

Lower Extremity Interventions

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The first issue in lower extremity arterial disease is its recognition. The presence of peripheral vascular disease can be suspected in patients with atherosclerosis of the cerebrovascular or coronary vessels, smokers, diabetics, or people with a family history of vascular disease.



In this setting, particularly in male patients over the age of 65, screening for atherosclerosis can be done by measuring the blood pressure at the ankle and comparing it to the blood pressure in the arm.

This easy test can be effective screening for peripheral vascular disease in most patients. Occasionally, more sophisticated testing will be necessary, but we would recommend consultation with your vascular surgeon first.

Lower extremity arterial vascular disease can be asymptomatic; can cause exertional symptoms referred to as claudication; or can cause pain at rest leading to the potential for ulcers of the toes or even gangrene. While asymptomatic lower extremity patients may have an increased risk of heart attack or stroke, no treatment is needed in the legs if symptoms are absent. Generally, vascular surgeons recommend risk factor modification, including smoking cessation and an exercise program of daily walking in these patients.

In the event that walking is limited by exertional pain, referred to as claudication, closer assessment may be needed. If claudication interferes with daily activities, treatment is probably appropriate. Generally, there are two alternatives for treatment of claudication: open surgical bypass or endovascular treatment. While both produce good results, open surgery is generally reserved for the healthiest patients. For the

remainder, percutaneous endovascular treatment using balloon angioplasty or stents is recommended as a lower risk alternative, albeit with a lower long term success rate. Fortunately, endovascular treatment can often be repeated multiple times to provide long-term relief of symptoms. Questions about which treatment is best should be discussed with a vascular surgeon. They are the only specialty that can offer all forms of treatment appropriate for lower extremity arterial disease, including open surgery or endovascular treatment if necessary.

People who suffer from pain in their feet at night may have a more severe form of ischemia referred to as rest pain. Rest pain typically occurs after lying in bed for several minutes. Often it awakens the patient from sleep, requiring sitting or standing to alleviate the pain or numbness. In advanced cases the patient may resort to sleeping in a chair to avoid the discomfort associated with lying down. Eventually, if this is ignored, ulcers or gangrene of the toes will develop. It is important that this level of circulatory impairment be brought to the attention of a vascular surgeon to avoid major amputation.

The vascular surgeon is the only specialist who can treat lower extremity arterial disease in all phases. If conservative management is appropriate, medical risk factor modification and pharmacologic treatment can be provided. Minimally invasive endovascular intervention can be offered for limiting claudication. If bypass surgery is recommended as the best option, vascular surgeons can provide that treatment as well. Vascular surgeons have patients' vascular health and well being at the center of treatment focus. Their goal is to avoid amputation and preserve mobility, based on individualized care for each and every patient.

To learn more about your vascular health and find a vascular surgeon visit VascularWeb.org.