



## 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.

### LOCATIONS:

#### Main:

Buffalo Vascular Care (BVC) – Outpatient Treatment Facility  
6337 Transit Road, Depew, NY 14043

#### Satellite offices:

190 Washington Avenue, Batavia, NY 14020

6934 Williams Road, Suite 400, Niagara Falls, NY 14304

#### Azher Iqbal, MD

Medical Director, BVC

Board Certified Vascular Interventional Radiology

Assistant Clinical Professor of Radiology, SUNY Buffalo

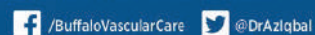
### OFFICE HOURS

Monday-Friday 8:00 am – 4:30 pm

### SCHEDULING INQUIRIES

Contact BVC by calling 716-852-1977

[buffalovascularcare.com](http://buffalovascularcare.com)



## POOR LEG CIRCULATION



Buffalo  
Vascular Care

716.852.1977

[BuffaloVascularCare.com](http://BuffaloVascularCare.com)





## 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**.

### ENDOVASCULAR 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.**

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.padcoalition.org

## 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)** and **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.

