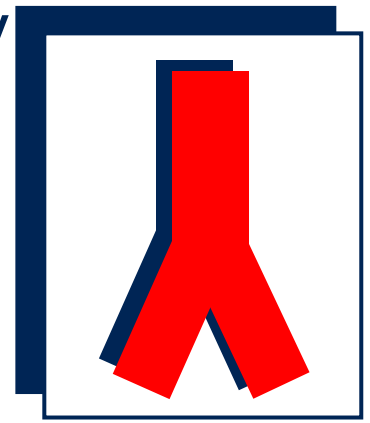


Will Butcher – Vascular Surgery

Patient information

CLAUDICATION



You have a condition called Intermittent Claudication. This describes the painful muscle cramps that come on in the calf, thigh or buttock when you walk. The problem is caused by a reduced blood supply in the affected muscle. If you walk too far, too fast or uphill there is quite simply not enough blood getting to the muscles to keep them going and they become painful. If you stop for a few minutes the pain generally settles promptly allowing you to continue walking. The reduction in blood supply is caused by narrowing or blockages in the arteries supplying the muscles.

What does this mean?

By now you will have discovered that you can not walk quite as far as you used to be able to. For the majority (three quarters) of people there will not be a need for any active intervention. We know that simple exercise will help to increase the distance you can walk. At the moment your quality of life may be compromised by the limits to your walking. If you are patient and walk regularly the distance you can walk will gradually increase and the intensity of the pain will diminish. This will mean your quality of life will improve. My advice is that you walk for half an hour (or more) on most days with no purpose other than walking as far as you can in the time. Walk for a time and then as the pain becomes significant stop for a short rest and then walk again. At first you may not be able to manage more than a short distance but in time this should increase.

Will I be able to walk without pain?

Some patients find they are able to get to a level of function where they can walk pretty much pain free for quite long distances. For others the limits on their walking are not too burdensome and they are able to achieve all that they require on a daily basis within a reasonable distance of walking. Patients who get frustrated or angry about this problem will generally not achieve these improvements, it is important to be patient and realistic – these changes take time.

Why do I have this problem?

The most common and serious cause of the vascular disease which causes this problem is cigarette smoking. The cigarette smoke damages the vessels and causes plaque build-up and calcification and may block or narrow your arteries. In addition, high blood pressure, diabetes and cholesterol are contributing factors. Many people will have a family history of heart disease, and it is much commoner in men. One of the mechanisms that allow improvement in walking distance is the development of collaterals. These are small vessels that effectively bypass your blockage or narrowing. Cigarette smoke causes these vessels to go into spasm and they are unable to do their job. Unfortunately, if you smoke at all these vessels will be in spasm, even as little as one cigarette every couple of days is enough to do this. Most people find that their improvement in walking is limited until they stop smoking altogether.

Is there anything else I can do apart from walking?

Any exercise has been shown to be beneficial to this process, but walking is the easiest and cheapest. However, some people get relief by swimming, going to the gym or cycling. In addition, you should make a sincere effort to give up smoking. You should definitely talk to your GP about your blood pressure, diabetes and cholesterol. It is my view that all claudicants should visit with their GP regularly to discuss broader health issues. Body weight is also a significant issue. In simple terms the more weight you carry the harder it will be to walk, you should try and lose a few kilos if you are overweight. Help with this may be sought from your GP or community groups. Exercise is an important adjunct to help lose weight but you must develop healthy eating habits and most importantly learn to eat a lot less than you do now if you are overweight.

What happens if I don't get better?

Treatment for claudication (Either Surgery or Stenting) is reserved for those who are unable to achieve significant improvement with walking exercise, and whose quality of life therefore remains poor. Importantly we will generally not provide invasive treatment for patients who continue to smoke because the cigarette smoke seems to affect either the stents or the bypasses very specifically causing them to block. If you think you fall into this category you should come and talk to us again about intervention.

Why not do surgery or stenting right away?

There is good evidence that neither surgical correction or stents will last forever in the majority of patients. When the stent or bypass blocks you may be worse than previously. In contrast, the benefits that come with exercise seem to be much more durable. If you are able to get over this naturally the risk of needing surgery and all the problems that come with it is very low.

Are there any Red Flags, and when should I come back?

In the majority of patients this disease does not progress, however in some it does. If you get any sores or ulcers on your affected leg or foot you should come and see us urgently as we may need to restore the circulation to get these to heal. Equally if the foot becomes painful at all times especially in bed at night (waking you from sleep) you should come back. Otherwise the majority of patients do not need to be seen regularly. If their walking is stable or improves there is no need for scans or to see a vascular surgeon. If there is a sudden reduction in walking distance, this may be a reason to return. Remember though, this is like physical fitness, if you do not exercise regularly the distance you can walk may drop off. A typical example is that a patient becomes unwell for another reason and finds that when they start walking again they have lost ground. Be patient, this will recover.

Are there other causes of leg pain?

Yes. This is a very important problem to understand. As one ages there are a number of issues that limit your walking. Knee and Hip arthritis are common, so are back pain and foot pain. It is important to try and distinguish these from true claudication partly because these won't be fixed by exercise and partly because they may need treatment in their own right.

It is important that you warn all other treating clinicians that the circulation to your leg is compromised because surgery especially to the foot may not heal. In addition to this some people are not able to walk because they become short of breath or get chest pain. If this is the case you should chat to your GP about this.

How should I walk?

As before, it is good to allocate some time each day to walking, usually about half an hour or so. Initially, walk as far as you can manage without severe pain and then rest before starting again. It is important to know that the pain will not cause any harm. You should walk until you experience some pain, but it is not necessary to walk until the pain is extreme. If you do you may find that the leg aches for some time, likely overnight at least. It is probably best not to tackle walks that are too challenging (hills or beach sand), start with a walk that is flat and easy. You should also avoid getting too far from your base because this can be distressing. The paths next to the beach are good because they are flat and there is lots of parking. There are also lots of other people to motivate you. You will find it easier to keep this up if there is a purpose to the walks, walking a dog for example or meeting with a friend. You could even start a small group.

If you need more information try Googling "claudication" or "walking exercises for claudication". National vascular societies will generally give good advice. You can come back and see me at any time, contact my rooms. Alternatively talk to your GP. The Gold Coast City Council has large numbers of free community classes.

More information

The first sensible step is to discuss your problem with your GP or surgeon, they will be best positioned to explain what to expect.

If you need more information you can go to one of these vascular organisation's websites:

The Australia and New Zealand Society for Vascular Surgery.

www.anzsvs.org.au/patientinformation/

The Vascular Surgical Society for Great Britain and Ireland.

www.vascularsociety.org.uk/patients/

