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Wolters Kluwer

Patient education: Peripheral artery disease and claudication (The Basics)

Written by the doctors and editors at UpToDate

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What is peripheral artery disease?

Peripheral artery disease (PAD) is a condition that affects the blood vessels (called arteries) that bring blood to the legs. PAD can cause muscle pain that gets worse with activity and better with rest, called "claudication." PAD can also cause wounds to heal more slowly than usual. This article is only about the leg pain related to PAD.

Normally, blood flows easily through arteries to all parts of the body. But sometimes, fatty clumps called "plaques" build up inside the walls of arteries ([figure 1](#)). Plaques can cause arteries to become narrow or blocked. This prevents blood from flowing normally. When muscles do not get enough blood, symptoms can happen.

Some people have a greater chance of getting PAD, such as those who:

- Smoke
- Have diabetes
- Have high cholesterol
- Have high blood pressure

What are the symptoms of PAD?

PAD often causes pain in the back of the lower leg. The pain usually gets worse with walking or other exercise, and gets better with rest. PAD can also cause pain in the buttocks, thighs, or sometimes in the feet. People who have leg pain can have other symptoms, too, such as:

- Trouble walking up stairs

- Trouble with sexual arousal

Symptoms of claudication can be mild or severe, depending on:

- Which arteries are affected
 - How narrow the arteries are
 - How much activity a person does
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Is there a test for PAD?

Yes. Your doctor or nurse can do different tests to find out if you have PAD, and to check how severe it is. They might:

- Take the blood pressure in your arm and lower leg (just above the ankle) at rest and right after exercise, and compare them
 - Take the blood pressure in other places in your leg (like the thigh)
 - Order a blood vessel imaging test such as an ultrasound, which can show pictures of your leg arteries
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How can I help treat my PAD?

To help treat your PAD and prevent it from getting worse, you can:

- Stop smoking
 - Get your diabetes, high blood pressure, and high cholesterol under control (if you have these conditions)
 - Walking – Doctors recommend that most people with PAD walk every day. Ask your doctor or nurse how best to begin a walking program.
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What other treatments might I have?

Along with a walking program and getting medical conditions under control, some people are also treated with medicines. The medicines used to treat PAD can reduce symptoms, increase blood flow to the legs, and help people walk farther without pain. Most doctors ask their patients to try a medicine called [cilostazol](#) (brand name: Pletal). But people who have certain heart problems cannot take cilostazol and must take a different medicine.

If you still have severe symptoms after trying medicines, your doctor will talk with you about the possibility of having a procedure to increase blood flow to your legs and feet. Your treatment options might include:

- **Angioplasty or stenting** – During angioplasty or stenting, the doctor sends a thin tube with a balloon at the end of it to the part of the artery that is blocked. Then they inflate the balloon to open the blockage. Often the doctor props open the artery using a tiny mesh tube called a "stent," which stays in the body.
- **Bypass surgery** – During bypass surgery, the doctor removes a piece of blood vessel (vein) from another part of the body. Then they reattach that piece of blood vessel (called a vein graft) above and below the area that is clogged. This re-routes blood around the clog, and allows it to get to the part of the leg that was not getting enough blood. Sometimes instead of taking a graft from another part of the body, the doctor can use a man-made graft.

What should I know about the different procedures?

Angioplasty and stenting work best for treating blocked areas that are short. Surgery works better long-term for treating blocked areas that are long. People who have the fewest long-term problems after bypass surgery include those who are younger than 70 and do not have diabetes.

Your doctor might recommend a procedure for you, depending on your symptoms, age, and medical problems. But many people can choose which procedure to have. If your doctor offers you a choice, ask:

- What are the benefits of each procedure for me?
- What are the downsides of each procedure for me?
- What happens if I do not have any procedure?

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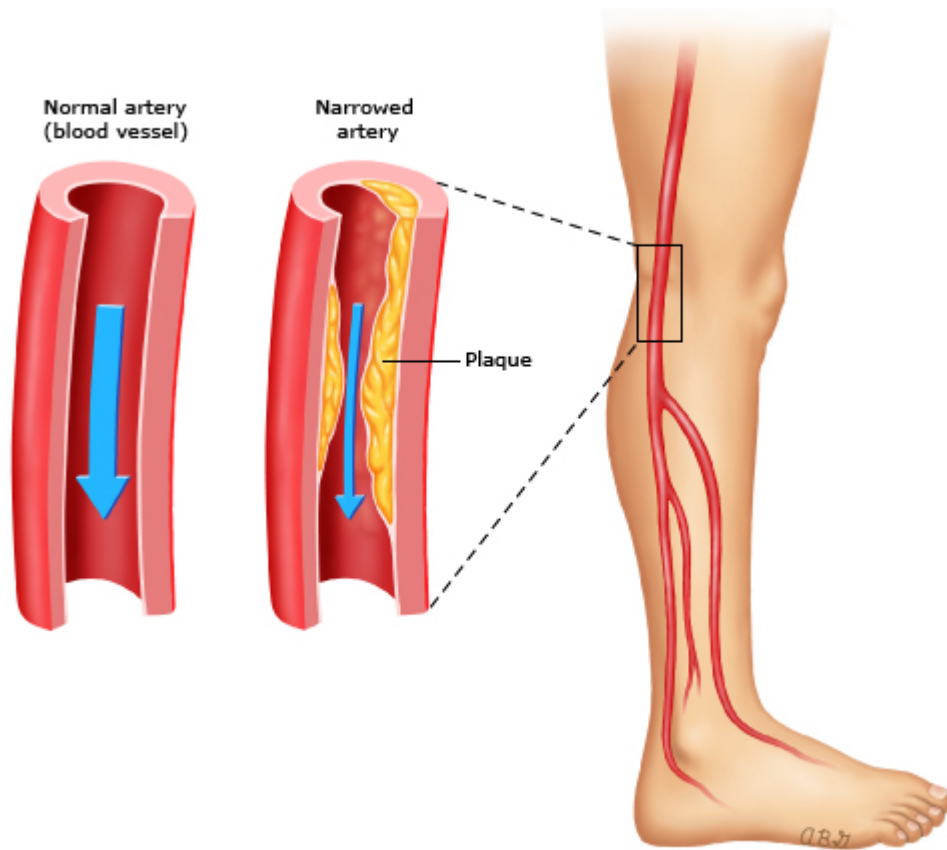
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GRAPHICS

Peripheral artery disease



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