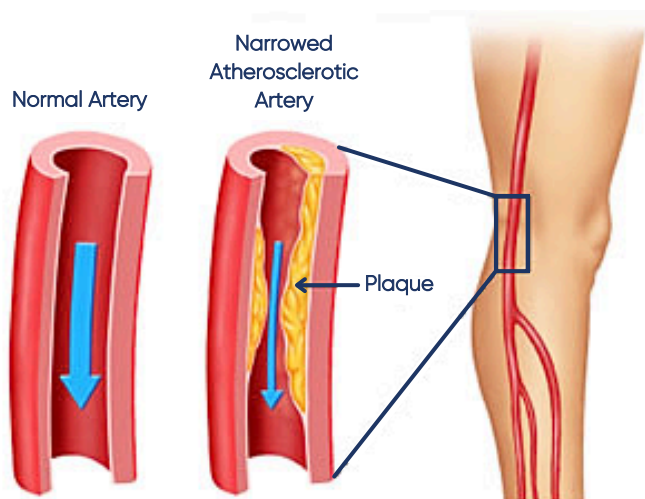


Peripheral Artery Disease

What is Peripheral Artery Disease (PAD)?

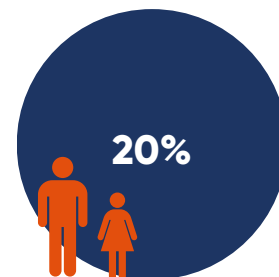
You are probably familiar with the terms angina and heart attack, which are related to a blockage of blood flow to the heart. The same sort of blockage can occur elsewhere in the body, depriving the limbs (the peripheral parts of the body and organs) of blood flow. If left untreated, PAD can lead to amputation or organ dysfunction. Healthy peripheral arteries are smooth and unobstructed, allowing blood to flow freely to provide the legs with oxygen, glucose and other nutrients. As we age, peripheral arteries build up plaque, a sticky substance made up mostly of fat and cholesterol. Plaque narrows the passageway within the arteries and causes them to become stiff. A moderate blockage in one of the arteries in a major leg muscle, such as the calf or thigh can cause pain when walking.

This pain may ease with rest, however it will increase again with more walking or activity. Lower extremity pain, similar to angina is called claudication by medical practitioners. The pain itself is not limb-threatening but is a sign that the person should make lifestyle changes and see a vascular surgeon.



This leaflet should not replace your discussion with Dr Theivendran. It is solely intended to assist you in understanding peripheral artery disease.

PAD affects up to 20% of Australians over 75 years of age and is more common in men.



Causes

The main cause of PAD is the build-up of fatty deposits inside your leg arteries called 'atherosclerosis'. Other things that can make it more likely for you to develop PAD include:

- Smoking
- High Cholesterol
- High Blood Pressure
- Family History
- Age
- Obesity
- Diabetes

Symptoms

PAD can develop slowly, and you may not notice any symptoms at first. But as it progresses, you might experience:



LEG PAIN WHEN WALKING

You may feel cramps or aches in your legs when you walk or exercise. This pain typically goes away when you rest, which makes it different from pain caused by other conditions



SKIN CHANGES

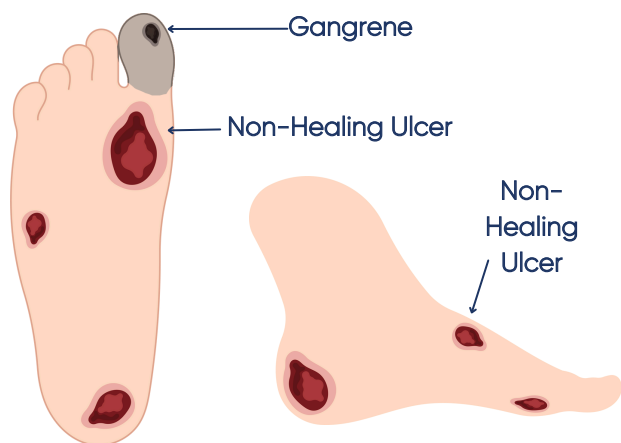
- Pale or bluish-looking skin on your legs
- Legs that feel cool or cold to touch
- Less hair on your legs
- Sores or wounds on your feet that take a long time to heal



RESTING LEG PAIN

This is common in more advanced PAD. You may have pain in your legs when you're not moving. This pain can be severe and may disturb your sleep.

Ulcers & Gangrene



Diagnosis

Dr Theivendran will ask you questions regarding your symptoms and enquire about your medical and family history. He will also perform a physical exam. An initial diagnostic test for PAD is an **ankle brachial index (ABI)**. The test involves taking a blood pressure reading at the ankle and comparing it to that in the arm. Following this, a **duplex ultrasound** is usually performed. Dr Theivendran may scan other parts of the vascular tree to define your disease burdens. Furthermore, a **CT** may be performed to determine where in the arteries plaque has built up and to assess treatment options. A **catheter directed angiogram** may also be required. This involves placing a thin tube into the artery and injecting dye into the arteries to see where the blockages are located.



