

What are the treatment options for PAD?

Peripheral Artery Disease can be treated through lifestyle changes, medication, and surgical or minimally invasive procedures, if needed.

One of the minimally invasive procedures available to treat PAD is called plaque excision which allows blockages to be removed altogether. The procedure is performed using the SilverHawk® Plaque Excision System which extracts the plaque from leg arteries, restoring blood flow to the legs, feet and toes.

Please consult your doctor or qualified healthcare provider regarding your condition and appropriate medical treatment.

SilverHawk® Plaque Excision System

1. Plaque excision is normally performed through a tiny incision in the leg. The SilverHawk device is guided to the spot in the leg where blood flow is blocked.



2. Once inside the artery, the SilverHawk System restores blood flow by scooping out plaque from the artery walls and removing the harmful tissue from your body.



Note: Individual symptoms, situations and circumstances may vary. Adverse outcomes are possible and not all patients can be treated successfully. All medical and surgical treatments of PAD are associated with some risk. Complications associated with treatment of PAD include, but are not limited to, bleeding, infection and blockage of blood flow.

The information provided is not intended to be used for medical diagnosis or treatment or as a substitute for professional medical advice.

Questions & Answers

Q: I currently have no symptoms of PAD, but I have several of the risk factors listed. Should I still be screened?

A: Many people with progressing PAD have no symptoms at all, so it is important to talk to your doctor about your risk factors. A PAD diagnosis can be done by asking a few simple questions, performing a simple exam and if required, doing a quick and easy test.

Q: I have a history of Coronary Artery Disease. Will my doctor test me for PAD?

A: Although your doctor is continually monitoring your health, you may need to request that your doctor do an Ankle Brachial Index (ABI) Screening test. ABI screening is a simple blood pressure calculation. It is painless and takes no more than 15 minutes and can identify the presence of asymptomatic PAD.

Q: After my ABI, my doctor told me that I needed a diagnostic ultrasound to determine the severity of my PAD. Should I wait until I have leg pain?

A: Your doctor is in the best position to advise you of your diagnosis and treatment options. Early diagnosis and treatment can prevent complications associated with the progression of PAD. A common risk associated with untreated PAD is Critical Limb Ischemia (CLI). Patients who wait until their PAD progresses are at risk of developing CLI, which can lead to severe pain and even amputation.

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114367-001 (A) MAR/08
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Is leg pain cramping your lifestyle?

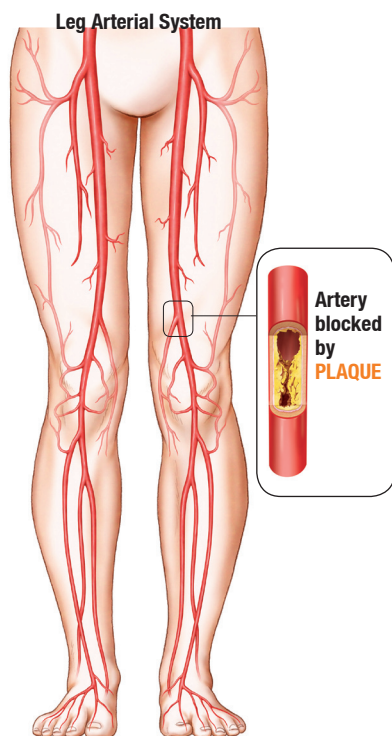


If so, you could have
**Peripheral Artery Disease
(PAD)**

Approximately 8-12 million people in the U.S. suffer from PAD.¹

What is PAD and how can it affect you?

Peripheral Artery Disease (PAD) is a condition that occurs when blood vessels become narrowed or blocked by a build up of fatty substances called plaque. PAD is commonly found in the legs, feet and toes and can also develop in other areas. Arterial plaque decreases blood flow to your extremities, causing pain, discomfort and limited mobility. If left untreated, PAD can cause severe leg pain and lead to Critical Limb Ischemia (CLI), a condition where not enough blood is being delivered to the leg to keep the tissue alive.



What are the symptoms of PAD?

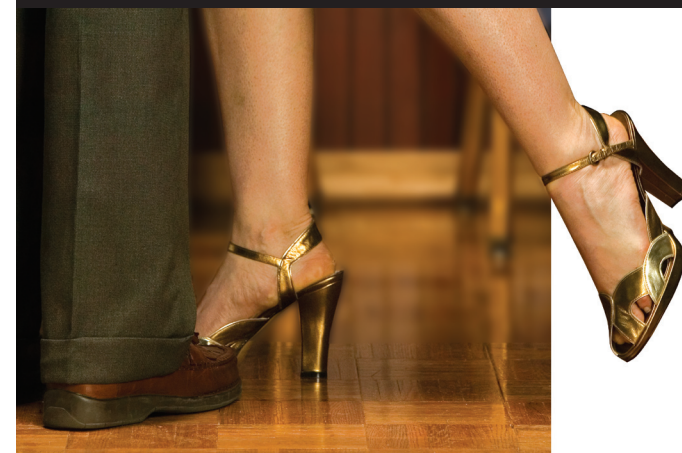
About 75% of people with PAD experience no symptoms at all.² Often, symptoms can be mistaken for arthritis or aging, or be considered exercise-related. If you are experiencing any of the following symptoms, you may have PAD and should consult your doctor. Symptoms may include, but are not limited to the following:

- Slow-paced walking or difficulty keeping up with others when walking.
- A dull, cramping pain in the hips, thighs or calf muscles during exercise or at rest.
- Changes in skin color or temperature of your leg, feet or toes.
- Infections or sores on your feet that do not heal.
- Pain, numbness, tingling or burning in the legs, feet or toes.

How is PAD detected?

You can be screened with several non-invasive (performed outside the body) tests such as the Ankle Brachial Index (ABI), to determine the blood circulation in your legs and feet. ABI is a painless diagnostic tool that compares pressure in the feet to blood pressure in the arms to determine how well the blood is flowing. *Ask your doctor about which screening method is right for you.*

Don't let leg pain keep you from enjoying life.



What are the risk factors for PAD?

Being at risk for heart disease puts you at increased risk for PAD. If you are over 50 and have any of the following conditions, you should be screened as soon as possible:

- **Diabetes:** An estimated one out of three people with diabetes over the age of 50 has PAD.³
- **A history of smoking:** Smokers have three times the rate of PAD as nonsmokers.⁴
- **A history of heart disease:** An estimated 40% of patients with Coronary Artery Disease (CAD) have symptomatic PAD.⁴
- **Age:** PAD increases with age and affects approximately 20% of the U.S. population over 70.⁵
- **Additional risk factors:** High blood pressure, high cholesterol, family history of PAD and obesity.

¹ Hirsch AT et al. Circulation. 113: 463-645; 2006

² Peripheral arterial disease prevention and prevalence. Peripheral Arterial Disease; 2007

³ Mitka. JAMA. 291: 809-10; 2004

⁴ Dieter RS et al. Clinical Cardiology. Volume 25: 3-10; 2002

⁵ Norgren L et al. Eur J Vasc Endovasc Surg. 33: S1-S70; 2007