

Statement by:

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Studies published in peer reviewed journals including randomized control trials have demonstrated the efficacy of arterial pneumatic compression devices (APCDs) in treating patients with peripheral arterial disease (PAD); for intermittent claudication and critical limb ischemia. My personal experience strongly supports its use.

APCDs should therefore be covered as reasonable and necessary with consistent, nation-wide coverage as follows.

For intermittent claudication, APCDs should be available to prescribing physicians when the patient is unwilling or unable to undergo a supervised exercise program or if the supervised exercise program was unable to provide satisfactory results. My group has shown in a randomised controlled trial and published in the European Journal of Vascular Surgery, that APCDs increase the initial claudication distance and the absolute claudication distance up to 2.83 times and this is associated with improvement in the quality of life.

For patients with critical limb ischemia, APCDs should be available to prescribing physicians:

1. As a first line therapy for limbs not in immediate need for surgical revascularization or,
2. For limbs that are not candidates for surgical revascularization or,
3. For limbs that have had failed revascularization.

Prescriptions should require an initial treatment for at least three months to allow for collateral artery formation.

APCDs need a separate policy from venous / lymphatic types of pneumatic compression devices since they apply very different modes of compression (short duration pulses at high pressure) for completely different medical indications.

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