Half of the bypasses performed will need some “maintenance” procedure to keep them going. This may be an x-ray procedure or might involve further surgery.

What is the risk of losing my leg?

Very few patients with intermittent claudication will ever be at risk of losing a leg through gangrene. It is the vascular surgeon’s job to prevent this outcome at all costs.

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 below.

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.

How can I help myself?

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

If you are a smoker you should make a determined effort to give up completely. Tobacco is particularly harmful to claudicants for two reasons.

- Smoking speeds up the hardening of the arteries, which is the cause of the trouble
- Cigarette smoke prevents development of the collateral vessels which get blood past the blockage.

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 please ask your doctor who can give you advice on additional help, or put you in touch with a support group.

It is also important not to be overweight. The more weight the legs have to carry around, the more blood the muscles will need. If necessary, your doctor or dietician will give you advice about a weight reducing diet.

For more information please see our ‘Are your legs killing you’ booklet.
There are a number of drugs on the market which claim to improve walking distance. These are not used by vascular surgeons as the evidence for their effectiveness is very limited. There is evidence that taking Aspirin or an antiplatelet medication is generally good for people with circulation disorders. Please consult either your G.P or vascular surgeon for more information.

There are three approaches to treating the claudication itself:

**Exercise**

Exercise has been shown to more than double walking distance. Some hospitals can offer an exercise programme with structured exercises. If this is not available, a brisk (the best you can do) walk three times a week lasting 30 minutes will normally noticeably improve walking distance over 3-6 months.

**Angioplasty**

Angioplasty (stretching the artery where it is narrowed with a balloon) may help to improve walking distance for some people. Overall it is less effective in the longer term than simple exercise. Angioplasty is usually limited to narrowings or short complete blockages (usually less than 10cm) in the artery.

**Surgery**

Bypass surgery is usually reserved for longer blockages of the artery, when the symptoms are significantly worse. There may be very short distance claudication, pain at rest, ulceration of the skin in the foot, or even gangrene in the foot or toes.

Is Treatment Successful?

The simple exercise program is very successful at increasing the walking distance. It provides a long term solution for the majority of people, and most importantly it is safe.

Because surgery (and to a lesser extent angioplasty) is not always successful, it can normally only be justified when limb is threatened. There will usually be pain keeping you awake at night, or ulceration or gangrene of the foot or toes.