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# Intermittent Claudication

This leaflet is to help answer some of the questions you may have about your procedure. It explains the benefits and risks, as well as what you can expect when you come into hospital.

This information has been put together by clinical representatives from across the acute hospital trusts in West Yorkshire and will be reviewed in September 2025. If you require this information in a different format, please contact your treatment team through the details provided on your appointment letter.

# Intermittent Claudication

## What is intermittent claudication?

Intermittent claudication, commonly referred to as just claudication, is a type of pain experienced in the leg muscles (or less commonly the arms) as a result of insufficient levels of blood reaching the muscle during strenuous activity. This is due to a narrowing of (stenosis) or blocked (occluded) artery.

When you are at rest or doing small amounts of activity, your body is able to deliver blood and oxygen to the tissues in your leg and foot. However, when you undertake more physical activity, the demand for oxygen in the muscles is higher and your body cannot keep up with the demand, due to the narrowing or blockage of an artery. This is when you experience pain, or claudication.

Intermittent claudication is a symptom of Peripheral Arterial Disease (PAD).

## What causes claudication?

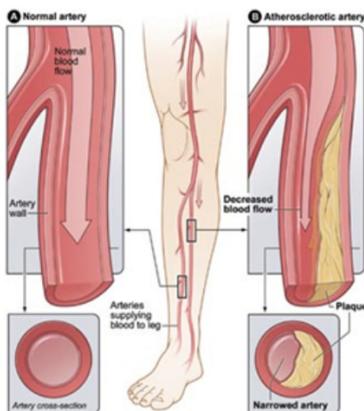
Anyone can develop claudication and it can affect both men and women. There are several contributing factors that can put you at a higher risk of claudication. These include:

- Smoking
- Diabetes
- High blood pressure
- High cholesterol

Claudication is more common in people aged 50 and over but it can occur much earlier in people who smoke, and in those who have diabetes, high blood pressure or high cholesterol.

## Diagnosing intermittent claudication

A vascular specialist will talk to you about the type of pain you have been feeling to ensure your symptoms are consistent with claudication. They will then examine the pulses in your leg, groin, back of the knee and foot, as most people with claudication will have completely lost one or more pulses from the leg. This means the blood is still making its way down your leg but is doing so through smaller arteries.





Above: A Doppler ultrasound is carried out (pictures courtesy of The Mid Yorkshire Hospitals NHS Trust)

Your specialist may undertake a number of tests in order to diagnose claudication. These can include measuring the blood pressure in your foot using a handheld ultrasound device called a Doppler. This is then compared with the blood pressure in your arm, in a ratio measurement called an ABPI (Ankle Brachial Pressure Index).

An angiogram, or arteriogram as it is also known, may also be undertaken. This is a type of x-ray where a dye is injected into the main artery which can then be monitored as it flows through your leg, highlighting any narrowing or blockages. A CT or MRI scan may also be considered by your specialist. The choice of any diagnostic imaging procedure will be discussed with you.

Symptoms associated with claudication include:

- Cramp or pain in the legs when moving
- Increased pain with increased physical activity
- Pain lessens when resting

### **Can I have an operation to fix this?**

In a very small number of cases surgery can be performed, however, as with any medical procedure, there are associated risks and limitations. Surgery for this condition has been found to be less effective in the longer term and is usually only considered if your specialist believes there is a serious risk of amputation to your leg or foot.

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## Treatment

Claudication is a serious condition but it can be prevented from worsening if you follow the advice of your specialist. The most effective way of managing claudication is by stopping smoking, as this remains the major factor in most patients with claudication. You should also work with your GP to ensure your diabetes (if you have it), blood pressure and cholesterol are as effectively managed as they can be.

Regular exercise also helps to increase the activity you can undertake without pain. Walking helps to develop the enlargement and formation of new and smaller blood vessels to carry more blood to your muscles, but it also allows your body to become more efficient at using the blood and oxygen it has. Exercise is not only important to help with claudication symptoms, but this will also improve your general health and aid any weight loss which may be beneficial to help lower your blood pressure.

## Can claudication lead to a leg amputation?

A very small number of people lose their leg as a result of claudication. If you follow the advice of your vascular specialist and the steps outlined in this leaflet to help manage your condition, you will reduce the risk of amputation and improve your health.

It is the job of your specialist to offer you treatments and interventions to try and prevent your condition worsening, but for this to be successful it also requires your input as well.

## Will my arteries ever be normal again?

Sadly, no. Once the arteries have become diseased, there is no way to reverse this. Over time, and with exercise and a healthy lifestyle, the smaller arteries of the leg may enlarge to help carry blood around the blocked sections. This will enable you to undertake more physical activity without the onset of pain.

## What can I do to help myself?

If you are a smoker, you should make every effort to stop. Smoking will continue to damage your arteries, increase the risk of heart attack and stroke, and will lengthen your recovery time. You should also try to eat a healthy diet and take regular exercise. All our hospital grounds are smoke-free.

## Contact us

- If you have any questions or concerns, please do not hesitate to contact a member of the medical team caring for you.



The West Yorkshire  
Vascular Service (WYVaS)  
is an overarching single,  
shared regional vascular  
service to ensure that  
patients, regardless of  
where they live within  
West Yorkshire, have access  
to the same high-quality  
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