

Department of Vascular Surgery

Intermittent Claudication

What is Intermittent Claudication?

Intermittent claudication describes a pain or cramp in the leg brought on by walking due to reduced blood flow to the muscles. Pain is usually brought on by exercise and relieved by resting for a few minutes. Depending on the level of disease pain can be experienced in the buttocks, thigh, calf or foot. It can affect one or both legs equally.

What causes Intermittent Claudication?

In a healthy person the blood flow to the muscles goes up when you exercise. Intermittent claudication is caused by narrowing or blockages in the arteries due to hardening of the arteries (atherosclerosis). This means that the extra blood needed when you exercise cannot get to the muscle and so the muscles react to this by 'seizing up' or cramping causing tightness and pain. When you stop exercising the muscles need less blood and so after a short rest the muscles recover and the pain subsides.

Risk Factors

- Being male
- Being over 50 years old
- Family history of vascular disease, angina, heart attacks or stroke
- High blood pressure
- Smoking
- Diabetes
- Obesity
- High cholesterol levels
- Lack of exercise

How do I prevent my symptoms getting worse?

Exercise

- Taking regular exercise may help your symptoms improve. You will do no harm by trying to walk as far as your symptoms allow.
- Exercising into the pain can help build up natural bypasses (collateral circulation) which will carry more blood to your muscles. We often liken this to a road network. If the main route is blocked we are forced to use the smaller roads to get to our destination.
- Exercises such as walking, stair climbing, cycling, heel raises can help but exercise programs need to be tailored to your individual lifestyle and level of fitness.

- Walking into the pain in your legs is recommended, however it is important to remember to **stop exercise immediately and seek medical advice if you have pain in your chest.**

Remember to set yourself small achievable goals, start slowly and try to build your walking regime gradually. The easiest way to walk more is to make walking a habit. Think of ways to include walking into your daily routine.

Examples include:

- Walking to the shops
- Using the stairs instead of the lift
- Leaving the car behind for short journeys
- Getting off the bus a stop earlier than needed
- Doing a regular walk with a friend
- Going for a stroll with family or friends after dinner

Stopping Smoking

It is important to give up smoking. This is strongly linked to the onset and progression of vascular disease not only in the legs but in all arteries of the body. Smoking increases the risk of having a heart attack and stroke. We know it can be hard to give up smoking. When you are ready to stop you do not have to do it alone; contact your local Smoke Free officers for advice and support (see contact details below).

Diet

Eating a healthy diet is important. High cholesterol levels are a significant risk factor in developing hardening of the arteries.

Blood Pressure

Ensuring that you have a stable blood pressure is important; you should have your blood pressure checked on a regular basis at your local GP practice. High blood pressure can be reduced by exercise, weight loss, reducing alcohol intake and reducing salt intake. Your doctor may also prescribe medication.

Foot Care

It is very important to take care of your feet as you will be more prone to developing foot problems, moisturise regularly, have your toe nails cut by a podiatrist and ensure footwear fits well.

What is the risk of losing my leg?

Very few patients with intermittent claudication will ever be at risk of losing a leg. 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 above.

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.

What is the best treatment for me?

Your Vascular Consultant will discuss this with you and will ask how your intermittent claudication affects your day to day life. They will then decide with you which treatment is best for you. In most cases intermittent claudication can be treated conservatively (i.e. without the need for surgery). If you give up smoking, take regular exercise and control the other risk factors then no other treatment may be necessary.

It is important to remember that if you suffer pain at rest you must tell your doctor immediately as this could mean your disease is getting worse.

It will probably be recommended you take aspirin and a tablet to lower cholesterol called a 'statin' to give your arteries protection. Your Doctor will advise you.

Points of contact:

Vascular Specialist Nurses

Norfolk & Norwich University Hospitals NHS Foundation Trust
Tel: 01603 287844 or 01603 647971 (Monday to Friday 9am-5pm)

Further information and support:

Vascular Surgeons (Secretaries):

Miss F J Meyer	01603 287136
Mr M P Armon	01603 287552
Mr DR Morrow	01603 286442
Mr R E Brightwell	01603 287394
Mr M S Delbridge	01603 286434
Mr P C Bennett	01603 286263
Mr W Al-Jundi	01603 287552
Professor P W Stather	01603 647289

NHS 111 service out of hour's advice

Vascular Surgical Society of Great Britain and Ireland

Tel: 020 7205 7150

Web address: www.vascularsociety.org.uk

Circulation Foundation

Tel: 020 7205 7151

Web address: www.circulationfoundation.org.uk

For help giving up smoking

Contact your local NHS Stop Smoking Service Smoke free Norfolk on 0800 08 54113 or your GP surgery, pharmacy for local support.

The NHS National Stop Smoking Helpline and website are a source of advice, help and support visit www.smokefree.nhs.uk.

