**Leg Artery Disease**

You have been diagnosed as having leg artery disease. This leaflet explains more about possible treatments for leg artery disease, and answers some of the most frequently asked questions. If, after reading it, you have any more questions or concerns, you should write them down and discuss them at your next appointment.

Another leaflet is available that explains leg artery disease in more detail.

**Where will my hospital appointments take place?**

Your appointments will be at the Sheffield Vascular Institute at the Northern General or Royal Hallamshire Hospitals. We also run local outpatient clinics at Rotherham and Barnsley District hospitals.

The Sheffield Vascular Institute is one of the largest vascular centres in Europe. We specialise in the treatment of all circulatory conditions affecting the arteries, veins and lymphatics. If you wish to find out more about the Sheffield Vascular Institute then look under the Guide to Services of the Sheffield Teaching Hospitals NHS Foundation Trust website (http://www.sth.nhs.uk)
**How can I help myself?**

Intervention by endovascular treatment or surgery is not always required for leg artery disease. You must make lifestyle changes to help reduce the progression of arterial disease. These include stopping smoking, diet and exercise. Further information is available about the causes of leg artery disease and its medical treatment. See separate booklet: leg artery disease.

**What interventional treatments are available?**

In more severe cases of leg artery disease, stopping smoking, diet, exercise and medication may not be enough to improve your symptoms. Your specialist may then recommend endovascular or surgical treatment. The choice of the treatment depends upon the pattern and extent of the blockages as well as other factors, such as your general health and the presence of other medical conditions.

More detailed information is available about all the treatments outlined on the following pages. See separate booklet: leg artery disease.

- Angioplasty and stenting
- Infra-Inguinal Arterial Reconstruction
- Supra-Inguinal Arterial reconstruction
Angioplasty or Stenting

Endovascular treatments involve having an angioplasty or a stent to improve the blood flow into your legs. This treatment is not as invasive as surgery. When having an angioplasty, the interventional radiologist inserts a long, thin, flexible tube called a catheter into the artery in your arm or groin. The catheter is guided through your arteries to the narrowed or blocked area. Once in place, a special balloon, which is attached to the catheter, is inflated and deflated several times. The balloon pushes the plaque in your artery against your artery walls, widening the vessel.

In some circumstances, a tiny mesh-metal tube, called a stent, is placed into the narrowed area of your artery to keep it open. The stent remains permanently in your artery. After this procedure, blood flows more freely through your artery. Angioplasty and stents work best for narrowings and short blockages of the artery; therefore not all artery disease is suitable for this treatment. More severe artery disease may require a Surgical Endarterectomy or a Bypass.
Endarterectomy

An endarterectomy is like ‘cleaning out’ the artery. To perform an endarterectomy, your vascular surgeon makes an incision in your leg and removes the plaque which is the sticky substance on the inner lining of the diseased artery wall. This leaves a wide-open artery and restores blood flow through your leg artery. A patch of vein, or special plastic, is often used to repair the artery. This operation is commonly used for disease of the femoral artery in the groin.
Endarterectomy and Stenting

For some artery disease both surgery and an endovascular treatment are required. An endarterectomy and an angioplasty or stent are performed at the same time and this is known as a ‘combined procedure’. These treatments are performed with both a vascular surgeon and a vascular radiologist present so that you have both parts of the treatment needed at the same time.

Most often this is performed in the vascular radiology department which has operating theatres conditions, but it may be carried out in the vascular theatre.
Bypass Surgery

Bypass surgery creates a detour around a narrowed, or blocked, section of a leg artery. To create this bypass, your vascular surgeon uses one of your own veins or a tube made from special plastic. Your vascular surgeon attaches the bypass above and below the area that is blocked. This creates a new path for your blood to flow down your leg.

Bypass grafts can be used for blockages of the aorta and in iliac arteries the abdomen (tummy). These are called aorta bi-femoral bypasses, ileo-femoral bypass or femoro-femoral bypass. A separate information booklet, suprainguinal arterial reconstruction is available.

Bypass grafts can also be used for blockages in the legs. These are called femoro-popliteal or femoro-distal bypasses. A separate information booklet, supra-inguinal arterial reconstruction is available.
Amputation

In extreme cases, especially if your leg has gangrene, your surgeon may recommend amputating your foot or lower leg. Amputation is a treatment of last resort. Vascular surgeons usually only perform it when the circulation in your leg is severely reduced and cannot be improved by any of the treatments above. More than three-quarters of patients with gangrene who are treated by vascular specialists can avoid amputation or have it limited to a small portion of the foot or toes.

Useful contacts

Vascular Nurse Specialist: 0114 2714688, 0114 2269311
Firth 2 Vascular Ward: 0114 2714602
Vascular Secretary 0114 2269412

www.circulationfoundation.org
www.vascularsociety.org.uk