

Peripheral Arterial Disease (P. A.D.)



American College of
Foot and Ankle Surgeons®

What is Peripheral Arterial Disease?

Commonly referred to as “poor circulation,” Peripheral Arterial Disease (P. A.D.) is the restriction of blood flow in the arteries of the leg. When arteries become narrowed by plaque (the accumulation of cholesterol and other materials on the walls of the arteries), the oxygen-rich blood flowing through the arteries cannot reach the legs and feet.

The presence of P. A.D. may be an indication of more widespread arterial disease in the body that can affect the brain, causing stroke, or the heart, causing a heart attack.

Signs and Symptoms

Most people have no symptoms during the early stages of P. A.D. Often, by the time symptoms are noticed, the arteries are already significantly blocked.

Common symptoms of P. A.D. include:

- Leg pain (cramping) that occurs while walking (intermittent claudication)
- Leg pain (cramping) that occurs while lying down (rest pain)
- Leg numbness or weakness
- Cold legs or feet
- Sores that won't heal on toes, feet, or legs
- A change in leg color
- Loss of hair on the feet and legs
- Changes in toenails—color and thickness

If any of these symptoms are present, it is important to discuss them with a foot and ankle surgeon. Left untreated, P. A.D. can lead to debilitating and limb-threatening consequences.

Risk Factors of P. A.D.

Because only half of those with P. A.D. actually experience symptoms, it is important that people with known risk factors be screened or tested for P. A.D. The risk factors include:

- Being over age 50
- Smoking (currently or previously)
- Diabetes
- High blood pressure
- High cholesterol
- Personal or family history of P. A.D., heart disease, heart attack, or stroke
- Sedentary lifestyle (infrequent or no exercise)

Diagnosis of P. A.D.

To diagnose P. A.D., the foot and ankle surgeon obtains a comprehensive medical history of the patient. The surgeon performs a lower extremity physical examination that includes evaluation of pulses, skin condition, and foot deformities to determine the patient's risk for P. A.D. If risk factors are present, the foot and ankle surgeon may order further tests.

Several non-invasive tests are available to assess P. A.D. The anklebrachial index (ABI) is a simple test in which blood pressure is measured and compared at the arm and ankle levels. An abnormal ABI is a reliable indicator of underlying P. A.D. and may prompt the foot and ankle surgeon to refer the patient to a vascular specialist for additional testing and treatment as necessary.

General Treatment of P. A.D.

Treatment for P. A.D. involves lifestyle changes, medication and, in some cases, surgery.

- **Lifestyle changes.** These include smoking cessation, regular exercise, and eating a heart-healthy diet.
- **Medications.** Medicines may be used to improve blood flow, help prevent blood clots, or to control blood pressure, cholesterol, and blood glucose levels.
- **Surgery.** In some patients, small incision (endovascular) procedures or open (bypass) surgery of the leg are needed to improve blood flow.

Peripheral Arterial Disease

(P. A.D.) *continued*American College of
Foot and Ankle Surgeons®**P. A.D. and Foot Problems**

Simple foot deformities (hammertoes, bunions, bony prominences) or dermatologic conditions such as ingrown or thickened fungal nails often become more serious concerns when P. A.D. is present. Because the legs and feet of someone with P. A.D. do not have normal blood flow—and because blood is necessary for healing—seemingly small problems such as cuts, blisters, or sores can result in serious complications.

Having both diabetes and P. A.D. further increases the potential for foot complications. People with diabetes often have neuropathy (nerve damage that can cause numbness in the feet), so they don't feel pain when foot problems occur. When neuropathy occurs in people with P. A.D., ulcers can develop over foot deformities and may never heal. For this reason, P. A.D. and diabetes are common causes of foot or leg amputations in the United States.

Once detected, P. A.D. may be corrected or at least improved. The foot and ankle surgeon can then correct the underlying foot deformity to prevent future problems should the circulation become seriously restricted again.

Avoiding P. A.D. Complications

Getting regular foot exams—as well as seeking immediate help when you notice changes in the feet—can keep small problems from worsening. P. A.D. requires ongoing attention. To avoid complications, people with this disease should follow these precautions:

- **Wash your feet daily.** Use warm (not hot) water and a mild soap. Dry your feet—including between the toes—gently and well.
- **Keep the skin soft.** For dry skin, apply a thin coat of lotion that does not contain alcohol. Apply over the top and bottom of your feet, but not between the toes.
- **Trim toenails straight across and file the edges.** Keep edges rounded to avoid ingrown toenails, which can cause infections.
- **Always wear shoes and socks.** To avoid cuts and abrasions, never go barefoot—even indoors.
- **Choose the right shoes and socks.** When buying new shoes, have an expert make sure they fit well. At first, wear them just for a few hours daily to help prevent blisters and examine the feet afterward to check for areas of irritation. Wear seamless socks to avoid getting sores.
- **Check your feet—every day.** Check all over for sores, cuts, bruises, breaks in the skin, rashes, corns, calluses, blisters, red spots, swelling, ingrown toenails, toenail infections, or pain.
- **Call your foot and ankle surgeon.** If you develop any of the above problems, seek professional help immediately. Do not try to take care of cuts, sores, or infections yourself. ■

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This information has been prepared by the Consumer Education Committee of the American College of Foot and Ankle Surgeons, a professional society of over 6,000 foot and ankle surgeons. Members of the College are Doctors of Podiatric Medicine who have received additional training through surgical residency programs.

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