PERIPHERAL ARTERIAL DISEASE (PAD) is common, debilitating, and can be deadly. Fortunately it’s preventable when you think about it!

Think **SAVELIMB** with your at-risk patients

**S**

**Screen** people at risk: smoking, diabetes, cardiovascular risk factors, age > 50

**A**

**Assess and ask** about arterial diseases: ABI, AAA, and ask history of intermittent claudication

**V**

**Vascular studies**: perform when indicated; such as ABI and arterial duplex scan

**E**

**Etiology**: consider athero-thrombosis, embolism, and AF

**L**

**Lifestyle behaviour changes**: reinforce exercise, smoking cessation, BP and cholesterol lowering, and diabetes management

**I**

**Intermittent claudication**: ask about quality-of-life (e.g. pain with walking), and document distance

**M**

**Medication to treat**: prescribe antiplatelets, antithrombotics, statins, icosapent ethyl, ACE inhibitor, and check medication(s) for BP, cholesterol and diabetes

**B**

**Bypass surgery/revascularization procedures**: think about when they are needed

**SAVE LIMBS and Lives.**

AAA, abdominal aortic aneurysm; ABI, Ankle-Brachial Index; ACE, Angiotensin converting enzyme; AF, atrial fibrillation; ASCVD, atherosclerotic cardiovascular disease; BP, blood pressure
Peripheral Arterial Disease

Does your patient have risk factors?
- Age >50
- Diabetes
- Smoking

Does your patient have symptoms of intermittent claudication and/or chronic limb-threatening ischemia?

If PAD is confirmed by objective testing (ABI or ultrasound);
Initiate treatments to reduce CV events and save limbs.
Contact additional medical specialist with any questions on treatment or for referral.

When should you refer to a vascular surgeon?
- Intermittent claudication
- Rest pain
- Blue or black toes
- Ulcer

Preventing CV Events
- Behaviour: smoking cessation/exercise
- Antiplatelet or low dose rivaroxaban and aspirin
- Cholesterol lowering: statins/PCSK-9 inhibitors, icosapent ethyl
- BP lowering: ACE inhibitors/ARB
- Diabetes management

Reducing Leg Symptoms +/- MALE
- Smoking cessation/exercise
- Low dose rivaroxaban and aspirin
- Statins/PCSK-9 inhibitors
- Revascularization procedures (endovascular and/or open surgical procedures)

This resource was made possible in part with unrestricted grant support from top-tier sponsor, Novo Nordisk Canada. The CCS thanks Novo Nordisk for their commitment to improving cardiovascular care in Canada. Unrestricted grant support also gratefully received from mid-tier sponsors, Astra Zeneca and Bayer, and lower-tier sponsors, the BI/Lilly Alliance, HLS therapeutics, Janssen and Novartis.

© Copyright Canadian Cardiovascular Society 2023.

To learn more visit us at CCS.CA