

SAFEGUARD YOUR HEALTH:

Peripheral Arterial Disease *Myth & Fact*

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Peripheral Vascular Disease, or PAD, is a medical condition in which the arteries leading to the arms and legs narrow, obstructing blood flow and causing nerve damage. PAD is most commonly caused by atherosclerosis (hardening of the arteries) of vessels supplying the lower legs. It is often associated with aging, afflicting more than 15 percent of people over 70, and affects an estimated 10 million Americans.

Fact: you many not know you have PAD.

Symptoms vary, and range from no physical symptoms to mild or severe and chronic issues that could result in amputation. Pain in the legs with walking is the most common. Patients describe an aching or burning pain, numbness, or cramping in the calves, thighs or buttocks following exercise, which normally subsides with rest. Sores, ulcers, slow-healing wounds or rest pain in the lower legs and feet are more serious signs of PAD. Skin changes, including pale or blue tinge, cool temperature, and loss of hair may affect the extremity. PAD is more prevalent in males and risk factors include age, race, smoking, diabetes, high lipids, and chronic kidney failure.

Myth: If I have PAD my biggest risk is to my legs.

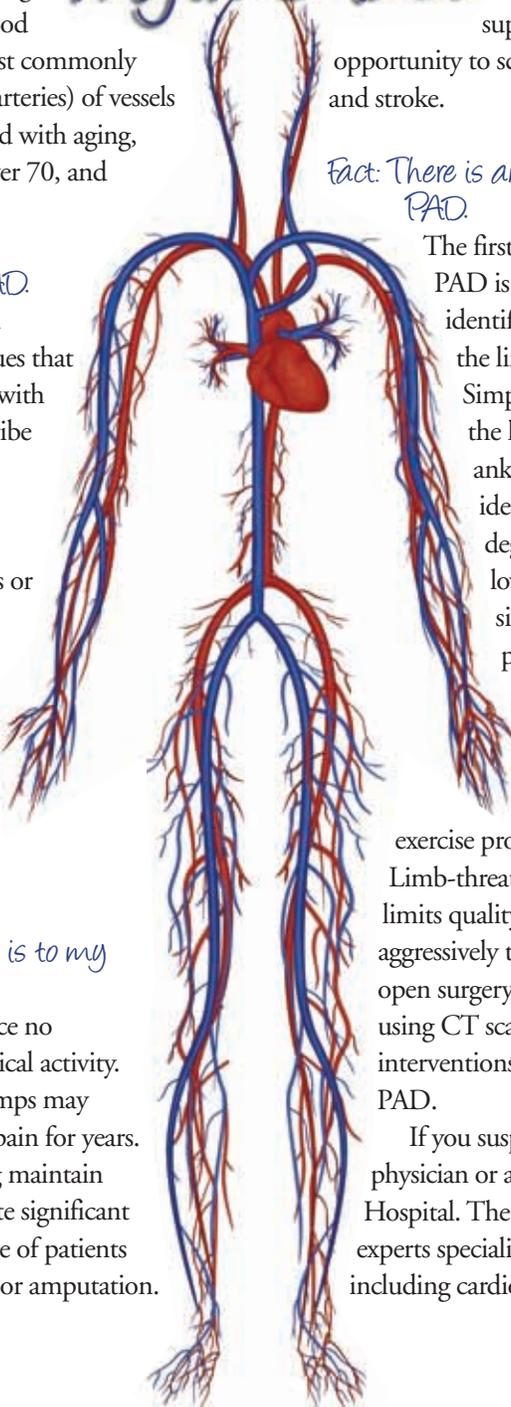
Patients with significant PAD may experience no symptoms, depending on their level of physical activity. Those patients experiencing chronic leg cramps may continue experiencing a familiar pattern of pain for years. The vast majority of patients with cramping maintain reasonable stability in terms of health, despite significant functional disability. Only a small percentage of patients will progress to develop rest pain, tissue loss or amputation.

The major threat to patients with PAD is heart attack or stroke. PAD is a marker of hardening of the arteries and an indicator of possible coexisting coronary or cerebrovascular disease – a group of brain dysfunctions affecting blood supply. Detection of PAD represents an opportunity to screen for – and lower risks of – heart attack and stroke.

Fact: There is an effective method to screen and treat PAD.

The first step in evaluation of the patient with possible PAD is an accurate history for risk factor identification and physical examination focusing on the limb, coexisting heart or carotid artery disease. Simple blood pressure measurement comparing the lower extremities to the arms, called ankle/brachial index (ABI), will accurately identify the patient with PAD and estimate the degree of severity. Normally, the pressure in the lower leg is higher than the arms, and significant blockage to flow will cause a lower pressure in the leg. Once identified by ABI, treatments are focused on reducing risk factors, and controlling cardiac or cerebrovascular disease. Leg cramping is treated with medication and an organized exercise program designed to increase walking distance. Limb-threatening lesions or chronic leg cramping that limits quality of life or interrupts the ability to work are aggressively treated with minimally invasive methods or open surgery, as needed. The latest imaging techniques using CT scan, MRI and treatments using catheter-based interventions have revolutionized the care of patients with PAD.

If you suspect you may be at risk for PAD speak to your physician or attend the Dare to C.A.R.E. program at Elliot Hospital. The Elliot Health System includes a number of experts specialized in the care and treatment of PAD, including cardiology, radiology, and vascular surgery.



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