

PAD FACT SHEET

What is PAD?

Peripheral Arterial Disease (PAD) occurs when fatty deposits or plaque buildup inside the vessels that carry blood to the legs and feet. This buildup may narrow the channels through which blood flows, restricting or blocking blood flow and depriving your muscles of adequate blood that supplies the body with oxygen and nutrients. If PAD becomes severe, it can lead to disability and even loss of a foot or leg to amputation.

How common is PAD?

One in every 20 Americans over the age of 50 has PAD, yet more than half of people with PAD have no symptoms. Because of this, it is important to know the risk factors.

What are the Symptoms?

- Discomfort, fatigue, heaviness, tiredness, and cramping in the leg muscles during activity
- Pain in the legs and/or feet that disturbs sleep
- Sores or wounds on toes, feet, or legs that heal slowly or not at all
- Color changes in the skin of the feet, including paleness or blueness
- Lower temperature in one leg compared to the other leg
- Poor nail growth and decreased hair growth on toes and legs

Who is at Risk?

Men and women who:

- Are age 50 and older
- Are African-American or Hispanic
- Currently smoke or have smoked in the past
- Have high blood pressure, or hypertension
- Have high cholesterol
- Have diabetes
- Have had heart disease, a heart attack, or stroke

Identifying PAD:

Physicians diagnose PAD in several ways:

- Physical exam of the legs, feet, and toes to discover weak or absent peripheral pulses or other signs of disease
- Doppler (ultrasound) test performed on the legs to determine where the blockage is occurring
- Ankle-brachial index (ABI) performed to compare blood pressure in the arms with blood pressure in the legs to diagnose asymptomatic PAD

Treatment Options:

Mild PAD can usually be treated with lifestyle changes or medication.

- Lifestyle changes: Stopping smoking, eating healthy, and/or exercising regularly
- Medication: Lowering blood pressure, reducing cholesterol, lowering the risk of blood clots, and/or managing diabetes

When the above treatments options do not work and PAD has progressed to severe PAD, your physician may pursue one of several endovascular treatments (described below) aimed at restoring blood flow to the leg and foot, thereby reducing pain and lowering the risk of losing a leg or foot to amputation.

Endovascular Procedures:

- **Atherectomy:** A physician places a catheter, or thin tube, into the artery in the leg where the blockage is occurring. A device, delivered via the catheter, then removes the plaque to restore blood flow.
- **Angioplasty:** A physician places a catheter into an artery and guides the catheter, tipped with a tiny uninflated balloon, to the blockage. The balloon inflates and compresses the fatty deposits against the inside of the artery wall, making the channel wider so blood flow is restored. Once the channel is reopened, the balloon is deflated and removed.
- **Stenting:** A physician places a small, metal mesh tube within a blockage. The stent stays in the artery and props it open to keep the blood flowing.
- **Surgery:** A severely blocked artery may require bypass surgery. In this procedure, a blood vessel is attached above and below the blockage to allow blood to continue to flow to the leg, bypassing the blockage.

For more information on PAD, visit the Peripheral Arterial Disease (PAD) Coalition at <http://www.padcoalition.org>.