

Changing The Way We Visualize & Assess Disease

Every year, millions of patients in the US suffer from chronic wounds, adding billions of dollars of cost to the healthcare system. Peripheral arterial disease (PAD) affects an astonishing 12 million people annually, many of them diabetics. Up to 10% of patients with PAD may have Critical Limb Threatening Ischemia (CLTI) and are at risk for leg amputation. Additionally, a large percentage of patients with asymptomatic PAD will progress to having CLTI over five years. 80% of non-traumatic amputations are the result of PAD.



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PAD occurs when plaque builds up inside the arteries and restricts blood flow. This limited blood flow makes it harder for muscles and tissue to remain healthy and strong or to heal. CLTI is a severe end-stage peripheral arterial disease with a poor prognosis characterised by a high short-term risk of limb loss and cardiovascular events. Patients will develop non-healing wounds, ulcers, or gangrene in one or both legs. Treatment for CLTI requires a multidisciplinary approach involving various applications for rapid assessment, revascularization, and wound care management to improve what are often dire outcomes for patients.

NEW AND NON-INVASIVE TOOLS

Early assessment is critical in preventing complications and mitigating overall healthcare costs but diagnosing PAD can be challenging. The ankle-brachial index (ABI) test is currently the initial test used to diagnose PAD. The test compares the blood pressure in your ankle to the blood pressure in your arm. Generally considered the gold standard for testing, inaccurate ABIs frequently occur due to calcification on the arterial wall, causing artificially high values. In addition, ABI tests are time-consuming and technically difficult to administer, resulting in further inconsistencies.

As chronic wound care gradually moves to the forefront of the medical sector, new technologies have begun replacing time-consuming and cumbersome methods. A modern alternative, SnapshotNIR, is an effective vascular screening tool that can immediately identify PAD and vascular insufficiency, allowing a physician to expedite vascular referral and other interventions. While many vascular assessment procedures can take an hour to perform, initial Snapshot images only take a minute or two to capture, with serial images taking



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mere seconds with a click of a button on the camera-like device, making baseline and serial assessments efficient and practical. SnapshotNIR is reliable from operator to operator —it’s lightweight, *completely* non-invasive, and very easy to use.

UNIQUE INSIGHTS

Kent Imaging is changing how clinicians visualize disease by providing healing trajectory insights they have *never* had before. With near-infrared spectroscopy (NIRS) technology, clinicians are streamlining their workflows, improving cross-facility communication, and reducing healthcare costs. Patients become more engaged in their care plan and have statistically higher adherence rates to their treatment protocols after seeing progress images with SnapshotNIR. Select healthcare facilities and hospitals across the US are already observing a reduction in amputations with the help of tissue oxygenation data provided by SnapshotNIR. As Kent Imaging expands its global reach, standardized PAD screenings with NIRS technology will become the clinical recommendation, just as an X-ray is the gold standard for confirming a broken bone. **EG**

For further information, please visit:
www.KentImaging.com