

What is the risk of losing my leg?

Very few patients with intermittent claudication will ever be at risk of losing a leg through gangrene. It is the vascular surgeon's job to prevent this outcome at all costs. If there is thought to be any risk to the limb a vascular surgeon will always act to save the leg if at all possible. You can minimise the risk of progression of your symptoms by following the advice below. It is the simple measures which are the most effective. The vast majority of patients do not need x-ray or surgical procedures to treat their symptoms.

How can I help myself?

There are several things you can do which can help. The most important are to stop smoking and take regular exercise. If you are a smoker, you should make a determined effort to give up completely. Tobacco is harmful to claudicants for two reasons:

- Smoking speeds up the hardening of the arteries, which is the cause of the trouble
Cigarette smoke prevents development of the collateral vessels which get blood past the blockage.

It is also important not to be overweight. The more weight the legs have to carry around, the more blood the muscles will need. If necessary, your doctor or dietician will give you advice about a weight reducing diet.

HSE Referrals

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Intermittent Claudication

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Intermittent Claudication is pain in the legs brought on by exercise and relieved by rest. It is caused by to hardening of the arteries ([atherosclerosis](#)) narrowing or blocking the main artery taking blood to your leg (femoral artery), reducing blood flow to your leg muscles. Circulation is usually sufficient when resting. As soon as you start walking, the muscles cannot obtain enough blood, producing cramp and pain. The pain and cramp go away when you rest for few minutes as the muscle recovers. If greater demands are made on the muscles, such as walking uphill, the pain comes on more quickly. Unfortunately, the blockage will not clear itself. The situation can improve if smaller arteries in the leg enlarge to carry blood around the blockage. Many people notice some improvement in their pain as this process (known as collateral circulation) occurs.

How is Claudication detected?

A blocked or narrowed artery is detected by examining the pulses and blood pressure in the legs. A blockage reduces one or more pulses in the leg. The blood pressure in your feet is measured using a handheld ultrasound. This pressure is then compared to the blood pressure in your arm (which is usually normal) and a ratio called the Ankle-Brachial Pressure Index is calculated.

Sometimes, a more detailed ultrasound scan called an arterial duplex scan may be performed. Alternatively, a CT scan or an arteriogram may be performed. An arteriogram is an x-ray of the arteries performed by injecting contrast (dye) into the artery at groin level. The contrast outlines the flow of blood in the arteries as well as any narrowings or blockages. These more detailed tests are usually only needed if an operation is being considered. Most patients do not need them for the diagnosis to be made.

Treatments

Usually, there is no risk of limb loss from claudication so it is not necessary to treat it if the symptoms are mild. Claudication often remains stable, with no deterioration in walking distance over long periods. Less than one in ten patients will notice any reduction in walking distance during their lifetime. If your symptoms worsen, there are treatments available which you can discuss with your vascular surgeon.

General measures to improve walking distance include stopping smoking, increasing exercise and making sure you are not overweight. Blood tests to rule out other causes of atherosclerosis are sometimes done. These may include a blood sugar test to exclude diabetes, thyroid and kidney function tests and a cholesterol test.

There are a number of drugs on the market which claim to improve walking distance. These are not used by vascular surgeons, as the evidence for their effectiveness is very limited. There is evidence that taking blood thinners (Aspirin or Clopidogrel) is generally good for people with circulation disorders (heart, brain and legs). Statins are drugs that lower cholesterol but they also stabilise atherosclerotic disease, reducing the chances of problems such as heart attacks or strokes. As such, statins are often recommended for patients with vascular disease e.g. claudication. Please consult either your G.P or vascular surgeon for more information.

There are three approaches to treating the claudication itself:

Exercise

Exercise has been shown to more than double walking distance. A brisk walk once a day is recommended. Over the first week or so, you should walk until you develop pain and then

rest each time until the pain settles down. You should aim to continue this until you have walked about a mile. Every week, you should increase the distance you walk before resting by about 10 to 20 yards. Over time, you will notice your pain-free walking distance increase.

Angioplasty

Angioplasty (stretching the artery where it is narrowed with a balloon) may help to improve walking distance for some people. Overall it is less effective in the longer term than simple exercise. Angioplasty is usually limited to narrowings or short complete blockages (usually less than 10cm) in the artery. It is only recommended for patients with whose symptoms are causing serious interference with their day to day life.

Surgery

Bypass surgery is reserved for longer blockages of the artery, when the symptoms are significantly worse. There may be very short distance claudication, pain at rest, ulceration of the skin in the foot, or even gangrene in the foot or toes.

Is treatment successful?

The simple exercise program is very successful at increasing the walking distance. It provides a long term solution for the majority of people, and most importantly it is safe. Because surgery (and to a lesser extent angioplasty) is not always successful, it can normally only be justified when a limb is threatened. There will usually be pain keeping you awake at night, or ulceration or gangrene of the foot or toes. Half of the bypasses performed will need some "maintenance" procedure to keep them going. This may be an X-ray procedure or might involve further surgery.