A Monograph for Health Care Providers

Innovative Wound Care Specialists

Lower-Extremity Arterial Disease Ulcers

Lower extremity arterial disease (LEAD) represents a later manifestation of peripheral arterial disease. LEAD is a spectrum of chronic limb symptoms caused by progressive narrowing and eventual occlusion of the arteries to the lower extremity. Arterial occlusion leads to ischemic tissue and eventual ulceration. Recent studies suggest that 8-12 million Americans have this condition and that for individuals 65 years or older the prevalence of LEAD is 12-20%.

The management of LEAD ulcers mandates a comprehensive approach to treatment. This approach is proven to more effectively heal the ulceration and reduce the incidence and level of amputation, thus substantially reducing the cost burden to those individuals with lower extremity arterial disease.

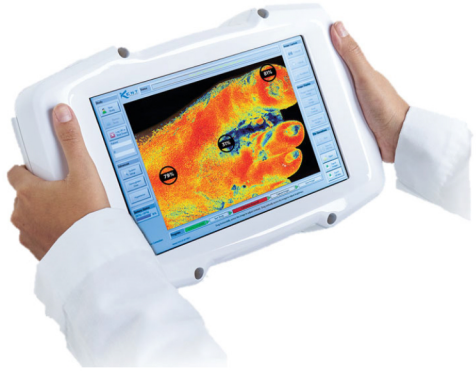
Appropriate Treatment Options

Lower extremity arterial disease has a significant impact on quality of life and work productivity. Managing LEAD ulcers involves treating the cause, optimizing local wound care, and addressing patient-centered concerns. The most important aspect of treatment, when possible, is reestablishing blood flow to the extremity at risk.

A Comprehensive Approach

Once blood supply has been maximized through surgery, stenting, or medication, the ulcer may respond to local wound care, adjunctive therapies, and lifestyle enhancements. Other components of successful management include medical management and pain control. Any wound that is not continuously progressing toward healing or remain open after four weeks is cause for concern. This is especially true with LEAD ulcers. These ulcers are associated with poor outcomes, infections, prolonged healing, severe pain, and amputation. An aggressive and comprehensive approach can reduce the risk and/or level of amputation, improved function, and enhance quality of life.

Regardless of the cause, when ischemia is present, wound healing is inhibited. Arterial inflow must be improved for normal healing to occur, some ulcers will heal in the presence of ischemia, but healing will be delayed without improved arterial inflow. An improved understanding of the pathophysiology of arterial ulcerations has lead to development of a comprehensive approach. This approach requires the use of proactive measures and comprehensive intervention to aggressively treat LEAD ulcerations.



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