

How is PAD treated?

Since the presence of PAD implies coronary heart disease, an essential component of treatment involves aggressive treatment of risk factors, smoking cessation, and the use of antiplatelet medications, such as aspirin or clopidogrel (Plavix). The use of a class of drugs called “statins” may also be beneficial in reducing plaque formation and lowering the risk of heart attacks. In patients with symptoms related to the narrowed arteries, certain procedures may be performed:

Surgical Bypass

Surgeons use synthetic grafts or a vein from the leg to reroute blood around the narrowed artery. The patient will usually spend several days in the hospital to recover.

Angioplasty & Stenting

Angioplasty involves threading a balloon-tipped catheter through an artery in the groin and into the narrowed area of the artery. Inflating the balloon expands the artery, effectively opening it. A stent, a tiny metal mesh tube that serves as a scaffolding to hold the artery open, is then inserted. This procedure is done with local anesthetic and the patients usually go home the next day with minimal down time.

NOHC Locations

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Suite 2300
Westlake, Ohio 44145

Cleveland
2322 East 22nd St.
Suite 200
Cleveland, Ohio 44115

Elyria
125 E. Broad St.
Suite 305
Elyria, Ohio 44035

Independence
6701 Rockside Rd.
Suite 100
Independence, Ohio
44131

Lorain
3600 Kolbe Rd.
Suite 127
Lorain, Ohio 44053

Medina
3457 Medina Rd.
Medina, Ohio 44256

Middleburg Heights
7255 Old Oak Blvd. C-408
Middleburg Heights, Ohio
44130

Norwalk
282 Benedict Ave.
Medical Park II, Suite D
Norwalk, Ohio 44857

Sandusky
703 Tyler St.
Suite 250
Sandusky, Ohio 44870

Westlake
29325 Health Campus Dr.
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— WHAT TO KNOW —

Peripheral Artery Disease



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What is Peripheral Arterial Disease?

Peripheral Arterial Disease (PAD) is a condition where plaque collects in the arteries of the arms, legs or other organs. As the plaque enlarges, it narrows the artery and reduces the circulation of blood through the area of the body that gets its blood from the artery. The presence of PAD not only indicates the presence of narrowed arteries of the legs and arms, but also in the arteries of the heart (coronary heart disease). Patients with PAD have an increased risk of death from heart attacks. This makes the diagnosis of PAD a serious medical condition.



Artery "Y" section with cutaway portions shows build-up of cholesterol deposits in several locations

What are the risk factors for PAD?

The risk factors for PAD are:

- **Smoking**
- **Age greater than 50**
- **Family history of stroke or heart disease**
- **High blood pressure**
- **High cholesterol**
- **Obesity**
- **Diabetes**
- **Sedentary lifestyle**

What are the symptoms of PAD?

About half of the patients with PAD do not have any symptoms. Symptoms of PAD will depend on what artery is narrowed. The most common symptoms are pain, fatigue, tiredness, or achiness of the leg muscles with walking. This is called "intermittent claudication." This results from severely narrowed arteries to the legs. Narrowed arteries to the kidneys may cause kidney failure requiring dialysis and/or high blood pressure. Narrowed arteries to the brain (carotid artery disease) can cause mini strokes (TIA) or strokes. Patients may experience one or several of these manifestations of PAD.

How is PAD diagnosed?

The diagnosis of PAD will be based on the patient's symptoms. The physician will listen with a stethoscope for "bruits" or whooshing sound caused by turbulent blood flow in a narrowed artery. The physician will also feel for diminished or absent pulses in the limb affected. Testing that may be ordered by your physician may include:

- **Ankle-brachial index**
This compares the blood pressure at the ankle level to the blood pressure in the arm.
- **Doppler ultrasound**
- **MR angiogram**
- **CT angiogram**
- **Conventional angiogram**

