

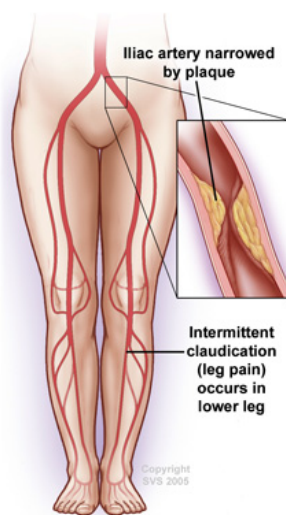
Peripheral Artery Disease

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Peripheral artery disease (PAD) is a common circulatory problem in which narrowed arteries reduce blood flow to limbs. It affects about 8 million Americans. PAD becomes more common as people get older, and by age 65, about 12 to 20 percent of the population has it. Diagnosis is critical, as people with PAD have a four-to-five times higher risk of heart attack or stroke.



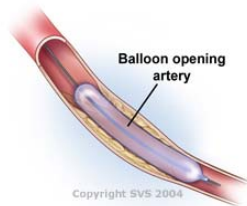
The most common cause of peripheral artery disease is atherosclerosis. In atherosclerosis, fatty deposits (plaques) build up in artery walls and reduce blood flow.

People who smoke have an especially high risk for PAD. Other risk factors include: diabetes; high blood pressure; high cholesterol; increasing age, especially after reaching 50 years of age; and a family history of peripheral artery disease, heart disease or stroke.

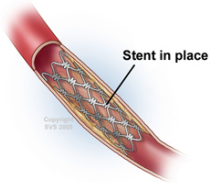
The most common symptoms of PAD are cramping, pain, or tiredness in the leg or hip muscles while walking or climbing stairs. Typically, this pain goes away with rest and returns when walking resumes. PAD pain usually goes away when you stop exercising, although this may take a few minutes. When muscles are being used, they need more blood flow. That means if there is a blockage due to plaque buildup, the muscles will not get enough blood during exercise to meet their needs.

More severe PAD can present with leg pain that doesn't go away when you stop exercising, foot or toe wounds that won't heal or heal very slowly, or gangrene.

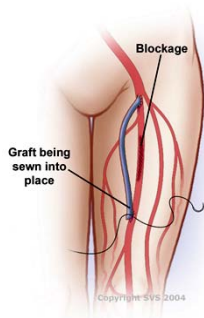
PAD is easily diagnosed in a simple, painless way. Blood pressure tests and a sonogram using sound waves to look at the arteries of the legs can identify if there are blockages in the arteries. About 80-92 percent of patients only need medication, lifestyle changes and exercise therapy to treat their symptoms. Other options include hyperbaric oxygen therapy, balloon angioplasty and open procedures.



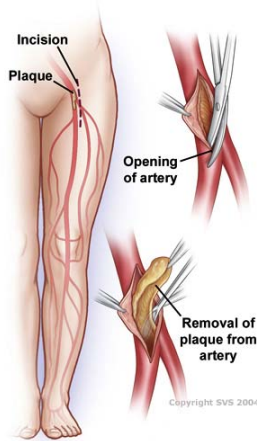
A balloon angioplasty is a procedure commonly used to treat PAD. It involves placing a needle into an artery and using a balloon to open the blockage and thereby re-establish blood flow to the leg.



Sometimes a stent or a metal mesh is also used to hold open the blockage. This procedure can often relieve the pain, heal the ulcers and gangrene, and save the leg.



If a balloon angioplasty is not able to be done, the vascular surgeon may choose to perform an open procedure to either go around the blockage.



Or, the vascular surgeon may take out the blockage to take care of the problem.

Only a vascular surgeon can offer all three options: conservative management, minimally invasive therapy or an operation. The vascular surgeon will base their decision on what they feel will best serve the patient. Unlike other specialties that only perform some of these procedures, the vascular surgeon performs the full range of therapies. They are the one who is best able to tailor a therapy that best fits the patient.

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