

A PATIENT GUIDE AND INFORMATION ABOUT INTERMITTENT CLAUDICATION

WHAT IS INTERMITTENT CLAUDICATION?

Intermittent claudication is very common. It is where you get pain in the muscles when there is not enough blood supply to the muscles (poor circulation). The pain usually feels like cramp and comes on while walking. When you rest, the pain goes quickly and you can then walk again. The pain is usually in the calf but can be in the thigh or buttock. The pain comes on more quickly if you walk quicker or up a slope. Some patients might get weakness in the legs, numbness, tingling or coldness.

Intermittent claudication is most commonly due to atherosclerosis and is a warning that there will also be disease in the arteries of the heart, neck, brain and kidneys.

Intermittent claudication is not dangerous. Very few patients will have bad enough disease to threaten the limb. In many patients, the pain on walking will improve over time.

WHAT IS ATHEROSCLEROSIS?

Atherosclerosis is also known as hardening of the arteries or narrowing of the arteries (stenosis). It is due to a build-up of fatty deposits or cholesterol in the wall of the arteries. It affects all arteries in the body but most commonly those in the heart, neck, brain, kidneys, abdomen and legs. It restricts the blood flow in the affected area.

Atherosclerosis is much more common in elderly men, those who smoke, those who have high cholesterol or high blood pressure, in diabetic patients, those who are obese and those who do not do enough exercise or physical activity. It often runs in the family.

HOW IS ATHEROSCLEROSIS TREATED?

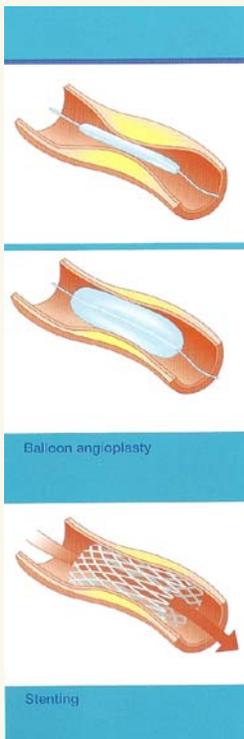
1. Stop smoking
2. Regular exercise – keep walking
3. Make sure your blood pressure is well treated
4. Make sure your diabetes is well controlled
5. Take aspirin daily
6. Take a statin daily (even if your cholesterol level is normal)
7. Take an ACE inhibitor daily (even if your blood pressure is normal)
8. Diet – follow a low fat diet and maintain a healthy weight

WHAT TESTS ARE NEEDED FOR INTERMITTENT CLAUDICATION?

If you think you might have intermittent claudication, ask your general practitioner or specialist for a referral to see Mr. Stuart Walker.

Mr. Stuart Walker will ensure that the following are performed:

1. A thorough medical history will be obtained.
2. A thorough physical examination will be performed.
3. The blood pressures in the feet may be recorded.
4. Blood tests – including a check of your cholesterol level.
5. A duplex scan may be requested. This is like an ultrasound and looks at the blood flow in arteries. It is a painless test.



HOW IS INTERMITTENT CLAUDICATION TREATED?

Make sure your atherosclerosis is well treated.

Stop smoking – not only will this prevent further damage to your arteries, it will help you to walk further.

Regular exercise – not only will this improve your overall fitness, it will help you to walk further. You may be referred to a physiotherapist to help with exercise. Any type of exercise is good but walking is best.

Statins – although usually used for patients with high cholesterol levels, statins have also been shown to help patients with intermittent claudication to walk further.

If lifestyle changes or medications have not been enough to treat your intermittent claudication a procedure to treat the narrowed artery may be recommended:

Angioplasty – this is where a needle is placed in the artery in the groin under local anaesthetic. Through this needle, a balloon can be placed across the narrowing in the artery and the narrowing stretched. Sometimes a metal stent is also used to keep the artery open. This procedure is not without risk.

Bypass surgery – this is a much bigger procedure and involves using a bypass graft to bypass the blocked artery. It also has many risks and so is reserved for those who have not improved with time and where angioplasty is not possible or has failed repeatedly.