

## 13. PERIPHERAL VASCULAR DISEASE

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### 13.2 Introduction

- 13.2.1** Atherosclerosis is an age-related condition affecting arteries. Affected blood vessels become "furred up" and narrowed which makes them liable to thrombosis (blockage). This results in serious impairment of the blood supply to important structures within the body. When this affects the lower limbs the term peripheral vascular disease or peripheral arterial disease is applied.
- 13.2.2** The principal effect of this condition is to reduce mobility by causing calf pain on exercise. Some people also develop ulcers on their feet or ankles. These are very difficult to treat and may take many months to heal.

### 13.3 General

- 13.3.1** The condition can develop suddenly with complete blockage of a major artery. Immediate surgery is usually required to try to remove the blockage if the affected limb is to be saved. Unfortunately, in many cases this is not successful and amputation of the limb becomes necessary. [See Chapter 9]
- 13.3.2** More commonly the condition develops slowly. Muscle pain in the calf or some other part of the lower limb on exercise, relieved by rest (intermittent claudication), is the first symptom. This can progress through persistence of pain even at rest and/or ulceration that will not heal to frank gangrene of the lower part of the limb.
- 13.3.3** Various drugs have been tried in the treatment of intermittent claudication without success. If severe, surgical reconstruction of the blocked arteries is the only treatment with any chance of success. Once gangrene has developed amputation of the affected limb becomes necessary.

### 13.4 Care Needs

- 13.4.1** In the early stages of the disease there should be no significant care needs. As the disease progresses a person's mobility will be restricted but they should still be able to attend to bodily functions without help. In the absence of other disability, supervision should not be needed.
- 13.4.2** Even if the stage is reached when there is pain at rest the person should be

able to cope with bodily functions albeit slowly. Pain is often more severe at night but the person should still be able to take pain-killing tablets without help. Again, in the absence of other disability, supervision should not be needed.

**13.4.3** If amputation becomes necessary there will be a period of increased need for help. Many people adapt to artificial limbs quickly, but others, particularly older people and those with bilateral amputations, may be confined to a wheelchair or crutches for many months [see Chapter 9].

## **13.5 Mobility Considerations**

**13.5.1** In the early stages mobility problems are minimal. As the condition progresses, the distance a person can walk before developing pain will become less and less and rests to relieve the pain will become longer and more frequent. The stage may be reached when the person can only walk a few yards before pain starts.

**13.5.2** Should an amputation become necessary mobility will be severely restricted until the person can adapt to the artificial limb. For those who remain confined to a wheelchair or crutches this restriction will continue [see Chapter 9].

## **13.6 Duration of Needs**

**13.6.1** Peripheral vascular disease is progressive. Once problems with mobility have become established they will continue unless surgical reconstruction of the affected arteries is carried out. If, despite surgical treatment, there has been no change in exercise tolerance, then the problem is likely to continue.

**13.6.2** If amputation has been necessary, there is the period of adaptation during which the person may well have care needs as well as mobility problems. The length of this period will depend on the age and general health of the person, the site of the amputation(s), the presence or absence of other disabilities and the person's motivation to become independent again [see Chapter 9].

## **13.7 Further Evidence**

**13.7.1** In most cases the needs should be clear. If the level of disability or duration of needs require clarification a factual report from the GP, Disablement Services Centre or hospital, if attended, should help.