If you experience any pain at rest or sores that won't heal, this requires urgent review by Dr Theivendran to prevent limb loss - (02) 9066 6547

Complications of PAD

If PAD is left untreated, it can lead to some serious complications. These include:



CRITICAL LIMB ISCHAEMIA

Critical limb ischaemia is an advanced stage of PAD where severe blockages restrict blood flow to your legs. It can result in tissue damage, ulcers, and even gangrene. In severe cases, amputation of the affected leg may be necessary.



CARDIOVASCULAR COMPLICATIONS

PAD doesn't only affect your legs. It also increases your risk of heart attack and stroke because the same fatty build-up that occurs in your leg arteries can happen in your heart and neck arteries as well.



REDUCED QUALITY OF LIFE

The symptoms of PAD, especially leg pain, can greatly limit your mobility and quality of life. Everyday activities and exercise become more challenging, leading to a more sedentary lifestyle, which can contribute to other health problems.

Non-Surgical Treatment

Effective PAD treatment aims to reduce symptoms, improve blood flow, and lower the risk of complications. The PAD treatment your doctor recommends will depend on the severity of your condition, what treatments you've already tried and your individual health factors.

Medications

Dr Theivendran may prescribe medications to for PAD treatment and its related risk factors:

- Statins
- Blood Pressure Medications
- Antiplatelet Medications

Lifestyle Changes

For mild PAD, treatment involves making lifestyle changes to manage the condition.

- 

Avoid tobacco use
- 

Exercise regularly
- 

Lose weight
- 

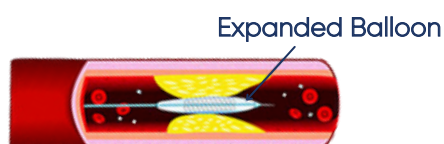
Eat a balanced, low-sodium, low-fat diet

Surgical Treatment

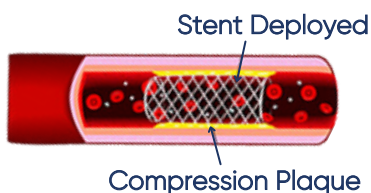
1. Endovascular Angioplasty

This is a minimally invasive PAD treatment. Dr Theivendran uses various techniques to the narrowed artery. This is often required.

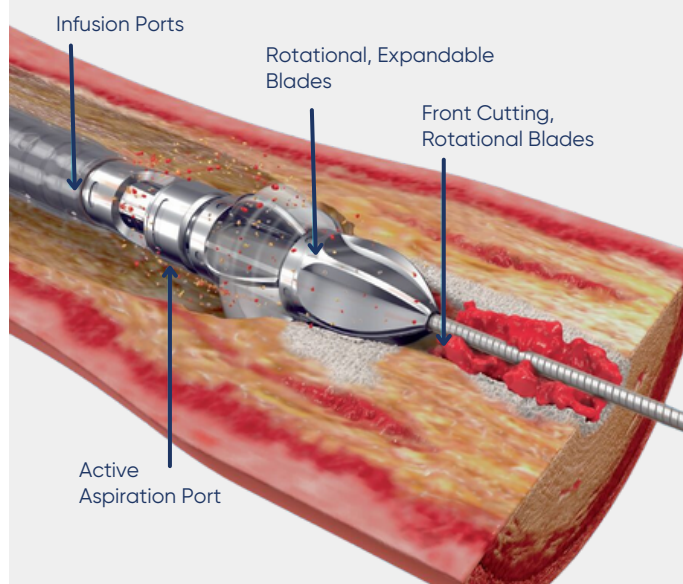
a. Balloon Angioplasty



b. Stent

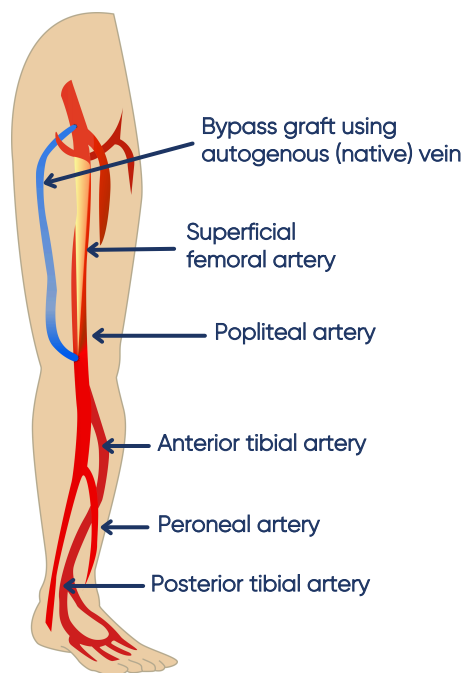


c. Atherectomy



2. Bypass Surgery

If your condition is not suitable for treatment with angioplasty, Dr Theivendran can reroute blood around the blocked artery using a healthy blood vessel from another part of your body.



As arterial blockage worsens, a graft is needed to increase blood flow to the lower limbs.