

COLLABORATIVE TREATMENT. EXPERT CARE.

At Goshen Heart & Vascular Center, our providers specialize in the latest minimally invasive techniques.

Radiology

Dr. Charles Bower Interventional Radiologist

Dr. Justin Lightburn Interventional Radiologist

Dr. LeRoy Weaver Radiologist

Cardiovascular Medicine

Dr. Abdul Basit Interventional Cardiologist

Dr. Abrar Sayeed **Invasive Cardiologist**

Dr. Farid Jalinous Interventional

Kim Kahler Nurse Practitioner

Cardiologist

Jami Kamp Nurse Practitioner

Dr. Blair MacPhail Interventional Cardiologist

Nickie Ralston Nurse Practitioner

Cardiac Electrophysiology

Dr. Djavid Hadian Electrophysiologist

Vascular Surgery

Dr. John Martens Vascular Surgeon Dr. Nathaniel Dew Vascular Surgeon

To refer a patient to the Goshen Heart & Vascular Center, call (574) 364-3921 or fax a referral form to (574) 533-7145.

Treating peripheral artery disease

Like most facets of health care, the procedures available for peripheral artery disease (PAD) patients are rapidly advancing and being integrated into our practices at Goshen Heart & Vascular Center.

We have a broad scope of technological services. For simpler cases, we can do balloon angioplasty, the classic approach for treating arterial lesions. But we also have more advanced solutions. For example, we have excimer laser for treating softer lesions. This procedure basically vaporizes the plaque. We can also utilize an orbital atherectomy device. This involves a high-speed rotational atherectomy device that uses a diamond burr spinning at about 100,000 RPM to grind up calcified plaque.

Another treatment incorporates shockwave balloons that employ high intensity sound waves to break up arterial plaque in much the same way as lithotripsy is used for kidney stones. If required, in conjunction with our surgeon Colleagues at Goshen Heart & Vascular Center, surgical options can be performed, including a vascular bypass to build a new pathway and restore blood flow.

Treating clots and other serious PAD cases

For patients who may have more urgent issues like clots caused by emboli in their vessels and are at risk for acute limb ischemia, there are a range of options. Naturally, these are severe cases in which the patient first needs to go to the emergency room. At that time, we can put a catheter in and inject clot-dissolving medicine. Or we have a device that can actually aspirate the clot out of the artery.

Visceral ischemia is a disease closely related to PAD but less common. This involves a narrowing of the vessels going to the intestines which we can treat as well. The typical symptoms involve pain for several hours after eating and is sometimes associated with involuntary weight loss. It is the same thing as claudication in the intestines. In these cases, treatment may include antibiotics and medications to prevent clots from forming, dissolving the clots or dilating blood vessels. In some cases, surgery may be necessary to remove a blood clot; bypass an artery blockage; or repair or remove a damaged section of intestine.

When examining patients at risk for PAD

As is the case with many potentially serious PAD issues, it is important to determine if a patient has claudication or rest pain, or if there are signs of ischemia, decreased capillary refill or pulse rate. Just as with heart disease, patients most at risk for PAD are those who smoke or have diabetes.

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Interventional radiology offers new options to treat peripheral artery disease

Information for healthcare providers

So, when doing an annual physical or seeing a patient who is a smoker or diabetic, it's a good idea to ask questions about whether they are having pain in the legs and feet, and to check for non-healing wounds or evidence of decreased perfusion.

When there is a risk of PAD, patients should be referred to a heart and vascular specialist sooner rather than later. The recommended treatment may be as basic as a smoking cessation program, diet and nutritional counseling or diabetes management support. Or more aggressive treatments may be required. At Goshen Heart & Vascular Center, our specialists work with primary care physicians to address the long-term needs of the patient. In that way we can help prevent more serious outcomes such as limb loss, stroke or heart attacks. This is, of course, our shared goal for all PAD patients.

Interventional radiology also has applications for oncology patients

Interventional radiology not only provides sophisticated imaging technology and minimally invasive techniques for the treatment of PAD, but there are also a growing number of IR procedures to help treat cancer. These include cancers of the bone, breast, kidney, liver and lung. Specific procedures range from relatively simple treatments like thoracentesis and paracentesis to advanced interventional techniques including chemoembolization and radioembolization.



Charles Bower, MD, is a board certified interventional radiologist who uses image-guided techniques to treat medical conditions. He specializes in peripheral vascular disease, dialysis access maintenance and interventional oncology procedures.

Justin Lightburn, MD, CAQ, is an interventional radiologist who serves as the Director of Interventional Radiology for Goshen Hospital.

Dr. Lightburn treats peripheral artery disease, vascular malformation, carotid artery disease, aortic aneurysm, cerebrovascular disease and venous insufficiency.



TO REFER A PATIENT

To refer a patient, fax a referral form to (574) 533-7145. A referral form can be downloaded at GoshenQuickGuide.com. Call for an appointment at (574) 364-3921. We make every effort to see referrals the same day or within 24 hours as needed. If you would like more information or to meet any of our doctors, please contact **Jenny Rupp, Physician Liaison,** at **jrupp2@goshenhealth.com** or **(574) 364-2978**.