



CRAMP OR PAIN: IN YOUR LEGS AFTER WALKING

We all get leg cramp from time to time. But if you get a cramp in your legs and / or buttocks when you're walking or exercising that stops after you rest for a while, you could have intermittent claudication.

WHAT CAUSES IT?

Intermittent claudication is one of the most common symptoms of the cardiovascular disease 'peripheral arterial disease' (PAD).

If you have lower limb PAD, the blood vessels (arteries) that carry blood to the legs and feet can harden, narrow or get blocked by a build-up of fatty deposits. This reduces the amount of oxygen that can get to your leg muscles. When you walk, the leg muscles need more oxygen than when you are at rest. So if your leg muscles don't get enough oxygen when moving, they start to hurt or 'cramp'.

The pain can range from mild to severe and usually goes away after a few minutes when you rest your legs. It is often worse when walking up an incline.

You might feel pain in one leg or in both legs or it might be worse on one side than it is on the other.

Other symptoms of PAD can include:

- Hair loss on your legs and feet
- Numbness or weakness in the legs
- Brittle, slow-growing toenails
- Ulcers (open sores) on your feet and legs that don't heal

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- Changing skin colour on your legs, such as turning pale or blue
- Shiny skin
- In men, erectile dysfunction
- The muscles in your legs shrinking (wasting)

The symptoms of PAD often develop slowly and over time. If your symptoms develop quickly or suddenly get worse it could be a sign of a serious problem that needs immediate treatment.

If you have PAD in your legs and feet, it can be a sign that you are at risk of other cardiovascular problems, such as angina, heart attack or a stroke. This is because if the arteries in your legs and feet are narrowed or blocked by fatty deposits, blood vessels elsewhere in your body are likely to be affected too.

You can read more about peripheral arterial disease on [NHS Choices nhs.uk/conditions/peripheral-arterial-disease-pad/](https://NHS.uk/conditions/peripheral-arterial-disease-pad/) or on the British Heart Foundation website bhf.org.uk/information-support/heart-matters-magazine/medical/blocked-arteries.

You can read more about intermittent claudication at the Circulation Foundation's website circulationfoundation.org.uk/help-advice/peripheral-arterial-disease/intermittent-claudication.

GETTING DIAGNOSED

Many people mistakenly think this pain is just part of growing older, but there's no reason why an otherwise healthy person should experience cramping leg pain when exercising. If you are getting recurring painful cramps in your lower legs when walking, make an appointment at your GP practice. You may be given an appointment to see the nurse or podiatrist rather than the doctor as nurses and podiatrists are often responsible for caring for patients with leg and foot problems

Remember to remove any nail polish from your toenails before your appointment.

When you see the nurse, podiatrist or doctor, they should:

- Ask about your symptoms and how long you have had problems
- Examine your lower legs
- Take the pulses in your groin, behind your knees and in your feet.

Do a special test using a Doppler Ultrasound called an Ankle Brachial Pressure Index (ABPI). This test compares blood flow in your ankle with that in your arm to find out if there are blood flow problems in your lower leg. You may have to come back to have your Doppler test on another day or at another clinic but you should have this test within a few weeks of your first

You might also be offered some more tests to rule out other health problems that can affect your legs, including diabetes, anaemia, thyroid and kidney problems, and cholesterol problems.

If your GP practice thinks you have problems with your arteries, they might refer you for further tests at your local hospital or specialist clinic.

TREATMENT

Atherosclerosis is a disease in which plaque builds up inside arteries doesn't just affect the arteries in your leg, but also arteries to your heart and to your brain. This can cause heart attacks or strokes. The most important part of the treatment for claudication is making sure that the disease doesn't progress further or spread to other arteries. The best way of doing this is by making changes to your lifestyle.

Medication

Your healthcare practitioner should offer you a blood thinner, such as clopidogrel, and a statin, such as atorvastatin, to lower your cholesterol. These medications should not only help reduce the cramp in your legs but help reduce the chance of major cardiovascular problems such as heart attacks or strokes.

If you have diabetes or high blood pressure (hypertension) it is important that these are well-controlled through medication if necessary.

Exercise

Your healthcare practitioner will talk to you about important of adopting healthy lifestyle. This will include the importance of stopping smoking, maintaining a healthy weight and the importance of exercise. Exercise in itself can be a treatment for cramp, as overtime this can improve your pain-free walking distance. This

should be the first recommended treatment, before surgery is considered. The ideal is to join a supervised exercise programme, where you will be offered 2 hours of supervised exercise over a 3-month period. If supervised exercise programmes are not available in your area you may be asked to undertake a period (3 months) of structured exercise exercising for at least 2 hours a week, where you will be encouraged to exercise to the point of maximal pain, where ever possible. As exercise is good for cramping and your general health it's important that this is undertaken before considering any form of surgery.

Read more about the importance of exercise and the type of exercises which will help (pdf download)

Further treatment

If leg cramp is having a big impact on your quality of life, you might want to consider surgery. Sometimes a narrowing or blockage in your artery can be opened up and stretched using a small balloon. This procedure is done under a local anaesthetic in the radiology department of hospital.

If your symptoms are very severe and the blockage is too big to open up with a balloon, a bypass operation might be an option. This is where a vein from your leg or an artificial artery is used to carry the blood past the blockage. Your vascular specialist will talk through all these options with you.

HEALTHCARE ADVICE

Making healthy changes to your lifestyle can help reduce or stabilise claudication and stop it turning into something more serious:

Maintain a healthy weight. If you are overweight, losing weight will help your arteries and mean you can walk further.

Take light to moderate exercise such as swimming or walking for about 30 minutes at least three times a week. Exercise forces our blood vessels to form new branches and improves the blood circulation in our legs. Don't worry if your legs hurt a little when you exercise, but exercise should not make you feel unwell.

Stop smoking. Smoking increases the hardening of the arteries by about ten times. It also makes the smaller arteries close up. It is hard to quit, but there's lots of support to be found through your nurse or doctor, including Nicotine Replacement Therapy. Here are some links which you may find to be useful

Find out more about the campaign and how you can get involved

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