

February is Heart Month—Watch out for PAD

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February is Heart Month, and we wanted to share some important information about Peripheral Arterial Disease (PAD). Peripheral Arterial Disease is the restriction of blood flow in the arteries of the leg. This occurs when arteries become narrowed by plaque, and the oxygen-rich blood flowing through the arteries can't reach the legs and feet. The presence of PAD may also be an indication of more widespread problem in the body that can affect the brain and cause a stroke, or the heart and cause a heart attack. There are several risk factors that can cause you to be more susceptible to PAD.

PAD Risk Factors

Many people don't experience symptoms during the early stages of PAD. Unfortunately, by the time symptoms are noticed, the arteries are already significantly blocked. If you have any of the following risk factors even without any symptoms, you should be tested for PAD.

The risk factors include:

- Diabetes
- Over the age of 50
- High Cholesterol
- High Blood Pressure
- Smoking
- Lack of exercise
- Family history of PAD, heart attack, stroke, or heart disease

Signs & Symptoms

Common symptoms of PAD can include:

- Cold feet or legs
- Leg pain or cramping while walking or lying down
- Leg weakness or numbness
- Color changes in the leg
- Loss of hair on the legs and feet
- Changes in toenail color and thickness
- Sores on toes, feet, or legs that do not heal

PAD & Foot Problems

Common foot problems such as hammertoes, bunions, or ingrown nails can cause more complications when you have PAD. Blood is necessary for healing, so when the blood flow is restricted, healing becomes harder. Blisters, cuts, or sores can often cause serious problems that can be difficult to treat.

If you have diabetes and PAD, that increases your risk for foot complications. People living with diabetes often have neuropathy (nerve damage that can cause numbness in the feet), so they do not feel pain when foot problems occur. When neuropathy occurs in people with PAD, ulcers can develop and may not heal. In patients with PAD and diabetes, this is a common cause of foot or leg amputations in the United States. Nearly 85 percent of lower-extremity amputations are preceded by foot wounds that simply will not heal or keep coming back.

It is very important to contact your foot and ankle surgeon if you are experiencing any of these symptoms. PAD can lead to debilitating and limb-threatening consequences if left untreated. There are several noninvasive tests available to test for PAD. Once diagnosed, PAD can be improved or may even be corrected. The foot and ankle surgeon may be able to correct the foot problem to prevent future problems if the circulation becomes restricted again.

Treatment of PAD

- **Lifestyle changes.** Quit smoking, exercise regularly, and eat healthy.
- **Medications.** Medicines may be used to improve blood flow, help prevent blood clots, or control blood pressure, cholesterol, and blood glucose levels.
- **Surgery.** In some patients, small incision (endovascular) procedures or open (bypass) surgery of the leg are needed to improve blood flow.

Prevention to Avoid Complications

Getting regular foot exams—as well as seeking immediate help when you notice changes in the feet—can keep small problems from worsening. PAD requires ongoing attention.

To avoid complications, people with this disease should follow these precautions:

- **Wash your feet daily .** Use warm (not hot) water and a mild soap. Dry your feet—including between the toes—gently and well.
- **Moisturize.** For dry skin, apply a thin coat of lotion that does not contain alcohol. Apply over the top and bottom of your feet but not between the toes.
- **Trim toenails straight across and file the edges.** Keep edges rounded to avoid ingrown toenails, which can cause infections.
- **Always wear shoes and socks.** To avoid cuts and abrasions, never go barefoot—even indoors.
- **Choose the right shoes and socks.** When buying new shoes, have an expert make sure they fit well. At first, wear them for just a few hours daily to help prevent blisters. Afterward, examine the feet to check for areas of irritation. Wear seamless socks to avoid getting sores.
- **Check your feet every day.** Check all over for sores, cuts, bruises, breaks in the skin, rashes, corns, calluses, blisters, red spots, swelling, ingrown toenails, toenail infections, or pain. If you can't see your feet well, use a mirror or ask someone to assist you.
- **Call your foot and ankle surgeon.** If you develop any of the above problems, seek professional help. Do not try to take care of cuts, sores, or infections yourself.

Dr. Kylin Kovac and Dr. Jed Erickson have extensive training in the challenges of diabetic patients and diabetic wound care. They play a critical role in the prevention and management of complications of the foot. Contact Dr. Kovac or Dr. Erickson at Idaho Foot and Ankle Center with any foot or ankle issues you are experiencing. They are highly qualified and ready to help get you back on your feet!**Some content provided by THE ACFAS.**