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Arterial Disease and Amputation

Risk Factors

The buildup of plaque on the artery walls is called **atherosclerosis**, or hardening of the arteries. It causes the arteries to narrow or become blocked, which can reduce or block blood flow. When atherosclerosis affects the arteries of the heart, it is called **coronary artery disease (CAD)**. CAD can cause a heart attack. If atherosclerosis is in the limbs, it is called **peripheral arterial disease (PAD)**. It most commonly affects blood flow to the legs. If PAD is present, it also is likely to be in the coronary arteries. Smoking, high cholesterol, obesity, diabetes and high blood pressure are all PAD risk factors.

Blocked blood flow can cause pain and numbness. It also can increase a person's chance of getting an infection, and it can make it difficult for the person's body to fight the infection. If severe enough, blocked blood flow can cause tissue death known as gangrene. PAD and diabetes are the leading cause of non-traumatic, lower-limb amputations.

Prevalence

PAD is a disease that affects millions of Americans over age 50. PAD affects 8 to 12 million Americans, and one in every five people over the age of 70 has the disease. It is a common, yet serious disease. Men are more likely to have symptoms of PAD, but both men and women can develop the disease. PAD can impair physical health and diminish the ability to walk.

Complications

In the advanced stages of PAD, blood flow to one or both legs can be completely or mostly blocked. This is known as **critical limb ischemia (CLI)**. A very severe blockage in the legs and feet means that the legs do not receive the oxygen or nutrition needed for cellular or tissue growth and repair. CLI may lead to painful leg or foot sores, and it could eventually lead to gangrene. If this condition is left untreated, the foot or leg may need to be amputated.

PAD Warning Signs

- Fatigue, tiredness, cramping or pain in your legs, thighs or buttocks that always occurs when you walk but that goes away when you rest. This is called **claudication**.
- Foot or toe pain while idle that often disturbs your sleep.
- Skin wounds or ulcers on your feet or toes that are slow to heal (or that do not heal for 8 to 12 weeks).

Many individuals with PAD do not experience typical leg symptoms, such as cramping, pain, or fatigue, so those at risk should undergo screening for PAD.

Diagnosis

Your podiatric physician can do a simple test to determine if you have PAD. The test is called **ankle-brachial index (ABI)**. It compares the blood pressure in your ankles with the blood pressure in your arm. If your ABI is abnormal, your podiatric physician may order other tests to determine the extent of your PAD.

