Bristol Hospital Spotlight:

Peripheral Vascular Disease: Control The Risk Factors And Avoid The Dangers

Last summer, the Bristol Hospital Multi-Specialty Group, in collaboration with the Saint Francis Medical Group, announced that two vascular surgeons would begin treating patients at Bristol Hospital. Khubaib Y. Mapara, MD, and Kristofer A. Bagdasarian, MD, FACS, have offices on the Bristol Hospital campus, at 25 Newell Road, Suite D-28. In this edition of Bristol Hospital Spotlight, Dr. Khubaib Mapara, discusses one of the more common vascular conditions known as peripheral vascular disease.

Dr. Mapara completed his vascular surgery fellowship at the University of Pittsburgh Medical Center and his general surgery residency at Vanderbilt University Medical Center. Dr. Mapara received his medical degree at Aga Khan University in Karachi, Pakistan, and received his undergraduate degree at Adamjee Government Science College. He is board certified in general surgery and board eligible in vascular surgery. Dr. Mapara is a member of the Society for Vascular Surgery, and also is a registered physician in vascular interpretation.

Q: What is peripheral vascular disease?
Dr. Mapara: Peripheral vascular diseases (PVD) are diseases of the blood vessels outside of the heart and brain. The disease typically strikes the arteries that supply blood to the arms, legs, stomach and kidneys. In PVD, the blood vessels are narrowed which is usually caused by arteriosclerosis. This is a condition where plaque builds up inside a blood vessel; this also is called “hardening of the arteries.” Plaque decreases the amount of blood and oxygen supplied to the arms and the legs.

Q: What causes PVD?
Dr. Mapara: The primary causes of PVD include smoking, high blood pressure, diabetes and high cholesterol. Additional causes include injuries to the extremities, muscles or ligaments with abnormal structures, infection or coronary heart disease. The lifestyle choices that can increase your risk of developing PVD are being overweight, being sedentary and not engaging in physical exercise. I cannot stress enough the role that smoking plays in PVD—it’s the biggest risk factor.

Q: How dangerous is PVD?
Dr. Mapara: Complications from undiagnosed and untreated PVD can be serious and even fatal. When the arteries leading to the heart and brain become clogged with plaque, it can result in heart attack, stroke or death. Some of the other complications include blood clots, coronary artery disease, limb amputation, pain that restricts mobility and wounds that don’t heal.

Q: What are the symptoms of PVD?
Dr. Mapara: For many, there are no symptoms of PVD. For others, the first signs of PVD can begin slowly usually with discomfort. Some of the other symptoms often occur when you are walking with painful cramping, achiness, fatigue and burning. These usually happen when you are walking faster or over longer distances. The pain will get worse with increased activity and subsides when you rest. Because the vessels are narrowed with plaque, they can only supply a limited amount of blood. With the reduced blood supply, additional symptoms of PVD including dramatic skin changes in the legs and feet, weak pulses in the legs and feet, wounds or ulcers on the legs and feet that won’t heal, and painful leg cramps that occur when you are in bed.

Another dangerous sign of PVD is gangrene which is tissue death that is caused by the lack of blood flow. It is important to tell your doctor if you experience any symptoms of PVD. Do not assume that the symptoms are simply the results of aging.

Q: How is PVD diagnosed?
Dr. Mapara: If you have any of the symptoms of PVD, it is important to contact your doctor. Early diagnosis is crucial to treatment and avoiding such life-threatening complications. To diagnose PVD, your physician will perform a medical history and physical exam. Some of the tests used to diagnose PVD include measuring the pulses in your legs and feet, doppler ultrasound, taking the blood pressure of the ankle, and measuring the ability of the vessels to expand in the arms and legs.

PVD also is diagnosed with an angiography which is when a catheter is guided through an artery in the groin and passed to the targeted area. Once contrast dye is injected, an x-ray can then diagnose the clogged artery.

Q: What is the treatment for PVD?
Dr. Mapara: I feel that there are two main goals when it comes to treating PVD. The first is to control pain and symptoms, and allow the patient to remain active. The second is to stop the disease from progressing and lowering the risk of serious and life-threatening complications. Treatment typically includes lifestyle modifications such as regular exercise, a balanced diet; losing weight, and treating such conditions as diabetes, high blood pressure and cholesterol. And please—once again—stop smoking.

Numerous medications that increase blood flow to the legs and ease leg pain can be prescribed. Serious blockages may require surgery. These include angioplasty which is performed by inserting a catheter or long tube into the blocked artery. The blockage is opened after a balloon on the tip of the catheter is inflated. Sometimes a stent—which is a small wire tube—is inserted to keep the artery open.

Vascular surgery, which bypasses the blocked artery, is another option. One common procedure is taking a vein from another part of the body and attaching it to the affected extremity. This allows blood to bypass the narrow area.

If you feel that you are at risk for peripheral vascular disease and would like to make an appointment with Dr. Khubaib Mapara, please call the Bristol Hospital Multi-Specialty Group, 860.582.1220 or visit www.bristolhospital.org