PAD QUESTIONNAIRE

DO YOU HAVE?

☐ Foot or leg wounds, not healing after 4 weeks of treatment?

☐ Diabetes and/or smoke?

☐ History of heart disease and are over 50 years of age?

☐ Calf/leg cramping while walking or climbing stairs?

If you answered, “yes” to 2 or more of these questions, contact your VIA physician today by calling 716-852-1977.

All contents of this brochure were created for informational purposes only. The content is not intended to be a substitute for professional medical advice.
WHAT IS PAD?
Atherosclerosis is the buildup of cholesterol and smooth muscle plaque in the lining of arteries. This process has a genetic basis. It is made worse by factors such as smoking, diabetes, poorly controlled cholesterol and hypertension. In peripheral artery disease (PAD), the plaque buildup causes blood flow restriction to legs and other affected organs. With the progression of PAD induced flow restriction, blood flow cannot keep up with limb’s resting demands for oxygen and nutrients. This causes leg cramps and may lead to non-healing wounds.

Arterial blockages are leading cause of limb amputations due to non-healing leg ulcers/wounds that lead to infection and gangrene.

If you have PAD, you are also at higher risk for having heart disease and stroke.

WHAT ARE THE SYMPTOMS OF PAD?
- Calf, leg or buttock pain (claudication) while walking. The pain stops at rest and resumes at a predictable distance.
- Sudden pain or color change of leg/foot.
- Sores or ulcers on toes, feet or legs that do not heal after four weeks of local wound treatment.
- Change in color of feet, loss of hair and wasting of muscles in the legs.

HOW IS PAD TREATED?
MEDICAL TREATMENT
First line of treatment is medical management, diabetic control, smoking cessation and walking program.

ENDOCASCULAR TREATMENT
In case of non—healing wounds of the feet, priority is to open blood vessels to restore blood flow to the affected area. This is to help bring oxygen, nutrients and antibiotics to the affected area and promote wound healing.

With the advancement of medical science, minimally invasive endovascular treatment is often the preferred treatment before surgery is considered. It often replaces the traditional surgical bypass procedure.

These minimally invasive treatments may include:
- Atherectomy procedure (removal of plaque). Examples include laser, CSI diamondback, Turbohawk
- Angioplasty
- Stent placement

These advanced minimally invasive endovascular therapies are now available in the comfort of our office based angiographic suite.

HOW IS PAD DIAGNOSED?
Ankle brachial index (ABI) is the most common test. It is a non-invasive, painless test. Blood pressure cuffs are placed on your arms, ankles and toes. The pressure in your ankles and toes is compared to the pressure in your arms.

Other non-invasive imaging methods include
- Magnetic Resonance Angiography (MRA)
- Computer Tomography Angiography (CTA).
  Contrast is given through an IV and images are taken.

Angiography is more invasive, but provides the most accurate information about how the blood is flowing in your arteries. A small tube, or catheter, is inserted into one of the arteries in the groin through a small skin puncture. Contrast dye is injected into the arteries while X-rays are taken.

THOSE WHO SMOKE OR HAVE A HISTORY OF SMOKING HAVE UP TO 4X GREATER RISK OF PAD*

1 in 3 PEOPLE OVER THE AGE OF 50 WITH DIABETES IS LIKELY TO HAVE PAD.*

PAD AFFECTS 8-12 MILLION PEOPLE IN THE UNITED STATES*

IF YOU HAVE HEART DISEASE, YOU HAVE A 1 in 3 CHANCE OF ALSO HAVING PAD.*

WHAT PUTS YOU AT RISK OF PAD?
- Smoking or used to smoke
- Diabetes
- Over the age of 50
- Being overweight
- Lack of exercise
- High blood pressure
- High cholesterol
- Family history of heart or vascular disease
- African American or Hispanic origin

*www.padoaorganization.org