

Critical limb ischaemia

Vascular Surgery Patient Information Leaflet

Under review

What is critical limb ischaemia?

Critical limb ischaemia (CLI) is a severe form of occlusive arterial disease. There is reduction of blood flow to parts of the limb to such an extent that these parts of the limb are at risk of developing gangrene. CLI is associated with severe pain at rest which is often worse at night and there may also be ulcers on the leg and foot.

What causes critical limb ischaemia (CLI)?

Critical limb ischaemia is a severe form of occlusive arterial disease where there are blocked arteries at more than one point in the leg. Most patients with CLI have a long history or worsening arterial disease, often for many years and may have had previous investigations and operations. Only a small proportion of patients with intermittent claudication will develop CLI, particularly if the risk factors are treated early.

What do I do if I think I have CLI?

CLI is a serious condition and the first thing is to see your GP urgently. Your GP will probably refer you to a vascular surgeon for urgent investigation, advice and treatment.

How can CLI be treated?

As with all occlusive arterial disease it is important to identify and treat any risk factors that may be accelerating or aggravating the condition. In CLI the collateral arteries have reached the limit of their ability to compensate and spontaneous improvement is unlikely.

CLI is strongly associated with arterial disease elsewhere, particularly in the heart, and this increases the risk of serious complications. In general, unless some action is taken, a patient with CLI has a significant chance of developing gangrene in the affected leg and requiring an amputation. The most effective treatment is an operation to bypass the blocked arteries and to restore a good blood flow to the leg and foot. This is a major operation and can only be offered if the patient is well enough to undergo an anaesthetic.

Occasionally it is possible to do a lesser operation which does not completely relieve all the occlusions but improves the blood supply sufficiently to relieve the worst symptoms and avoid an amputation. In some cases it is possible to improve the blood supply by angioplasty. In order to decide which form of treatment is possible your vascular consultant will need to get an X-ray of the arteries (angiogram). With this information your vascular surgeon can discuss the possible treatment options.

Only a few patients are unsuitable for a bypass operation or angioplasty and in these unfortunate cases the treatment options are limited. There are no drugs or other treatments that have been shown to be very effective. Often strong painkillers are the only option to control the symptoms.

If the pain is uncontrollable or gangrene and infection become established then an amputation may be necessary as a life-protecting operation because without it there is a risk that the infection will spread and cause blood poisoning.

What if I need an amputation?

Amputation is always the last option but occasionally it is the only one. Amputation operations are done to remove as little of the leg as possible to allow optimum mobility afterwards. If possible the amputation is done below the knee because this preserves the knee joint which is very important for walking. After the amputation wounds have healed a process of rehabilitation starts. For most patients this will involve making and fitting an artificial leg and learning how to walk with it. Many patients achieve better pain-free mobility afterwards than they had when their leg was critically ischaemic.

How can I help myself

You should consider doing what you can to improve your general health for example:

- Eat a healthy diet which includes having a low salt intake.
- If you are able, exercise regularly.
- Lose weight if you are overweight.
- Do not smoke.
- Drink alcohol in moderation.
- If you have high blood pressure, diabetes or a high cholesterol level, they should be well controlled on treatment.
- You may be prescribed a statin drug to lower your cholesterol level and low-dose aspirin to help prevent blood clots from forming.

If you require any further information regarding our services or if you have any questions about the management of your condition, please contact your consultant or vascular nurse on the telephone numbers below.

Russells Hall Hospital, Dudley

Mr Jayatunga	Consultant vascular surgeon	Tel: 01384 244243
Mrs Shiralkar	Consultant vascular surgeon	Tel: 01384 244246
Mr Pathak	Consultant vascular surgeon	Tel: 01384 244245
Mr Rehman	Consultant vascular surgeon	Tel: 01384 244176
Mr Newman	Consultant vascular surgeon	Tel: 01384 244243
Mr Wall	Consultant vascular surgeon	Tel: 01384 456111 Ext 1235
Joy Lewis/Sharron Cole	Vascular nurse specialist	Tel: 01384 456111 Ext 2456 (answer machine)

New Cross Hospital, Wolverhampton

Mr Garnham	Consultant vascular surgeon	Tel: 01902 695977
Mr Hobbs	Consultant vascular surgeon	Tel: 01902 695971
Paula Poulton/Val Isgar	Vascular nurse specialist	Tel: 01902 695984

Manor Hospital, Walsall

Mr Abrew	Consultant vascular surgeon	Tel: 01922 721172 Ext 7763
Mr Khan	Consultant vascular surgeon	Tel: 01922 721172 Ext 6669
Fiona Fox	Vascular nurse specialist	Tel: 01902 721172 Ext 7648

Further help and information

The Circulation Foundation

Web: www.circulationfoundation.org.uk

Publishes a number of patient information leaflets to help identify and treat vascular illness. It also funds research into the prevention and causes of vascular disease.

If you require information about benefits, this can be found on:

www.direct.gov.uk

www.dwp.gov.uk

or your local benefits office.

Your comments

Patient Advice and Liaison Service (PALS) Freephone 0800 073 0510.

PALS is here to support patients, relatives or carers when they have concerns or queries. They will do their best to resolve any concerns you may have and can also give advice on making a formal complaint.

This leaflet can be made available in large print, audio version and in other languages, please call 0800 0730510

ਜੇਕਰ ਇਹ ਲੀਫਲੈੱਟ (ਛੋਟਾ ਇਸ਼ਤਿਹਾਰ) ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ (ਪੰਜਾਬੀ) ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰ ਕੇ ਪੇਸ਼ਟ ਇੰਨਫਰਮੇਸ਼ਨ ਕੋ-ਆਰਡੀਨੇਟਰ ਨਾਲ **0800 0730510** ਟੈਲੀਫੋਨ ਨੰਬਰ ਤੇ ਸੰਪਰਕ ਕਰੋ।

यदि आपको यह दस्तावेज़ अपनी भाषा में चाहिये तो पेशन्ट इनफरमेशन को-आरडीनेटर को टैलीਫ਼ोन ਨੰਬਰ **0800 0730510** पर फ़ोन करें।

જો તમને આ પત્રિકા તમારી પોતાની ભાષા (ગુજરાતી)માં જોઈતી હોય, તો કૃપા કરીને પેશન્ટ ઇન્ફોર્મેશન કો-ઓર્ડિનેટરનો **0800 0730510** પર સંપર્ક કરો.

आपनि यदि এই প্রচারপত্রটি আপনার নিজের ভাষায় পেতে চান, তাহলে দয়া করে পেশেন্ট ইনফরমেশন কো-অর্ডিনেটরের সাথে **0800 0730510** এই নম্বরে যোগাযোগ করুন।

إذا كنت ترغب هذه الوريقة مترجمة بلغتك الاصلية (اللغة العربية) , فرجاء اتصل بمنسق المعلومات للمريض

0800 0730510 على التلّون Information Co-ordinator

حسب شروط اس اليفات كوئلي زيان (أرود) میں حاصل کرنے کے لئے براہ مہربانی ٹیلیفون نمبر **0800 0730510** پر پروفٹ انفرمیشن کو-آرڈینر (مریضوں کے لئے معلومات کی فراہمی کے سلسلے میں اس کے ساتھ رابطہ قائم کریں۔

Originator: Joy Lewis, Vascular Clinical Nurse Specialist
Date originated: October 2011
Date for review: October 2014
Version: 2
DGH ref: DGOH/PIL/00525