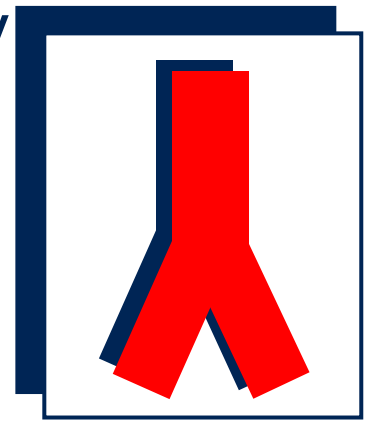


# Will Butcher – Vascular Surgery

## Patient information

### Information to help you understand Peripheral arterial disease (PAD) or Peripheral Vascular disease (PVD)



You have a disease of the arteries which causes a reduction in blood flow to the legs. This is sometimes referred to as hardening of the arteries or atherosclerosis. It is more common the elderly and men.

It may be caused by:

- Smoking
- High Blood Pressure
- High cholesterol
- Diabetes

The reduction in flow can have several consequences:

- Because there is less blood available for muscle activity, the muscles will ache when you walk. This is worse if you walk fast or uphill. This is called Intermittent Claudication
- Some people who have bad circulation can get a pain in their foot, which comes on even at rest and can keep them awake at night.
- Sometimes sores develop that will not heal because the circulation is not adequate.
- In a small group of patients a leg may be lost as a consequence of this disease.

Fixing narrowed or blocked arteries may seem a simple exercise but it does carry a small risk. And as a consequence is not something we offer to all patients.

The options for treatment are:

Conservative (Wait and See)

Angioplasty

Bypass surgery

#### CONSERVATIVE CARE

It is important to give up smoking, and to have your blood pressure and cholesterol checked and treated. If you lose weight you will find that your legs will carry you further.

Taking certain medications, 'Statins and Aspirin has been shown to reduce the risk of heart attacks and strokes in this group of patients. All patients with peripheral vascular disease should be taking these two medications. *(If not you should discuss this with your GP).*

There is also evidence that people with this condition benefit from exercise. Exercise (any exercise will do) helps to stimulate new blood supply to the lower leg. The more you walk, the more you find you will be able to walk. We advise that you should walk for half an hour each day with no reason in mind other than to walk as far as you can manage while stopping to let the pain settle from time to time. It is important to know that this pain, while quite severe, will not actually cause any harm.

Patients who a patient and committed to this course of action frequently experience substantial improvement in their walking distance. It is rare for people to become completely painfree but some do. Mostly what people experience is a significant reduction in pain intensity as well as significant improvement in pain free walking distance.

