

**Patient  
Information**

# Intermittent claudication

## Introduction

This leaflet gives you information about intermittent claudication, the causes and treatments that may help to reduce the risk.

## What is intermittent claudication?

Intermittent claudication is pain in the leg caused by poor blood flow to the muscles. The pain is intermittent because it only comes on when you are walking or exercising and goes away when you are resting.

## What causes intermittent claudication?

Accumulation of fatty deposits and plaques inside of the arteries leads to hardening of the artery and narrowing or blockage of the artery, this is known as arterial disease.

Narrowing or blockage of the arteries in your leg means that the extra blood flow providing the oxygen needed when you walk or exercise cannot reach the muscles, and so the muscles will cramp causing tightness and pain. This can affect the muscles in your calf, thigh or buttock depending on your level of arterial disease. After a short rest your muscles will recover and the pain will subside.

## How can I help to reduce the risk?

### Stopping smoking

If you are a smoker, giving up smoking is extremely important. It is well known that tobacco use is strongly linked to arterial disease and can lead to the start and progression of intermittent claudication. Even smoking just 1 cigarette a day increases your risk of arterial disease.

You can ask your GP for advice about stopping smoking. Alternatively, you can contact:

### Healthy Lifestyles

Tel: 0800 755 5533

Email: [glicb.hsglos@nhs.net](mailto:glicb.hsglos@nhs.net)

Website: <https://hsglos.org>

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**Vascular**

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**Patient  
Information****Exercise**

Regular walking exercise is very important and may help your symptoms to improve. It is recommended that you take a brisk walk as far as your comfort allows for about 30 minutes. You should aim to start doing this at least 3 times a week then gradually increase this over time. Regular exercise in this way has an important role in intermittent claudication as it encourages the development of new blood flow in your leg.

Exercise also encourages the small arteries in your legs to carry more blood which can help you walk further and reduce your pain. You will normally notice an increase in your walking distance over 3 to 6 months if you are able to take regular walking exercise.

**Diabetes**

Arterial disease is associated with unstable blood sugar levels in diabetes. Therefore, if you have diabetes, it is important that your blood sugar levels are well controlled. It is advised that you discuss your diabetes care with your GP or diabetes nurse if you are concerned about your blood sugar levels.

**Treatment that may help reduce the risk of intermittent claudication****Cholesterol reducing medication**

High cholesterol is when you have high fat levels in your blood. This causes a build-up of fat and plaque in your arteries and is a known risk factor in developing intermittent claudication. You can discuss with your GP about having a blood test to check your cholesterol level. However, even if you eat a healthy diet and your cholesterol levels are normal, it is still recommended that you take a cholesterol lowering medication (statin).

Studies show that if you are able to take cholesterol lowering medication it will help to reduce your risk of arterial disease. If taking a statin is recommended, we will ask your GP to arrange.

**Patient  
Information****Blood thinning medication**

Due to the narrowing or blockage in your arteries, the blood flow becomes restricted and sometimes small blood clots can form. This can further decrease the blood flow to the leg. Therefore, it may be recommended that you take a blood thinning medication such as aspirin or clopidogrel, if you are able to. If this is recommended, we will ask your GP to arrange.

**High blood pressure**

High blood pressure is a significant risk factor in vascular disease and is associated with the development of intermittent claudication. It is important that your blood pressure is well controlled. If you are known to have high blood pressure and are taking blood pressure lowering medication then your GP will routinely monitor this.

**Angioplasty**

An angioplasty is a procedure where the narrowed or short blockage of the artery is stretched open using small balloons; this procedure is performed using X-ray control. However, angioplasty is not always successful and may be less effective in the long term than taking exercise.

**Surgery**

Bypass surgery to improve the blood flow in your leg is sometimes necessary if there are long blockages in the artery to your leg and you develop symptoms that are no longer manageable. These symptoms may include, pain when walking very short distances, pain keeping you awake at night, ulceration of the skin or gangrene of the foot or toes. However, surgery is not always successful and carries risks.

**Follow up**

Depending on your symptoms, your clinician will decide if you need to be seen in the vascular clinic again. If no follow up is planned and your symptoms get worse, such as pain keeping you awake at night, ulceration or gangrene to your foot or toes, then it is recommended that you contact your GP to arrange an urgent referral back to the vascular service.

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## Contact information

### Gloucestershire Hospitals Switchboard

Tel: 0300 422 2222

When prompted, ask for the operator then for the vascular secretaries.

## Further information

Further information and advice about intermittent claudication can be found at the following website:

### Circulation Foundation

Website: [www.circulationfoundation.org.uk](http://www.circulationfoundation.org.uk)

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## Making a choice

### Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



### Ask 3 Questions

**To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.**

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

\* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85