

MEDICAL MONDAYS | News Notes

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TOPIC: UNDERSTANDING PAD

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What is PAD (Peripheral Artery Disease)?

Some aches here and there are a natural part of getting older. But if you have pain in your legs for no obvious reason when you walk, it is important that you take it seriously and see a doctor.

Cramps that start when you're moving and go away with rest are one of the warning signs of what's called peripheral artery disease, or PAD. You will usually feel it in your legs, but it can be in other parts of your body, too.

PAD can be treated before it leads to a heart attack or stroke.

Why Does This Happen?

When you have this condition, plaque builds up in certain arteries. Arteries are blood vessels that carry oxygen-rich blood from the heart to the tissues of the body. Plaque is made up mostly of fat, and it's waxy at first. It collects slowly, so you don't even know it's there.

But over time, it can harden and narrow your arteries. It's a lot like old plumbing in a house. When there's gunk in the pipes, water drains slowly and the pipes start to clog.

With plaque in your arteries, your blood flow slows down and your body doesn't get the oxygen it needs. You usually get PAD in your legs, but you can also have it in the arteries that go to your arms, head, stomach, and kidneys.

You may also hear it called:

- Atherosclerosis
- Hardening of the arteries
- Peripheral arterial disease
- Peripheral vascular disease
- Poor circulation

Does It Lead to Other Problems?

Peripheral artery disease can be a warning sign because if you have plaque in your legs, you probably have it other places, too.

You may have build-up in the arteries of your heart. This is called coronary artery disease. You may also have it in the ones that go to your kidneys. This is known as renal artery disease. This can also happen in the carotid arteries, which carry blood to the brain, leading to a stroke.

If you have PAD and diabetes, you have a higher chance of getting what's called critical limb ischemia. This starts with a sore or infection, usually in your foot or leg. But it doesn't heal or go away. In some cases, you may need to have your foot or part of your leg removed.

What Are the Symptoms?

Because plaque builds up so slowly, you can have PAD and not show any symptoms. If you do have symptoms, you most likely feel pain in your legs when you walk or climb stairs. The aching usually goes away when you rest. Your legs may also feel heavy, numb, or weak.

You most often feel this in your calves, but you may also have the pain in your thighs, buttocks, or feet.

Other symptoms you might have are:

- Less hair on your legs than normal
- One leg feels colder than the other
- Shiny skin on your legs
- Skin that looks pale or kind of blue
- Sores on your toes, feet, and legs that don't seem to heal
- Toenails that grow slower than normal
- Trouble getting an erection, most often in men with diabetes

If you have PAD in your arms, you'll have similar symptoms to the ones in your legs. You may feel pain, cramps, or heaviness during activities, but it goes away when you rest.

You may notice that your hands are cold or numb, and that your fingers look blue or pale. And you may also have sores on your arms and hands that don't seem to heal.

When Should I See the Doctor?

If you have leg pain when you walk or any other PAD symptoms, talk to your doctor about it.

He can do simple tests to find out what's going on. For example, your doctor will give you a physical exam and check the pulse in your legs and feet. If your pulse is weak or not there at all, that's a sign.

Smoking is the main cause of this condition, but age and diabetes also play a role. Even if you don't have symptoms, ask your doctor if you're:

- 70 or older
- 50 or older, and you have diabetes or you've ever been a smoker

You'll also want to check with your doctor even if you're younger than 50, but you have diabetes and one of the following is true:

- You have a family history of PAD, heart attack, or stroke
- You have high blood pressure
- You have high cholesterol
- You smoke now or you have in the past
- You're African-American
- You're very overweight

If you have PAD, your doctor can tell you about the best treatment for you. It could mean changes to your lifestyle, new medicine, or for more advanced cases, surgery.

Interventional Radiologist & What they do?

What is Vascular and Interventional Radiology?

Interventional radiology is a medical sub-specialty of radiology utilizing minimally-invasive image-guided procedures to diagnose and treat diseases in nearly every organ system. The concept behind interventional radiology is to diagnose and treat patients using the least invasive techniques currently available in order to minimize risk to the patient and improve health outcomes. These procedures have less risk, less pain and less recovery time in comparison to open surgery.

Interventional radiologists are medical doctors with additional six or seven years of specialized training after medical school and have completed a one or two-year fellowship program after their diagnostic radiology residency and then certified by the American Board of Radiology.

Interventional Radiology (IR) originated within diagnostic radiology as an invasive diagnostic subspecialty. IR is now a therapeutic and diagnostic specialty that comprises a wide range of minimally invasive image-guided therapeutic procedures as well as invasive diagnostic imaging. The range of diseases and organs amenable to image-guided therapeutic and diagnostic procedures are extensive and constantly evolving, and include, but are not limited to, diseases and elements of the vascular, gastrointestinal, hepatobiliary, genitourinary, pulmonary, musculoskeletal, and, the central nervous system. As part of IR practice, IR physicians provide patient evaluation and management relevant to image-guided interventions in collaboration with other physicians or independently. IR procedures have become an integral part of medical care.

Many minimally invasive image-guided procedures performed by IR have supplanted major surgical procedures by either IR physicians educating other medical fields or IR physicians taking on a clinical role.