

# The Society for Vascular Surgery Provides Information About Early Warning Signs of PAD

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ROSEMONT, ILLINOIS, UNITED STATES, September 26, 2023 /EINPresswire.com/ -- People who chalk up fatigue, discomfort or muscle cramps in their legs to advancing age or temporary muscle soreness, may instead be suffering from peripheral artery disease –PAD – instead.

An estimated 10 to 12 million people in the United States – most of them over 50 years of age – have PAD, a condition in which plaque builds up in and narrows the arteries of the legs and feet, impeding circulation in the lower extremities. This process can cause pain in the leg, calf thigh or buttocks when walking.

Other symptoms may include numbness and tingling or pain in the thighs and feet with walking; reduction in leg hair; shinier, thinner skin; sores on the toes, feet or lower legs that won't heal; and skin color changes. The prevalence of PAD increases with age and frequently is related to other conditions, such as diabetes, hypertension and high cholesterol.

In severe cases, PAD can result in chronic limb-threatening ischemia (CLTI), a condition in which one develops foot sores that won't heal or even gangrene of parts of the foot or toes, that can lead to leg amputation if not treated in a timely fashion.

Vascular surgeons, who are uniquely qualified to care for PAD and other diseases of the vascular and circulatory systems, stress that early recognition and treatment for PAD is extremely important.

"Exercise, risk factor modification (control of cholesterol, hypertension and diabetes) and smoking cessation are the most important and effective therapies for the vast majority of patients with PAD," said SVS President Joseph L. Mills, emphasizing the advice he has given for years. Mills has considerable experience in the PAD arena, especially including people with CLTI.

But treatment starts with lifestyle changes, he said, including a healthy diet and medications to lower cholesterol and control blood pressure. "We consider walking and exercise our front-line therapies for people with PAD who do not have CLTI," he said of vascular surgeons and their PAD treatment plans.

Medication can also help, including those that prevent blood clots, which would further narrow arteries, and those that lower cholesterol and thus slow plaque buildup and stabilize it.

“Vascular surgeons may treat PAD patients for years with just lifestyle changes and medication, Mills said. “At the Society for Vascular Surgery, we say, ‘Surgery is only part of our story,’ and that is 100% true. We don’t want to use interventional procedures too soon when less-invasive steps will work just as well.”

Though certain symptoms are common, Mills also cautioned that a patient may experience no or only vague, minimal warning signs. Although most patients with early, mild-moderate PAD are best treated initially with exercise and risk factor modification, patients with advanced PAD – the form known as CLTI (pain in the foot especially at night, sore or ulcer on the foot, gangrene of toe or part of the foot) \_ need to be evaluated quickly and often require a procedure to improve blood flow to the foot to prevent amputation. Vascular surgeons are trained experts in the wide variety of less invasive and open surgical procedures to improve blood flow and prevent amputation when needed.

In the absence of warning signs, such individuals should ask to be tested for PAD with a simple noninvasive test, the ankle-brachial index.

“PAD isn’t simply going to go away, but it can most often be managed and controlled” Mills said. “Many vascular surgeons have had patients whose ability to walk is seriously compromised, because they ignored the pain and just quit moving around – they didn’t realize seeing a physician, particularly a vascular surgeon, could provide them with so many options.”

Patient education fliers on PAD are available at [vascular.org/PAD](http://vascular.org/PAD).

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## About the Society for Vascular Surgery

The [Society for Vascular Surgery](http://vascular.org)® (SVS) seeks to advance excellence and innovation in vascular health through education, advocacy, research, and public awareness. The organization was founded in 1946 and currently has a membership of more than 6,300. SVS membership is recognized in the vascular community as a mark of professional achievement.

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