

## Is EECF Safe

- EECF is an extremely safe and well tolerated treatment
- Occasionally patients experience minor skin irritation due to the rubbing from the cuffs, but this is rarely a problem with padding and use of emollient cream between treatments
- At our clinic, all patients are assessed by a Consultant Cardiologist to ensure their suitability for EECF
- A fully qualified senior nurse is present throughout treatment with a supervisory doctor on site

## How effective is EECF?

Clinical Trials demonstrate that approximately 80% of angina patients experience significant symptom relief after EECF that may last over three years. Some patients become free of angina of symptoms.



It can still be effective at reducing symptoms even when other treatment options like balloon angioplasty, stent insertion and bypass surgery have been tried, are not amenable or offer too high a risk to the patient.

If you have angina you may wish rank your symptoms against the Canadian Cardiovascular Society Classification and see how much functional improvement was gained after EECF in the International EECF Patient Registry of over 5,000 people.

### CCS Functional Classification of Angina

Class	Activity Evoking Angina	Limits to Physical Activity
I	Prolonged exertion	None
II	Walking > 2 blocks or > 1 flight of stairs	Slight
III	Walking < 2 blocks or < 1 flight of stairs	Marked
IV	Minimal or at rest	Severe

Data gathered by the International EECF Patient Registry of over 5,000 patients showed:

- after 24 months follow up 31% of patients recorded being angina free compared to 0% at the start of the study.
- 82% of patients improved after EECF by one or more CCS class
- 43.9% of patients improved after EECF by two or more CCS classes
- Benefits were sustained over the 24 month follow up

### 3 Year Follow Up

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A recent study of one thousand four hundred and twenty seven patients from 36 centers demonstrated that immediately post-EECF, the proportion of patients with severe angina (Canadian Cardiovascular Angina Classification [CCS] III/IV) were reduced from 89% to 25%,  $p < 0.001$ . The CCS class was improved by at least 1 class in 78% of the patients and by at least 2 classes in 38%. This was sustained in 74% of the patients during 3 year follow-up.