



## Our Team

Frozen Shoulder Relief—Without Surgery  
Struggling with chronic shoulder pain and stiffness? Dr. Bilal Anwer offers Adhesive Capsulitis Embolization (ACE)—a minimally invasive procedure that targets inflammation—causing blood vessels to relieve pain and restore movement. No stitches, no general anesthesia, and minimal downtime. Performed by Dr. Anwer at The Leg Pain Clinic, ACE is a safe, outpatient solution when physical therapy and injections haven't worked.

Leg Pain Clinic

Your One Stop Clinic for Leg Pain Relief



## Frozen Shoulder

### For More Information

### 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 women 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.



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# Frozen Shoulder

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 hyper-vascularity, 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.