

# Peripheral Artery Disease Patient Guide

**Causes, Risks, Symptoms, Diagnosis & Treatment for Peripheral Artery Disease**



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## OVERVIEW

**Vascular disease affects your body's blood vessels:** the arteries and veins through which blood travels to the body's cells. There are several different types of vascular disease, Peripheral Arterial Disease (PAD), is one of the most common forms. PAD is a hardening of the arteries due to build-up or blockage in any area of the body other than the heart. Most commonly affecting the legs, these blockages keep your limbs and organs from receiving oxygen and can lead to heart attack, stroke, or loss of limbs.

The Vascular Center at the University of Maryland Midtown Campus brings together a team of experts to evaluate, diagnose and treat a full spectrum of vascular conditions. We believe that early PAD diagnosis and treatment can prevent disability and save limbs and lives. Through the development of surgical and non-surgical treatments and the advancements of the latest technology, patients can be assured that unique, individualized treatment plans are developed for each case, and all available treatment options are considered.



## WHAT CAUSES PAD?

The job of your arteries is to take oxygen-filled blood from the heart out to the rest of your body. Healthy peripheral arteries allows the blood from your heart to flow smoothly to your legs. As we age, peripheral arteries build up plaque, a sticky substance made up of mostly fat and cholesterol. The plaque blocks the arteries, causing them to become stiff and reduces blood flow.

## WHO IS AT RISK FOR PAD?

Approximately 8.5 million people in the United States have PAD, including 12-20% of individuals older than age 60. Many who suffer from PAD are never diagnosed or treated because the symptoms of PAD are mistaken for general signs of aging. While some hardening of the arteries is normal as you grow older, certain risk factors, including behaviors, conditions or habits, can lead to developing PAD sooner. Risk factors include:

- **Smoking** - people who smoke or have a history of smoking have up to four times greater risk of PAD
- **Diabetes** - one in every three people with diabetes over the age of 50 have PAD
- **High Blood Pressure** - overtime high blood pressure raises the risk of developing plaque in the arteries
- **High Cholesterol** - cholesterol is a fatty substance that builds up in your blood stream causing your arteries to narrow and blood flow becomes limited
- **African American** - African Americans are twice as likely to develop PAD than any other race
- **Family History of Heart & Vascular Disease** - people with a family history of PAD are 83% more likely to develop the condition



### WHAT ARE THE SYMPTOMS OF PAD?

For many, PAD is a silent disease causing no major symptoms, which is why only 20-30% of PAD patients are actively being treated. The most common symptoms include:

- **Pain in the legs and/or feet** – narrowing of the arteries that deliver blood to your legs can produce cramping.
- **Numbness** – limited blood flow as a result of PAD can damage your nerves that talk to your brain and the rest of your body
- **Coldness in your lower leg or foot** – blood helps to keep your body at a comfortable level. Limited blood flow can cause feet and hands to feel chilly or cold
- **Sores on legs, feet and toes** – cuts, blisters, or wounds that take longer to heal can lead to more serious complication

### HOW IS PAD DIAGNOSED?

**An Ankle Brachial Index (ABI)** evaluates your pulse and blood pressure to determine if there is an artery blockage. This test compares blood pressure in the ankle to blood pressure in the arm. Normally, the blood pressure in the ankle is higher than blood pressure in the arm. For people with PAD, the pressure in the ankle is lower than the arm. The ABI test is performed using a Doppler probe. It is painless and takes only about 10 minutes.

This test, along with your symptoms, will help your physician figure out if you have PAD.



### HOW IS PAD TREATED?

Management of risk factors, lifestyle habits (stop smoking) and medications can all improve the outcome of patients with PAD. Sometimes lifestyle changes and medication are not enough to treat PAD and minimally invasive treatments are necessary.

- **Balloon Angioplasty** – a balloon angioplasty is a non-surgical procedure where a special dye is injected through a small, thin tube called a catheter into your bloodstream. The dye allows the vascular specialist to look at your arteries on an X-ray monitor. A small balloon is then inserted through an artery in the leg and is inflated once it reaches the part of the leg where the artery is blocked.
- **Stenting** – a small wire mesh tube called a stent may be permanently placed in the newly opened artery or vein to help it remain open.
- **Atherectomy** – a method used to remove plaque from the blood vessels. Because it cleans out the “drainage pipes” of the body, it’s sometimes referred to as the “Roto-rooter” procedure.

A University of Maryland Medical Center Vascular Specialist will discuss all of the available options and develop a personalized treatment plan for your situation.

### TOP REASONS TO CHOOSE THE VASCULAR CENTER AT THE UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS.

- **Quick Access:** New patients can be seen within 24 hours of calling for an appointment. All insurances accepted.
- **Non-Invasive Vascular Lab:** The Center’s non-invasive vascular laboratory is fully accredited by the International Accreditation Commission (IAC) in all areas of vascular testing.
- **Knowledge and Expertise:** Our staff is made up of board-certified vascular surgeons from the University of Maryland School of Medicine and highly skilled nurse practitioners.

