Do drugs help?

Although there are quite a number of tablets and drugs available, there is little evidence that they actually help, Drugs will not unblock the artery. Aspirin is commonly prescribed because it makes blood less sticky.

What is the risk of losing my leg?

Very few patients with intermittent claudication end up with an amputation and every effort will be made avoid this. The most important thing is that you improve your lifestyle - keep walking, lose weight and you must stop smoking.

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Intermittent Claudication

Leg pain on walking
What is Intermittent Claudication ?

The pain you feel in your legs is called ‘intermittent claudication ‘. The reason for the pain is a narrowing or blockage in the main artery taking blood to your legs. Over the years cholesterol and calcium build up inside the arteries, causing hardening of the arteries (atherosclerosis). This occurs much earlier in people who smoke, those who have diabetes, high blood pressure or high levels of cholesterol in the blood. The narrowing or blockage means that the blood flow is reduced. The circulation is sufficient when you are doing nothing, however when you walk the calf muscles cannot obtain enough blood and cramp pain occurs. This is made better by resting for a few minutes. If greater demands are made on the muscles, such as walking up hill, the pain comes on more quickly.

Does the blockage ever clear itself?

No, unfortunately not, but the situation can improve due to opening up of smaller arteries (collateral circulation) which carry blood around the blockage. Many people notice some improvement as the collateral circulation opens up usually within six to eight weeks of the onset of intermittent claudication.

How you can help yourself?

There are several things you can do to help. The most important is to stop smoking, take regular exercise and lose weight.

Smoking

If you are a smoker you must make every effort to stop. Tobacco increases the development of hardening of the arteries, which is the basic cause of the problem and secondly, cigarette smoke closes down the

small collateral vessels and reduces the amount of blood and oxygen to the muscles.

The best way to give up is to choose a day when you are going to stop completely, rather than trying to cut down gradually. If you do have trouble giving up smoking, please ask your doctor for more advice.

Diet

It is very important not to put on weight, because the more weight the legs have to carry around, the more blood they will need. Your doctor or dietician will give you advice with regard to a weight reducing diet. If your blood cholesterol is high you will need a low fat diet and may also require cholesterol lowering drugs.

Exercise

There is good evidence that people who take regular exercise (walking at an easy pace until the pain comes on, then stop and continue again when the pain disappears) develop a better collateral circulation. Try and walk a little further each day and you will almost certainly find that the distance you can manage without pain slowly but steadily increases.

What about treatment?

Most people with intermittent claudication do not require surgery, but if your symptoms are very severe, or if they do not improve, further treatment may be necessary. An ultrasound scan of the arteries is usually performed first to see what can be done. Later an xray of the arteries, an angiogram, may be required

Short blockages in the artery may be stretched open with a small balloon device (angioplasty). This is usually done under local anaesthetic, and may involve an overnight stay in hospital.

Larger blockages are bypassed preferably using one of your own veins from the leg or a plastic tube (bypass graft). This is a major operation, under a spinal or general anaesthetic, and involves being in hospital for about 4 to 8 days. The decision about surgery is usually one for you to make yourself, after your surgeon has explained the likelihood of success and the risks involved. More detailed information about these procedures is available.