

End Stage PAD: The Trials and Tribulations

The treatment of Peripheral Artery Disease (PAD) is both palliative and reconstructive with the treatment goals being to salvage the limb, to improve mobility, to restore function and to relieve pain. Many surgical interventions are palliative—focusing on symptom management rather than being curative (Kettler & Maxfield, 2009). Goals of care need to change to accept restrictions of daily life and shift focus from loss and burden to health within illness—that is reappraising meaning in their lives, making the best of the situation and developing new values. (VanHassona et al, 2008).

The acute care revascularization may create this confusion and many times the goals of acute care do not support the needs of chronically ill patients. Those with advanced PAD-critical limb ischemia (CLI), will benefit from a more realistic perspective. CLI shows a 10-20% annual mortality (Dormandy, 1999). The Circulase Trial identified an all-cause mortality of 10% of those with critical limb ischemia with no revascularization opportunity (Brass et al, 2006). The Bypass versus Angioplasty in Severe Ischemia of the Leg (BASIL) trial identified that all-cause mortality was 25% at two years independent of whether they have percutaneous or open surgical revascularization (Bradbury et al, 2010).

PAD has many similarities to other chronic diseases but it is rarely acknowledged in the chronic disease literature. Many patients are not aware or informed of the chronic nature of their disease and are disappointed with having persistent pain following an intervention as many expect to recover (Gibson & Kendrick, 1998). It is important that our PAD patients know that their multiple problems will not disappear by undergoing surgery and that they may be limited in performing their daily activities (Miller, 1992).

References

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