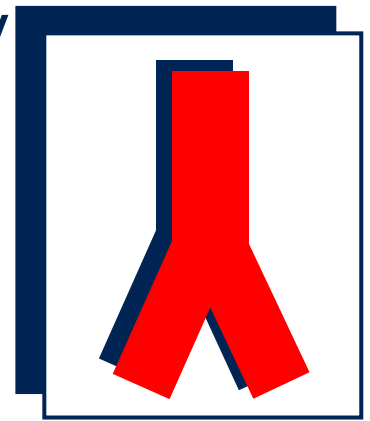


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General Practitioner Information:

Peripheral vascular disease in brief.

Peripheral vascular disease (PVD) is a common problem in General Practice, often there is a lot of uncertainty how to progress the care of such a patient. The truth is many patients with peripheral vascular disease have other often quite significant medical problems and so decision making can be tricky. Fortunately the vast majority of patients can be treated conservatively.

We recognise three basic presentations of PVD:

- Claudication
- Critical ischaemia
- Asymptomatic patients

Claudication is a muscular pain that comes on with exercise, it is usually predictable. When the patient is hurrying or walking uphill it is worse. Critical Limb ischaemia on the other hand is when the blood supply is so poor that there is a concern that the patient will lose their leg without urgent treatment.

For the vast majority of claudicants simple reassurance, lifestyle readjustment (stopping smoking) and some simple medications (aspirin and statin) are all that is required. Patients should be referred if their walking distance is unacceptable to the patient or they simply require more information or reassurance, but the majority will get better with conservative care alone. Any exercise is helpful, but a simple walk is all that is needed, patients should be advised to exercise for about 30 minutes each day. They should not need to walk until the pain is severe and they should be reassured that the pain while uncomfortable will not cause any long term harm.

Some patients will find the advice to walk tricky, they will need reassurance and support. Success with conservative care requires a few things. The patient will need to be patient and committed to an exercise program. Patients who do not give up smoking will rarely achieve as much as those who do quit. Obviously, their co-morbid conditions require proper management but this may not improve walking specifically. Weight loss is also helpful to improve walking.

All patients with peripheral vascular disease should be offered both aspirin and a statin to prevent coronary and cerebrovascular events.

Red Flags

Patients with wounds on an affected foot or gangrene obviously represent a much more urgent group. Rest pain, an uncomfortable some times severe, pain in the foot which will not go away is also worrying. These groups of patients should be referred promptly to prevent deterioration.

Treatments for Peripheral vascular disease:

Other than conservative care we provide angioplasty, with or without a stent and traditional surgery. In simple terms angioplasty and stenting is easier for the patient with very prompt recovery and minimal downtime. Not all patients are suitable for this though and more invasive surgery may be required. Simply, angioplasty works well for short and localised disease, and works better in the iliac and superficial femoral arteries. In contrast longer segments of disease and disease in the common femoral and popliteal arteries are better treated surgically. In all cases, the treatment must be tailored to the patients wishes and physiological condition.

There is more information on my website at www.willbutchervascular.com.au. The Vascular society of Great Britain and Ireland and the Australia and New Zealand society of Vascular Surgery are also very trustworthy websites.