Aspirin Therapy for Patients with Peripheral Vascular Disease — PAD

In a vast majority of cases peripheral vascular disease (PAD) is caused by hardening of the arteries, or atherosclerosis. What that means is the vessels to the legs get blocked by plaque. Sometimes the plaque will remain stable and the disease will not advance, however, in certain patients the disease progresses and the symptoms worsen. The goal of the vascular surgeon is to help the patient live longer while slowing the progression of the disease and improving the patient's quality of life. PAD, or hardening of the arteries of the legs, is usually a sign of a systemic disease affecting other parts of the body as well. If one has plaque in their arteries to the legs, there is a good chance they will also have plaque in the arteries of the heart and the arteries to the brain. Patients with PAD are at increase risk of having a heart attack and a stroke. In order to help these patients live longer, most doctors recommend some agent that will affect how well the patient's platelets function, or in lay terms, make the blood a little thinner. The most common agent used is aspirin.

How aspirin improves vascular health

A low dose enteric coated baby aspirin has been shown to successfully reduce the rate of heart attacks and strokes in patients with vascular disease. Simply taking an 81mg enteric coated aspirin once a day can reduce the risk of heart attack or stroke by approximately one-quarter. In addition to that, some researchers have suggested that taking an aspirin a day will have numerous other benefits for patients including reducing the risk of colon cancer.

Please call with any questions:

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There are many theories about why aspirin may work. One of the most poplar theories is that aspirin reduces the amount of clotting in the blood stream. Imagine a blood vessel, which looks like a tube, with some plaque in it. The plaque reduces the size of the tube. If there is a small amount of plaque it does not affect blood flow. However, if the amount of plaque increases, blood flow reduces significantly. At some point the extent of plaque can increase to where blood flow is tremendously diminished. What if in this area of high plaque burden, a small clot would form? This clot may block the total flow in this artery. This is called atherothrombosis. It is believed that clot forming in an area where there is an extensive narrowing plaque is the cause of many heart attacks, strokes, and difficulty walking in the legs. Aspirin helps to reduce this amount of clot formation.



Numerous studies have shown the cost-effectiveness of taking aspirin is only pennies a day whether one buys name brand or generic enteric coated aspirin. In view of the fact that there is a significant reduction in death, stroke, and the need for future operations or angioplasty, secondary to symptoms, most patients with vascular disease should be taking an aspirin a day. There are few exceptions, but one is patients who are not tolerant of aspirin. The most common problem these patients have is stomach or gastrointestinal upset. Patients who have known ulcer disease of their stomach may not do well on aspirin.

What should you do if you are at risk for vascular disease?

Discuss your risks of vascular disease and PAD with your physician. If you are at risk, talk with them about taking aspirin every day. Generally, most patients with vascular disease should be taking an aspirin every day. See a vascular surgeon if your symptoms worsen. Vascular surgeons are the only physicians treating vascular disease today who can perform all treatment options available, including medical management, minimally invasive endovascular procedures including balloon angioplasty, atherectomy, and stent procedures, and open surgical repair including bypass.



Only when you see a vascular surgeon who offers all treatment modalities will you be assured of receiving the care that is most appropriate to your condition.

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Peripheral Arterial Disease

What is peripheral arterial disease?

Your arteries deliver oxygen-rich blood from your heart to other parts of your body. Your peripheral arteries carry blood away from the heart to your arms and legs. The peripheral arteries in your legs are extensions of the largest artery in your body, the aorta. The aorta travels down through your abdominal region and branches off into the iliac arteries of each leg. The iliac arteries further divide into smaller arteries and deliver blood down your legs to your toes.

Healthy peripheral arteries are smooth and unobstructed, allowing blood to flow freely to the legs and provide oxygen, glucose, and other nutrients that your legs need. Typically with age, the peripheral arteries build up plaque, a sticky substance made up mostly of fat and cholesterol. Plaque narrows the passageway within the arteries and causes them to become stiff. Peripheral arterial disease results when the peripheral arteries become too narrow or obstructed and limit the blood flow to the legs. If left untreated, peripheral arterial disease can cause pain or aching in the legs, difficulty with walking, resting pain in the foot at night in bed, non-healing sores or infections in the toes or feet, and can lead to limb loss in its most severe form. In addition, it can be associated with other serious arterial conditions leading to heart attacks and stroke.

Causes and risk factors

- Age
- Gender—males are more prone to the condition than females
- Hypertension (high blood pressure)
- Diabetes
- Smoking

- High cholesterol
- Obesity
- Lack of exercise
- Family history of vascular problems



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Symptoms

There may be no symptoms in the early stages of peripheral arterial disease. Developing symptoms may include discomfort or pain in your legs when walking but no pain when you rest.

Diagnosis

The diagnosis of peripheral arterial disease can be established, and its severity confirmed, by a simple, noninvasive Doppler examination.



If you experience symptoms of peripheral arterial disease in your legs, see a vascular surgeon. They are the only physicians treating peripheral vascular disease today who can perform all the treatment options available, including medical management, minimally invasive endovascular angioplasty and stent procedures, and open bypass surgery. Only when you see a vascular surgeon who offers all treatment modalities will you be assured of receiving the care that is most appropriate to your condition.

Treatment

Depending on the severity of your condition, treatment options may include lifestyle changes, medications, minimally invasive angioplasty/ stenting, or open bypass surgery. Vascular surgeons are the only physicians treating vascular disease today who can perform all treatment options available, including medical management, minimally invasive endovascular procedures including balloon angioplasty, atherectomy, and stent procedures, and open surgical repair including bypass.



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