

Information for patients

Raynaud's Phenomenon



Sheffield Vascular Institute

You have been diagnosed as having Raynaud's phenomenon or a similar condition. This leaflet explains more about Raynaud's 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.

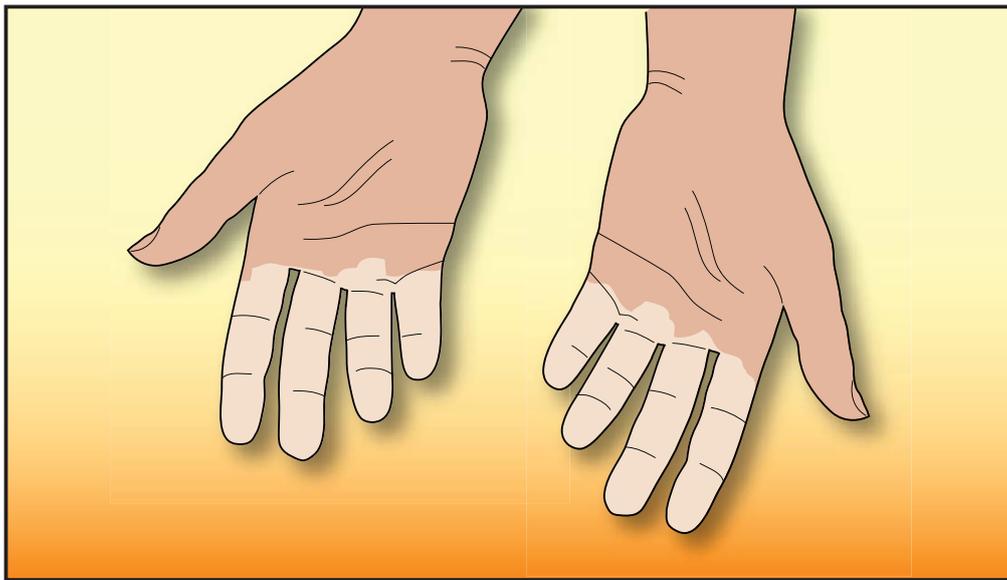
Where will my hospital appointments take place?

Your appointments will usually be at the Sheffield Vascular Institute at the **Northern General Hospital**. We also run local outpatient clinics at the Royal Hallamshire Hospital, 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>)

What is Raynaud's Phenomenon?

Raynaud's Phenomenon is a common condition in which the small blood vessels in the extremities are over-sensitive to changes in temperature. Cold exposure stops the blood supply to the fingers and toes, and occasionally the nose or ears. During an attack, the affected extremity first becomes white and dead looking. It then turns blue as the tissues use up the oxygen, and finally bright red as the arteries relax and fresh blood rushes in. Stress or anxiety can also provoke an attack. Raynaud's can vary from a very mild form, which is little more than a nuisance, to a severe form requiring treatment.



Primary Raynaud's Phenomenon is very common as it affects about 10 million people in the UK, and it sometimes runs in families. Anyone of any age can suffer from Primary Raynaud's, but teenage women (about 1 in 10 - 10%) are affected most commonly. Primary Raynaud's is usually a mild condition that affects both hands, which may interfere with daily activities, but rarely requires treatment.

Secondary Raynaud's Phenomenon is associated with some other disease or external influence, such as scleroderma or vibration exposure (*see information on Vibration White Finger, page 5*). Symptoms may be more severe and require treatment to prevent damage to the extremities. Blood tests can usually exclude an underlying disorder.

How is Raynaud's Phenomenon diagnosed?

Usually your symptoms will be enough for your GP or specialist to diagnose this condition. However, they may wish for you to have some blood tests performed to check your immune system and blood count.

Can it be treated?

The main treatments for this condition are commonsense measures to keep warm to prevent the onset of symptoms (see next section). Your GP or specialist may prescribe a vasodilator if your symptoms are severe. This is a drug that relaxes the blood vessels, but it can cause side-effects, such as facial flushing. Many people with Raynaud's use natural products such as vitamins, fish oil, evening primrose oil, ginko biloba and ginger.

How can I help myself?

Clothing. Your hands and feet should always be adequately covered in cold weather. Wear thermal gloves with a thinner liner underneath. Make sure that your gloves are warm when you put them on. Hand-warmers (available from camping shops) can help to alleviate an attack. Wear a thick pair of socks and fleece-lined boots.

