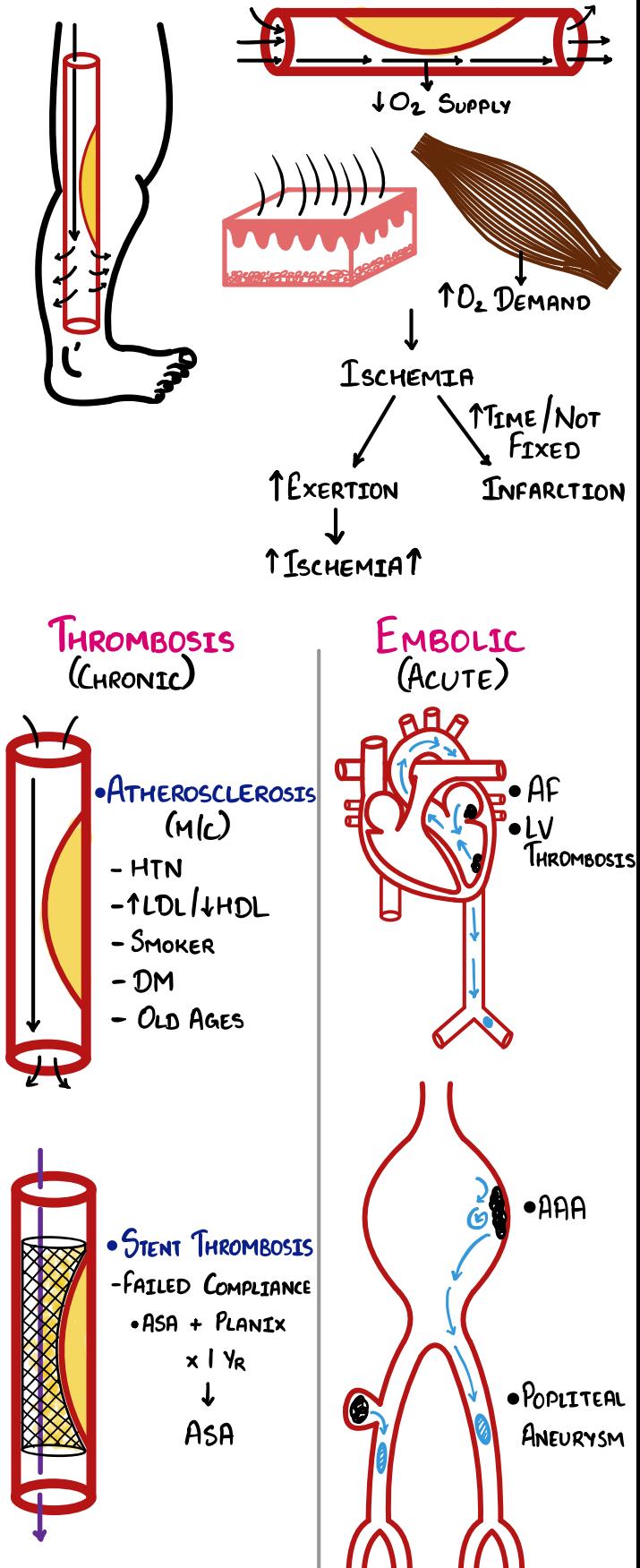


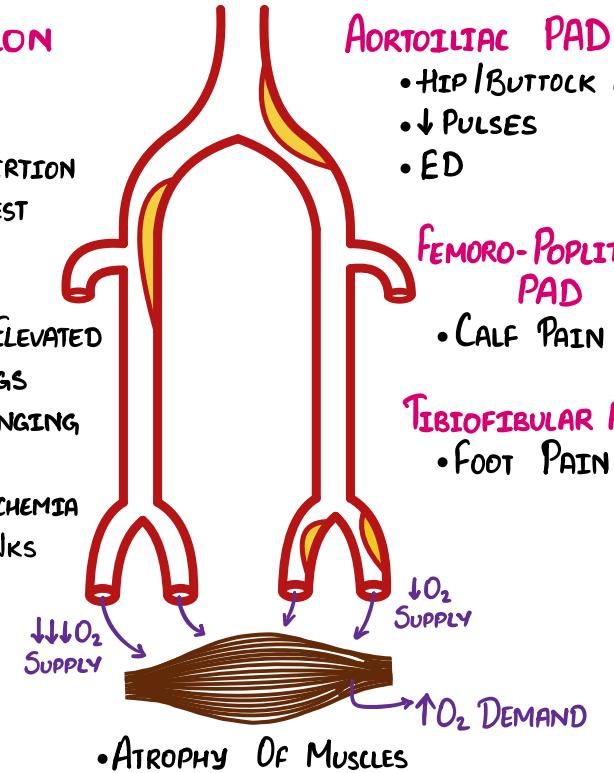
CAUSES & PATHOPHYSIOLOGY OF PAD



FEATURES & COMPLICATIONS OF PAD

CLAUDICATION

- INTERMITTENT
 - WORSE W/ EXERTION
 - IMPROVES W/ REST
- RESTING
 - WORSE W/ LEGS ELEVATED
 - IMPROVES W/ LEGS HANGING
- Critical Limb Ischemia
 - Rest Pain > 2 Wks
 - Ulcers \oplus
 - Gangrene \oplus



SKIN

- ↓COLOUR + COLD
- ↓HAIR
- THIN SKIN
- THIN NAILS
- ARTERIAL ULCERS
- PRESSURE POINTS
- DRY GANGRENE
- WET GANGRENE \downarrow SEPSIS