#### ANGIOPLASTY

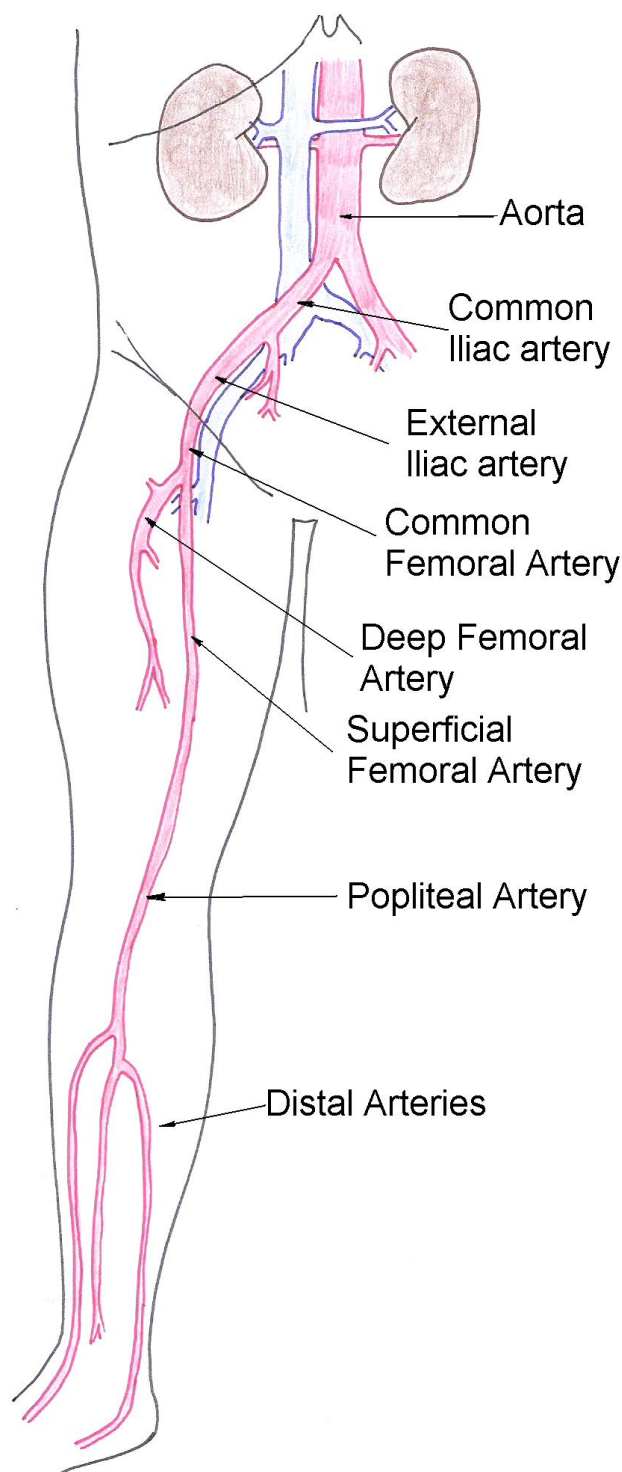
This involves using a balloon or a stent to stretch up the narrowed or blocked artery. Unfortunately not all people will be suitable for this minimally invasive treatment and some will require.....

#### SURGERY

This involves using a vein from the leg or arm to bypass the blocked arteries. Occasionally, it may involve clearing a blocked artery rather than a bypass.

Both surgery and angioplasty carry risk (surgery more than angioplasty). In simple terms, there is a small risk you might either die or lose your leg as a consequence of my attempts to help you. The risk is higher for surgery than angioplasty. Although this risk is small (+/- 1% for each of amputation and death)

it is not zero. Because of this I try and avoid offering this treatment to patients whose legs are not threatened, relying on conservative care for the vast majority of patients.



There is also the risk with these two that the walking will not be much better and that a successful operation may fail in the short or long term. This can be devastating.

If the leg is threatened then the reality is that some intervention will probably be necessary to prevent limb loss in the future. However, if you are in a situation where you simply have pain which comes on while walking the risk of limb loss is around 1%.

### What should you do?

Obviously, the solution for each patient is as individual as they are. In general, my advice is to avoid intervention if possible. The results with a successful walking program, weight loss and stopping smoking are generally very good. It will not work for everyone, though. You should give yourself a trial of at least 4 months of committed attention to the task. If you smoke currently it is ill advised to go ahead with any intervention as the smoking may seriously affect the durability of the intervention, and unless critical you should commit to giving up smoking for good prior to going ahead with anything. People who end up having surgery or angioplasty generally do so because the leg is at risk without it or they find the reduction in walking distance too distressing or burdensome that they cannot manage to go on with it. If you decide to go ahead with either a stent or bypass a period of surveillance with ultrasound may improve long term outcomes by alerting us to problems resurfacing. All patients with this type of disease should be taking aspirin or an equivalent and 40mg of your GP's preferred Statin whatever your cholesterol level is.

### 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/](http://www.anzsvs.org.au/patientinformation/)

The Vascular Surgical Society for Great Britain and Ireland.

[www.vascularsociety.org.uk/patients/](http://www.vascularsociety.org.uk/patients/)