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Oh, My Aching Legs!



Almost everyone has heard of coronary artery disease. But the same isn't true for its close cousin, peripheral arterial disease (PAD).

Affecting the blood vessels leading from the heart to the legs, feet and arms, PAD is caused by atherosclerosis—a buildup of plaque in the arteries. This condition narrows or blocks the vessels, eventually limiting the amount of blood that circulates through the body's extremities.

One of the characteristic symptoms of PAD is intermittent claudication—leg pain or weakness when walking or climbing stairs, which disappears when the person rests. However, more than half of PAD patients don't have any symptoms, making the disease particularly insidious. "PAD is a warning sign that atherosclerosis may be affecting arteries in

other parts of the body, including the heart, brain, abdomen, neck and kidneys," says **Dr. John S. Lane**, a vascular surgeon at UCI Medical Center. "For this reason, those at high risk for the problem should be

[Peripheral arterial disease is a warning sign that shouldn't be ignored.](#)

screened even if they don't have symptoms." This includes individuals 70 and older, and those age 50 to 69 who smoke, have diabetes, high blood pressure or elevated cholesterol levels.

Knowing your ABI. Screening for PAD involves a simple test called an ankle-brachial index (ABI). "It's as important for high-risk people to know their ABI as their blood pressure and cholesterol levels," says Lane. An ABI entails taking the patient's blood pressure in the arm and ankle. If the test indicates peripheral arterial disease, more testing may follow to evaluate the extent

of the problem. This can include a CT scan, MRI, Doppler ultrasound test or angiogram.

Most PAD patients are initially treated with aspirin, cholesterol-lowering drugs and medications to increase their ability to walk longer distances without cramping. Typically, this is accompanied by an exercise and diet regimen. A graduated walking program is usually at the top of the list. This activity helps the body cure itself by building collateral blood vessels—small, new arteries that can take up the workload of narrowed or blocked vessels. Smoking cessation, a low-fat diet, losing weight and controlling blood-glucose levels are also critical components of PAD treatment, as they are for prevention. About 70 percent of all patients respond to this type of treatment, enabling them to improve or maintain their condition without surgery.

The next steps. For the remaining 30 percent, a more aggressive approach is necessary. If the blockage affects only a short segment of an artery, balloon angioplasty can usually correct the problem. The procedure involves threading a balloon-tipped catheter into the narrowed leg or arm artery, and opening the blood vessel by pressing the plaque against the arterial wall with the inflated balloon. The unclogged blood vessel is sometimes kept open with a stent—a tiny metal cage that prevents the artery from collapsing.

For blockages affecting longer portions of an artery, peripheral bypass surgery may be required. This operation involves using a synthetic graft or a portion of the patient's own blood vessel to provide a detour for the circulating blood in the affected limb. The graft is sutured to the artery above and below the blockage, allowing blood to be redirected around the obstruction.

For referral to a UCI physician who specializes in PAD, call 1-877-UCI-DOCS.

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