A scarf can be used to keep the face warm in cold weather and a hat and several layers of clothing should be used to keep your head and body warm. Electric gloves and socks are available in severe cases.

Smoking. If you are a smoker, you must make a determined effort to give up completely. Tobacco is harmful as it causes the blood vessels to constrict, decreasing the blood flow to the finger tips. The best way to give up is to choose a day when you are going to stop completely rather than trying to cut down gradually. If you do have trouble giving up, please contact your local smoking cessation service for advice and support (*see details at the end of this leaflet*).

Eating for warmth. Eating and drinking can help you keep warm. Try to eat lots of small meals to maintain your energy. Hot meals and hot drinks are important, especially in cold weather.

Exercise. Gentle exercise will help your circulation but do not let your fingers or toes get cold. In cold weather take exercise indoors - consider joining a gym.

Similar Conditions

Vibration White Finger (VWF). This is a common symptom of Hand Arm Vibration Syndrome (HAVS). Those who work with vibrating tools have a tendency to develop Raynaud's due to damage to the blood vessels, and numbness and tingling due to damage to the nerve endings of the fingers. The severity of symptoms depends upon the level and duration of vibration exposure. Treatment includes avoidance of further vibration and may

require a change of occupation. VWF is a prescribed disease under the Industrial Injuries Scheme. This means that a person suffering from VWF might be eligible for compensation. Further information is available from your local Citizens Advice Bureau or Council.

Chillblains. These are caused by a cold injury when the skin of the extremities does not quite freeze. The skin damage is often made worse by rewarming in water that is too hot. The skin may first become itchy, then red, swollen and very tender to touch. Protect the affected area from further injury until it has healed. Frostbite is caused when the skin does freeze and may require hospital treatment.

Erythromyalgia. This is a disorder characterised by attacks of uncomfortable warmth, itching and redness, mainly affecting the feet and lower legs. It seems to be due to a maldistribution of blood flow to the skin. Restless Leg Syndrome is a related condition. Soaking your legs in cool water, lotions containing peppermint or menthol and avoiding heavy bedclothes may help.

Chemical or drug induced. Some chemicals at work (for example vinyl chloride) or drugs (for example beta blockers, migraine tablets or the oral contraceptive) may aggravate Raynaud's. If you are prescribed any medicines and you experience Raynaud's symptoms, then check with your GP who may be able to alter your medication.

Scleroderma. The word scleroderma means hardening of the skin. It is an uncommon disease of the connective tissue and also affects internal organs. The majority of sufferers have the mild form where there is involvement of the skin of the hands, which become stiff and shiny. Some patients also form tiny deposits of calcium under the skin

(calcinosis), which can cause ulceration of the fingertips. The skin around the mouth and the lining of the gullet can become affected, making eating and swallowing difficult. Other internal organs such as the lungs, bowel, heart and kidneys can also be affected.

Rheumatoid Arthritis. Arthritis affects the lining of the joints. This lining produces a fluid that lubricates the joint and when affected by rheumatoid arthritis, it becomes inflamed and swollen. More fluid is produced causing a red, painful swollen joint. About 1 in 10 (10%) of rheumatoid arthritis sufferers have secondary Raynaud's.

Systemic Lupus Erythematosus (SLE). This is characterised by a rash sometimes seen on both cheeks and the bridge of the nose, and chronic inflammation of the blood vessels and connective tissues of the body. There is associated tiredness, joint pain, mouth ulcers, hair loss and Raynaud's.

What if things get worse?

If your condition is worsening despite best measures to help yourself, you will need to go back and see your GP.

Where can I find more information?

More details on Raynaud's, Scleroderma, Vibration White Finger, and other related conditions can be obtained from:

The Raynaud's and Scleroderma Association
112 Crewe Road, Alsager, Cheshire, ST7 2JA.

Freephone: **0800 917 2494**

Website: www.raynauds.org.uk

More details on smoking cessation and free NHS support services, including details of your NHS Stop Smoking Service, can be obtained from:

Sheffield Stop Smoking Service
Freephone: **0800 068 4490**

Website: www.sheffieldstopsmoking.org.uk

Smoke free

Freephone: **0800 022 4332**

Website: www.smokefree.nhs.uk

Vascular Secretary - (0114) 2269412

Vascular Nurse Specialist - (0114) 2714688 / 2269311

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