PULSE / BRUITS

- ACUTE LIMB ISCHEMIA** (Compression (TRAUMA))
- THROMBUS
 - EMBOLUS (M/c)
 - PAIN
 - PARALYSIS
 - PALLOR
 - POIKIOTHERMA
 - PARESTHESIAS
 - PULSELESS
- Viable**
- WEAKNESS: No
 - PAIN: MINIMAL
 - SENSORY LOSS: NONE
 - DOPPLER PULSE: \oplus
- Threatened**
- WEAKNESS: BAD
 - PAIN: BAD
 - SENSORY LOSS: BAD
 - DOPPLER PULSE: ABSENT OR \downarrow
- Nonviable**
- WEAKNESS: PARALYSIS
 - PAIN: NO PAIN
 - SENSORY LOSS: LOSS OF SENSATIONS
 - DOPPLER PULSE: ABSENT

DIAGNOSIS & DIFFERENTIAL OF PAD

ANKLE-BRACHIAL INDEX (ABI)

- \downarrow ANKLE SBP / BRACHIAL SBP = ABI
- $> 1.4 \rightarrow$ MCS
 - $1-1.4 \rightarrow$ NORMAL
 - $0.9-0.99 \rightarrow$ BORDERLINE
 - $< 0.9 \rightarrow$ PAD
- FIRST LINE

CT/MRA

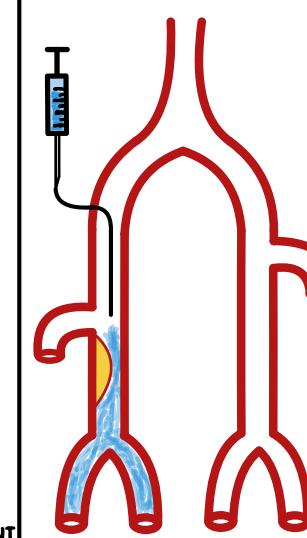


GOOD FOR PLANS OF REvascularization
→ ALI
→ CLI

DUPLEX US

- ALTERNATIVE TO CT/MRA
- BEDSIDE TEST
- CI To CONTRAST

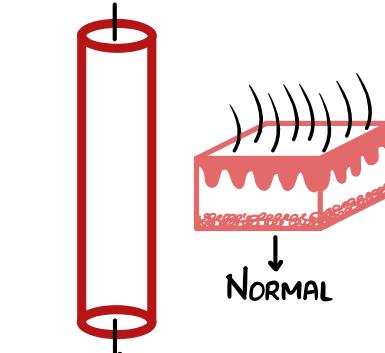
DSA



GOLD STANDARD
INVASIVE

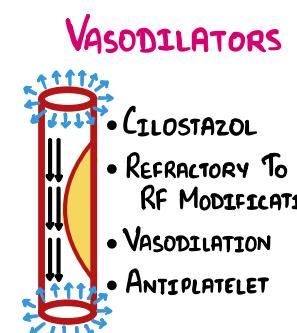
DDx NEUROGENIC CLAUDICATION

- LOW BACK PAIN \leftarrow EXTEND
 \downarrow FLEX
- DTR's \downarrow



TREATMENT OF PAD

RISK FACTOR MODIFICATION

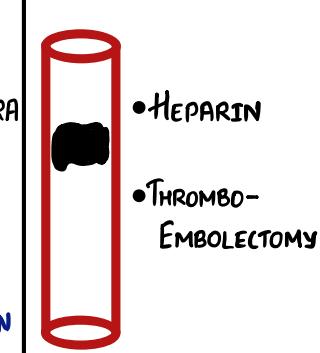


VASODILATORS

- \downarrow BP
- \downarrow LDL
- \downarrow GLUCOSE
- \downarrow SMOKING
- \downarrow THROMBUS PROPAGATION
ASA
CLOPIDOGREL
- EXERCISE

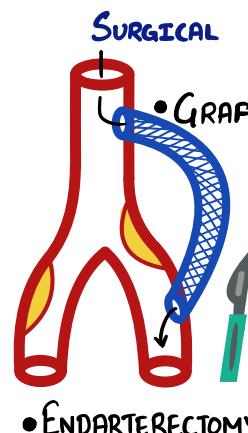
ACUTE / CRITICAL LIMB ISCHEMIA OR REFRACTORY NON ACUTE PAD

ALI

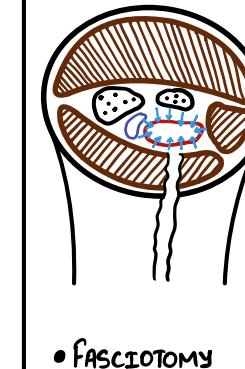
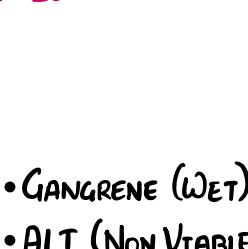


- HEPARIN
- THROMBO-EMBOLECTOMY
- STENT +
- ANGIOGRAPHY
- DAPT Tx ly → ASA

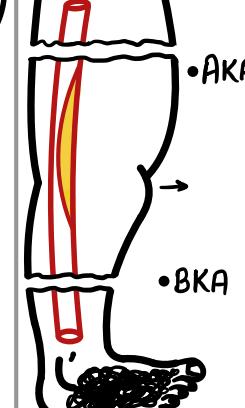
ENDOVASCULAR



SURGICAL



FASCIOTOMY



AMPUTATION

- GANGRENE (WET)
- ALI (NON Viable)
- CLI (NON Viable)