CHAPTER 15

PAIN MANAGEMENT IN PERIPHERAL ARTERY DISEASES

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INTRODUCTION

Nowadays, aging and atherosclerosis associated major systemic comorbidities (Coronary artery disease, diabetes mellitus, hypertension, cerebrovascular disease, and metabolic syndrome) cause an increase in vascular diseases. Peripheral arterial disease (PAD) is a steadily more important health issue that seriously affects comfort of patients because of intense pain. Acute and chronic pain are important symptoms because of PAD and lead to negative effects on quality of life. The lower extremities are more frequently affected, also PAD includes upper extremity, extracranial carotid, visceral and renal circulation (1). The clinical manifestations are caused by narrowing and occlusion of the arterial system. Initial walking pain (intermittent claudication) may progress to pain occurring during rest in course of time. Other symptoms are discoloration, numbness, ulceration, and gangrene in the affected extremity.

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a limit for a total consumption dose. For patients with PAD, bolus-only PCEA with local anesthetic and/or opioid may provide similar analgesia to continuous infusion while ensuring significantly less volume consumption of a solution. Continuous infusion may cause undesirable motor block with a mass or volume effect of a solution in the epidural space.

Pain in peripheral arterial disease is a factor that reduces the comfort of patients. In pain management, both pharmacological and regional methods are under the responsibility of anesthetists. Anesthesiologists need to increase their experience by following new approaches, especially in peripheral nerve blocks with ultrasonography.

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