

Early screening and treatment for PAD can ensure better quality of life

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Developments in treatment of Peripheral Artery Disease



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In my practice, I often see patients dismissing calf pain as fatigue. But it may actually be, Peripheral Artery Disease, which narrows arteries and restricts blood supply to the legs. If untreated, **PAD** can cause severe infections, gangrene or amputation. It also increases stroke and heart attack risk. Fortunately, with simple tests like ABI and advanced endovascular procedures, we can detect and treat **PAD** early. My advice: Never ignore leg pain, it is your body's signal for timely action to protect both limb and life.



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I commonly treat diabetics and smokers who present late with PAD. By then, they suffer from non-healing foot ulcers or blackened toes, leaving limited options. Left untreated, PAD advances to critical limb ischemia, often requiring amputation. But with modern therapies like angioplasty, stents, and drug-coated balloons, blocked arteries can be reopened quickly with minimal discomfort. These treatments restore blood flow and mobility. My appeal to patients is: Don't wait for wounds or pain to worsen. Early screening and treatment mean we can save your limb and ensure a better quality of life.



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Many patients come to me believing **PAD** is just age-related weakness. But untreated **PAD** silently progresses, causing ulcers, severe rest pain, and ultimately limb amputation. Beyond the legs, it also reflects blocked arteries elsewhere, doubling the risk of heart complications. What I find encouraging is the effectiveness of endovascular therapies; angioplasty, stents, and atherectomy, which allow us to treat blockages without major surgery. Alongside these, I emphasize lifestyle corrections like daily walking, weight control and quitting tobacco. Patients who act early recover quickly. Awareness is the true therapy, because timely intervention changes the entire outcome.



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What concerns me most is the lack of awareness about PAD. Patients often dismiss pain, tingling, or coldness in the legs as normal ageing until it reaches an advanced stage. By then, the risks of ulcers, gangrene, and even amputation become high. PAD also signals future heart and brain problems. With angioplasty, drug-coated balloons, and stenting, I can treat PAD effectively without open surgery. But timing matters—results are best when the disease is caught early. My advice to patients is simple: Do not ignore symptoms. Early diagnosis and therapy are the strongest safeguards against disability and life-threatening complications.

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