

## CARE AFTER CRITICAL LIMB ISCHEMIA

### General Information

You have been treated for critical limb ischemia. This happens when blood flow in the leg arteries is severely decreased by peripheral artery disease (PAD). It is important that you receive lifelong monitoring and treatment of PAD. Your vascular surgeon will typically recommend lifelong ultrasound testing for surveillance of your intervention. You are still at risk for leg symptoms (pain, wounds or amputation), heart attack, stroke or death. The following information tells you how to take care of your feet and gives you general guidelines to follow to help lower your risks for complications (problems) from PAD.

### Take Care of Your Feet

- Check your feet every day for cuts, sores or wounds. If you do find a cut, sore or wound, tell your health care provider, podiatrist (foot care specialist) or vascular specialist right away.
- Avoid any activities that may injure your feet.
- Do not expose your feet to sharp objects.
- Never walk barefoot.
- Wear shoes that fit well to help you avoid getting calluses.
- Do not cut your toenails too short.
- After your treatment, you may need to stay off your feet for a while, but you should stay as active as you can. Exercise will help your legs heal and feel better. Be sure to follow any instructions your health care provider gives you.
- Tell any other health care providers or podiatrists who may care for you that you have been treated for critical limb ischemia and PAD.
- If you have foot pain caused by PAD, be sure you take any pain medicines as prescribed.
- If you had a bypass graft placed in your leg artery, talk with your health care provider about when you should have an ultrasound. An ultrasound is used to make sure the graft is open. If there are any narrowings found, treatment may be done at three, six and 12 months, and then every year after the graft was placed.
- If you have been treated for a foot wound, be sure to follow your wound care instructions carefully. Keep all of your appointments with the wound clinic or podiatrist.

### Take Care of Your Heart

- **Know your risk factors.** Be familiar with the risk factors that caused your PAD and the treatment goals you should achieve. These goals should be met right away, and treatment needs to continue for the rest of your life.
- **Stop smoking and/or using tobacco products.** Smoking or using tobacco products can:
  - Make blockages from PAD worse, block angioplasty or surgical bypasses, and cause foot pain, amputation, heart attack and/or death.

## CARE AFTER CRITICAL LIMB ISCHEMIA (continued)

- **There are many treatments available** to help you quit smoking or stop using tobacco products. Talk with your health care provider about the best way for you to stop.
- **Take all of your medicines every day.** Your health care provider may treat your PAD by having you take aspirin. If you can't take aspirin, your provider may prescribe clopidogrel (Plavix<sup>®</sup>) or ticagrelor (Brilinta<sup>®</sup>) or another blood thinner. You may need to take one of these medicines for a short amount of time or for the rest of your life. Talk with your provider about which medicines you need before you leave the hospital.
- **Lower your cholesterol.** It is important to know your blood cholesterol levels. Your low-density lipids (LDL or "bad" cholesterol) should be less than 100 mg/dL. Your health care provider may recommend that your LDL be less than 70 mg/dL if you have both diabetes and heart disease or if you have had a heart attack or a stroke. If your LDL is too high, it must be lowered right away with diet changes, medicine or both.
- **Lower your blood pressure.** If you have high blood pressure (hypertension), you are at an increased risk of heart attack, stroke, heart failure or kidney damage. Your PAD could also get worse. Your blood pressure should be less than 140/90 mmHg. If you have diabetes, your blood pressure should be less than 130/80 mmHg. Monitor your blood pressure by visiting your health care provider or using a home blood pressure machine.
- **Lower your A1C.** If you have diabetes, work with your health care provider to lower your A1C level to less than 7 percent. If you have peripheral neuropathy (a disease that damages nerves in your feet and hands), it is important to have your feet checked by your provider regularly.

If you have any questions, talk with your health care provider, podiatrist or vascular specialist.