



Joe Wisnousky
relaxes in his
Swisher home with
his dog Wendy.

When legs ache

Noninvasive procedure gets
patients up and moving quickly

Last fall, Joe Wisnousky, of Swisher, began noticing back pain and discomfort in his legs that made walking difficult. This discomfort didn't seem normal to the 68-year-old grandfather of seven, who suffers from vascular disease.

"I went to my regular doctor and told him my legs were weak, my toes were cold and when I stopped or slowed down, I felt a rushing sensation from my hips to my knees," he recalled. "One time, my legs felt so weak, I thought I was going to fall over."

His internist, Dr. Frederick Frank, ordered an MRI (magnetic resonance imaging) to look for any structural abnormalities, and followed up with an order for an MRA (magnetic resonance angiography) to get images of blood vessels in his back and legs.

The diagnosis? Blockages in both legs. "My legs were not getting enough blood," said Wisnousky, simplifying his own diagnosis. The culprit was plaque build-up on the walls of the arteries that narrowed the vessels and ultimately shut off the supply of blood.

His doctor sent him to Richard Kettelkamp, DO, Cardiologists, P.C., who is an interventional cardiologist and endovascular interventionist specializing in the treatment of blockages in all arteries – not just the heart.

They agreed on stents – a procedure very familiar to Wisnousky, who already has five stents in his chest. Only this time, the stents would be in his legs.

"I noticed immediate results after the surgery," he said. "My legs were warmer, my right leg doesn't swell as much now and the back pain is gone."

"And, when I carry wood in the house, I can bend over now," laughed Wisnousky.

Dr. Kettelkamp explained that Wisnousky has peripheral arterial disease (PAD), or atherosclerosis. This disease is often referred to as hardening of the arteries, or the building up of plaque on the insides of peripheral arteries, which includes any artery not in the brain or heart that supplies blood to the limbs and organs.

While information on heart disease today is readily available, Dr. Kettelkamp notes that public awareness and information about PAD is not as prevalent.

"Many patients believe they should just deal with the pain in their legs or arms, and fail to mention it to their doctor," he said. "But with proper screening, we can diagnosis the problem and hopefully make them feel better."



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Richard T. Kettelkamp, DO, MHA
Medical Director, St. Luke's Cardiac Cath Lab
Interventional and Invasive Cardiologist, Cardiologists, P.C.

"Dr. Kettelkamp looked at my MRA and said the problem was in my groin area, where the main artery pumps blood to the left and right leg," said Wisnousky.

"He told me there was one blockage in my right leg and two in my left. I was given two options to fix it – take arteries from someplace else in my body and graft them in, or put stents in my legs," Wisnousky explained.

Years ago, blockages almost always meant major surgery. But today, doctors can perform surgery called angioplasty that requires only a small incision in the groin to insert a thin tube or catheter. This catheter is used as a guide to inflate a small balloon inside the narrowed blood vessel so that a stent can be placed to open a blocked artery.

Symptoms of PAD:

Not everyone with PAD experiences symptoms, but call your doctor if you experience:

- Cramping leg or hip pain during walking, but the pain stops when you rest.
- Numbness and/or tingling.
- Weakness in the legs.
- Burning or aching pain in feet or toes when resting.
- Sore on leg or foot that won't heal.
- Cold legs or feet.
- Color change in skin of legs and feet.
- Loss of hair on legs.

"The advantages are that this type of intervention is not as invasive as major surgery, and the recovery is much faster," said Dr. Kettelkamp. "Patients immediately get better, so it's very rewarding."

To locate the blockage in Wisnousky's legs, Dr. Kettelkamp ordered an angiogram, which is an x-ray test that uses a special dye and camera to photograph the blood flow in an artery. He also measured pressure differences in front of and behind the blockage to determine any drop in blood pressure – another sign of significant blockage.

Wisnousky went to St. Luke's in December for the angioplasty and stent procedure in both legs, and walked out of the hospital 11 hours later – just in time to fly to New Zealand and Australia with his wife for a long-planned, three week vacation.

"I can't say enough about Dr. Kettelkamp," said Wisnousky. "He did a tremendous job of making me feel better. I got a lot of relief, and my legs feel so much better...so much better. I just can't say enough about him and St. Luke's."

■ To find out if you are at risk for heart or vascular disease take St. Luke's free, seven-minute online heart health assessment. Log on to www.stlukesheartaware.com.