

THE FACTS

Frozen shoulder most commonly occurs in adults between 40 and 60 years old



Between 10 and 20 percent of individuals with diabetes develop frozen shoulder

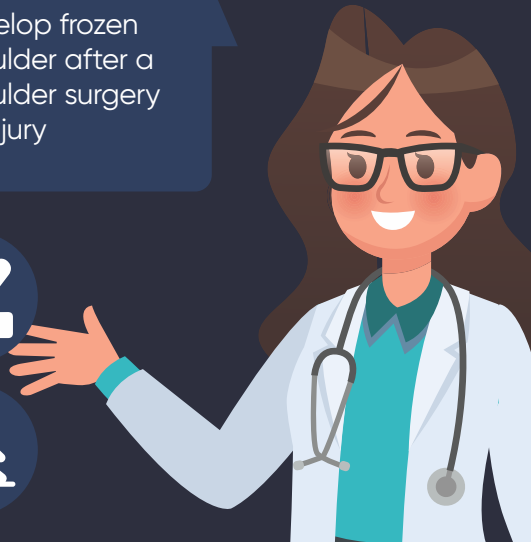


Affects more woman than men



Symptoms from frozen shoulder can last from 1-3 years

It is common to develop frozen shoulder after a shoulder surgery or injury



FOR MORE INFORMATION



130 Town Center Dr., #203
Troy, MI 48084
Tel / Fax: 947-999-8244
MIU@ircenters.com



www.ircenters.com

OUR TEAM

Our Vascular Interventional Radiologists are National Leaders & Experts in the field of Embolization. The team has led numerous clinical trials, pioneering novel techniques for the treatment of several medical conditions, specifically evaluating Embolization and its application for many novel medical applications. For more information about our expert physicians, please visit our website.



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FROZEN SHOULDER



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Frozen shoulder, or Adhesive Capsulitis, is a painful condition when the joint capsule becomes thick, stiff, and inflamed. The pain and thickening also leads to limited mobility of the shoulder joint.



ADHESIVE CAPSULITIS EMBOLIZATION (ACE)

The inflammation that contributes to the pain and capsule thickening is caused by abnormal and increased blood flow with new vessels, or hypervascularity, to the joint capsule. ACE is a minimally invasive procedure that injects microspheres into the abnormal vessels, reducing the increased blood flow, and therefore disrupting the pain-inflammation cycle. Restoring normal blood flow to the capsule has shown to reduce pain and increase motion to the shoulder.



ADVANTAGES OF ACE



No surgical incision, manipulation or injection into the shoulder joint



Painless procedure lasting about one hour



Typically return to work within a day or two without the need for a lengthy recovery



Very low complication rate without any effect on future shoulder treatments



Symptom improvement usually within 3-4 weeks

PROCEDURE DETAILS



The procedure is performed under a 'twilight sleep' and is relatively painless



The interventional Radiologist makes a small needle puncture into a blood vessel at the wrist and guides a microcatheter into the blood vessels that supply the inflamed part of the shoulder.



Microscopic beads are injected into the areas with abnormal vessels, reducing the excessive flow causing the pain and inflammation.



Normal blood flow to the shoulder and its surrounding tissues remains intact after the procedure

