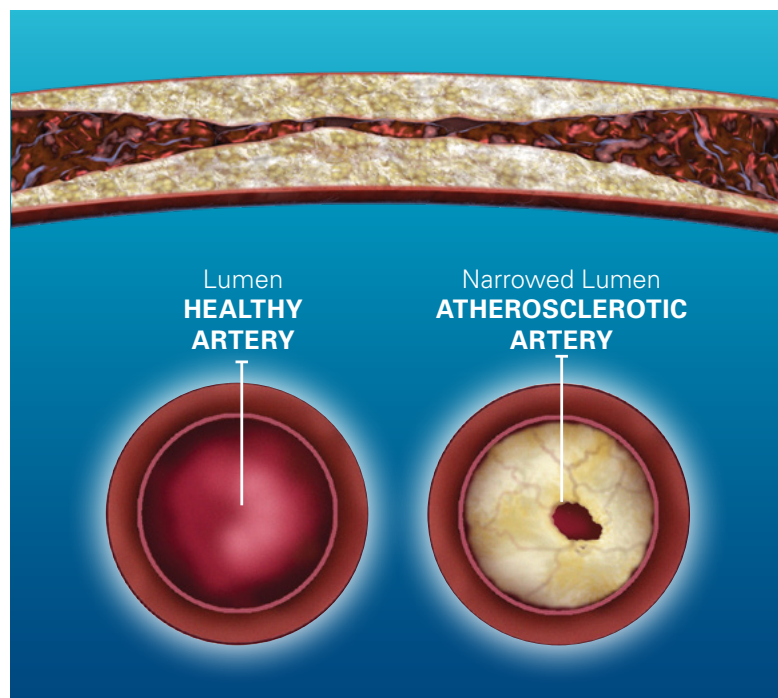


PERIPHERAL ARTERY DISEASE (PAD)

Peripheral artery disease, or PAD, is a cardiovascular disease which mainly affects the arteries that carry blood to the legs and feet. In PAD, arteries are narrowed and made less elastic by changes in the artery walls. PAD is caused by "atherosclerosis," which refers to a buildup called "plaque," made up of cholesterol, fatty substances, calcium and fibrin (protein involved in the clotting of blood). This buildup reduces blood flow through the arteries and can lead to pain and lack of mobility.



UP TO
40%
OF INDIVIDUALS
WITH **PAD** HAVE
NO LEG PAIN

SMOKING CAN INCREASE
YOUR RISK OF **PAD** BY
2-6x
AND IT WORSENS
THE SYMPTOMS
OF **PAD**

CRITICAL LIMB ISCHEMIA

The most advanced form of peripheral artery disease is called critical limb ischemia, or CLI.

Symptoms include:

- Pain at rest
- Foot and ankle ulcerations that are small or spread over a larger area
- Gangrene

CLI
AFFECTS DIABETICS
MORE FREQUENTLY THAN
OTHER POPULATIONS

CLI PATIENTS UNDERGOING
DIAGNOSTIC ANGIOGRAPHY
HAVE A

90%
LOWER ODDS
OF HAVING AN
AMPUTATION

PERIPHERAL ARTERY DISEASE (PAD)

RISK FACTORS

- Aging
- Personal or family history of PAD, cardiovascular disease or stroke
- Diabetes
- Kidney disease
- High blood pressure
- High blood cholesterol
- Obesity
- Physical inactivity

COMMON SIGNS AND SYMPTOMS

- Weakness in legs
- Leg pain in the muscles while walking or during mild exercise, which goes away when you rest
- Cramps, tiredness or pain in your legs, thighs or buttocks
- Skin wounds or sores on your legs, feet, or toes that are slow to heal
- Foot or toe pain at rest that often disturbs your sleep

DIAGNOSIS

- **Ankle-brachial Index (ABI)** – Initial test that compares the blood pressure in your legs and arms using a blood pressure cuff
- **Duplex Doppler Ultrasound** – Uses sound waves to create a picture of your arteries
- **Angiography** – Uses a special dye and x-rays to determine which arteries are narrowed or blocked

TREATMENT OPTIONS

Treatment of PAD may depend on the severity of disease. The first goal of addressing this condition is to restore and preserve adequate blood flow to the extremities. Early detection is important: when caught early, PAD may be treated with medications, diet, exercise and smoking cessation.

However, when patients begin experiencing symptoms such as frequent pain and reduction of mobility, this indicates that the disease is progressing. Your doctor may decide that it's necessary to treat significantly blocked arteries with a medical procedure. Treatment options for helping blood to flow more freely range from less invasive catheter-based treatments to more invasive surgical options.

- **Angioplasty** – A thin tube known as a catheter is inserted into the artery. A small balloon located on the tip of a catheter is moved to the site of the narrowing and inflated to expand the artery and reduce the blockage. The balloon is deflated and removed with the catheter after the angioplasty is done.
- **Atherectomy** – A tiny catheter, or thin tube, is guided through your artery to the site of the blockage and is used to gently shave away the buildup and remove it from the artery.
- **Stenting** – A small mesh tube, called a stent, is placed in the artery to keep the artery open and help prevent re-narrowing. To further help prevent re-narrowing, "drug-eluting" stents have been developed. These stents provide the same structural support as uncoated stents, but they are coated with a drug/polymer matrix. The polymer carries and protects the drug before and during the procedure. The drug is released over time, helping to slow down the re-narrowing of the vessel by limiting the overgrowth of tissue within the stent.
- **Surgery** – For patients with severe narrowing that is blocking blood flow in the legs, bypass surgery may be needed. In a bypass procedure, a healthy vein is removed from your leg. This vein is used to make a new path around the narrowed or blocked artery, or alternatively, a synthetic (plastic) artery may be used. Patients are also in the hospital for a few days after this surgery.

REMEMBER THAT EVERY PATIENT IS DIFFERENT, SO MAKE SURE TO DISCUSS YOUR QUESTIONS AND TREATMENT OPTIONS WITH YOUR DOCTOR.

Boston Scientific
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Peripheral Interventions
300 Boston Scientific Way
Marlborough, MA 01752-1234
www.bostonscientific.com

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