and stroke, it’s important to address the condition,” says interventional cardiologist Ahmad Elesber, M.D., a fellowship-trained cardiologist with Northwest Cardiology in Springdale.

At The Heart Hospital Network hospitals in Bentonville and Springdale, severe cases of PAD can be treated with balloon angioplasty, where a thin tube is inserted into the artery and expanded with a tiny balloon. Blood vessels can also be opened with a stent and advanced minimally invasive procedures can actually remove plaque from the artery.

Get a leg up on pain!



PAD is one of the conditions the physicians and staff treat at Northwest Health System’s Heart Hospital Network. Also, you’re invited to attend our upcoming, free cardiac screenings for a PAD assessment. Call **1-800-734-2024** or visit www.northwesthealth.com to learn more.

Heart to heart

True stories from our patients



NANCY ALISON

As a 49-year-old nonsmoker with a minimal family history of heart issues, I never imagined I would have a heart attack.

The first incident I ignored happened on a cruise ship during spring break in March 2010. It was the last night on board and I had just eaten a fabulous dinner. As I got up, I felt an intense pressure and sharp pain in the middle of my chest. I was sure it was something I ate, so I went back to the cabin to lie down. When I got up later, everything was fine.

Two months later, my husband and I went out for dinner and I had a juicy ribeye steak floating in melted butter. After dinner, the pains started again. They came and went, lasting a minute or two. Eventually, the pain subsided and I went to work the next morning. My employees (I manage a medical practice) could tell something was wrong, but I just teased them by saying I was probably having a

heart attack! The physicians I work for told me to go see my family physician. By then, the pain was still coming and going but had reached my back. When I saw a physician that afternoon, he did an EKG and chest X-ray. I had no pain while I was in his office. The office tests showed very little, so the plan was to do a stress test.

Later that evening, the pains became more intense, closer together and moved to my lower jaw. I finally gave in and had my husband take me to the Northwest Medical Center (NMC)—Bentonville emergency room (ER). I was immediately taken to a bed and blood was drawn for tests. Every medical professional asked why I had waited 24 hours to come to the ER, but I didn't have a good answer. By noon on Saturday, I had a heart cath and a stent was placed in my left descending artery. It was 100 percent blocked.

I had had a heart attack. My cardiologist reminds me at every visit that I'm lucky to be alive. I attended cardiac rehabilitation, removed some stress, changed my diet and lost 40 pounds. I have more weight to lose but am on the road to a much healthier life. I thank God every day that I live in a community where skilled physicians and well-equipped hospitals are here when we need them. ♥



BROOKE MASSEY

My husband and I wanted to start a family. Our journey ultimately took us to in vitro fertilization and we eventually became pregnant with identical twins. At the

20th week, a level II ultrasound revealed that something was wrong with twin A's heart. The physicians sent us to

Texas Children's Hospital in Houston, but their team was unable to determine the heart problem. One positive was the blood flow through the heart was normal. They felt we could deliver in Northwest Arkansas and not Houston.

I was placed on strict bedrest until I went into pre-term labor. The girls were born the next afternoon. We learned that Brooke's heart problems were more severe than we thought. She had a large VSD (a defect in the wall between the two ventricles) and had developed tetralogy of fallot symptoms and congestive heart failure. Her twin, Brennan, was doing great and had no health

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NANCY ALISON

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complications. We spent hours every day visiting the girls at NMC–Willow Creek. The staff was fabulous.

We took Brennan home at 5 weeks. I was torn having to leave Brooke alone in the hospital. Brooke was unable to take to a bottle and wasn't strong enough to breastfeed, so all her feedings were through a nasogastric tube. We realized she wasn't progressing as desired, so we decided to go to Arkansas Children's Hospital.

On August 23, 2010, Brooke was transferred to Little Rock with plans for open-heart surgery. She came through the surgery great. The physicians repaired her heart and

felt she wouldn't have any further complications. When they attempted to extubate her off the ventilator, Brooke decided she wasn't ready and we almost lost her. We were emotionally drained to see her lying there with fluid overloaded, an irregular heart rate and electrolytes out of control. She was in severe pain but was unable to cry out. Finally, the following Tuesday, they felt she was stable enough to be extubated again, but then Brooke was unable to eat as she needed to. We asked to come back to NMC–Willow Creek. Finally, Brooke came home. She's doing great and trying to catch up with her twin. ♥



MAURIE TURNER

On October 5, 2010, I went to the ER with severe pain in both arms. I had no chest pain, so I was surprised to learn that I was having a heart attack.

Michael Green, M.D., FACC, cardiologist at Northwest Health System (NHS), performed a heart catheterization and determined there was a tear in the

septum between the two chambers of my heart. I also had a whole in the back of my heart. Open-heart surgery was my only hope and the chance of survival was slim—about 40 percent.

On October 7, James S. Counce, M.D., cardiovascular surgeon at NHS, performed the surgery and repaired the damage.

I was released from the hospital seven days later and continue to do well. I'm grateful to the physicians and nurses at NHS for the excellent care I received. The American Heart Association has also been a wonderful resource of information for my recovery. ♥



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For an appointment, or to learn more about our cardiac care and services, call **1-800-734-2024** or visit www.northwesthealth.com/heart.

Some of the medical staff represented are independent physicians and are neither employees nor agents of Northwest Health System.

Left to right: William Michael Allen, M.D., FACC; Ahmad A. Elesber, M.D.; Thomas M. Reinsvold, M.D., FACC; Jose G. Loyo, M.D., FACC, FSCAI; and Michael Green, M.D., FACC



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