Peripheral artery disease, or PAD, is a cardiovascular disease which mainly affects the arteries that carry blood to the legs and feet. In PAD, arteries are narrowed and made less elastic by changes in the artery walls. PAD is caused by “atherosclerosis,” which refers to a buildup called “plaque,” made up of cholesterol, fatty substances, calcium and fibrin (protein involved in the clotting of blood). This buildup reduces blood flow through the arteries and can lead to pain and lack of mobility.

### Critical Limb Ischemia

The most advanced form of peripheral artery disease is called critical limb ischemia, or CLI.

**Symptoms include:**
- Pain at rest
- Foot and ankle ulcerations that are small or spread over a larger area
- Gangrene

Diabetics are the population most frequently affected by CLI.

CLI patients undergoing diagnostic angiography have a 90% lower odds of having an amputation.

**Smoking can increase your risk of PAD by 2-6x and it worsens the symptoms of PAD.**

Up to 40% of individuals with PAD have no leg pain.

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PERIPHERAL ARTERY DISEASE (PAD)

RISK FACTORS

- Aging
- Personal or family history of PAD, cardiovascular disease or stroke
- Diabetes
- Kidney disease
- High blood pressure
- High blood cholesterol
- Obesity
- Physical inactivity

COMMON SIGNS AND SYMPTOMS

- Weakness in legs
- Leg pain in the muscles while walking or during mild exercise, which goes away when you rest
- Cramps, tiredness or pain in your legs, thighs or buttocks
- Skin wounds or sores on your legs, feet, or toes that are slow to heal
- Foot or toe pain at rest that often disturbs your sleep

DIAGNOSIS

- Ankle-brachial Index (ABI) – Initial test that compares the blood pressure in your legs and arms using a blood pressure cuff
- Duplex Doppler Ultrasound – Uses sound waves to create a picture of your arteries
- Angiography – Uses a special dye and x-rays to determine which arteries are narrowed or blocked

TREATMENT OPTIONS

Treatment of PAD may depend on the severity of disease. The first goal of addressing this condition is to restore and preserve adequate blood flow to the extremities. Early detection is important: when caught early, PAD may be treated with medications, diet, exercise and smoking cessation.

However, when patients begin experiencing symptoms such as frequent pain and reduction of mobility, this indicates that the disease is progressing. Your doctor may decide that it’s necessary to treat significantly blocked arteries with a medical procedure. Treatment options for helping blood to flow more freely range from less invasive catheter-based treatments to more invasive surgical options.

- Angioplasty – A catheter with a balloon is passed through the blocked artery. Once inflated, the balloon compresses the plaque against the wall of the artery. During angioplasty, a tiny metal mesh tube called a stent may be placed in the artery to help hold it open.
- Atherectomy – A special catheter is used to gently shave and remove plaque from the arteries.
- Endarterectomy – A catheter is used to open blocked blood vessels by removing plaque buildup from inside the artery wall.
- Bypass Surgery – A healthy blood vessel taken from another part of the body (or a small man-made tube) is used to create a detour to allow blood to flow around the blocked artery.

Treatment options for critical limb ischemia are much the same as with PAD, but if left untreated, CLI can lead to amputation.

REMEMBER THAT EVERY PATIENT IS DIFFERENT, SO MAKE SURE TO DISCUSS YOUR QUESTIONS AND TREATMENT OPTIONS WITH YOUR DOCTOR.