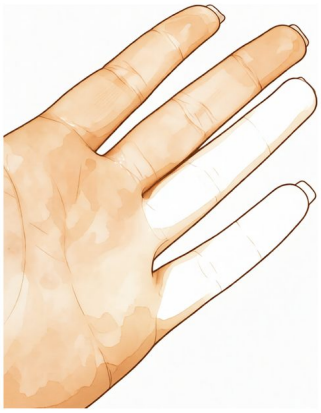
CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Raynaud's Phenomenon



In a Raynaud's attack the affected fingers turn pale and cold as the small blood vessels clamp down, before going blue and then red as blood returns.

What you're feeling

Your fingers change colour and feel strange when you get cold or stressed. A typical attack runs through three stages: the fingers first go **white** and feel cold and dead, then turn **blue** as the blood drains away, and finally flush **red** and may throb or tingle as the blood comes flooding back. Along the way you might notice numbness, pins and needles, or an aching pain. The same thing can sometimes affect the **toes, the nose, the ears, or the lips**.

Attacks come and go. They are often triggered by something small — taking food out of the freezer, a cold morning, holding a chilled drink, or a sudden wave of stress — and they usually settle on their own once you warm up, over a few minutes to half an hour. Between attacks the fingers typically look and feel completely normal.

What's actually happening

The small blood vessels that supply your fingers are designed to narrow in the cold, to keep your core warm. In Raynaud's, those vessels **over-react** and clamp down far harder than they need to. This is called vasospasm. For a short while, very little blood reaches the skin of the fingers — that's the white, cold, numb stage. As the spasm eases, the blood returns and the fingers turn blue, then red and warm again.

It helps to know there are two kinds. **Primary Raynaud's** is by far the most common and is essentially the body being over-sensitive to cold on its own, with no underlying disease behind it. It often starts in younger women, affects both hands fairly evenly, and is harmless even though it can be a nuisance. **Secondary Raynaud's** is less common but more important, because here the vasospasm is linked to another condition — usually one that affects the connective tissues, such as scleroderma or lupus. The clues that point toward the secondary type are: attacks starting later in life, attacks that hit one hand or only a few fingers rather than both hands evenly, attacks that are very severe, sores or

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ulcers at the fingertips, or other symptoms like joint pains or a rash. Those features are worth a proper medical check.

What we can do about it

For most people, the mainstay is simple and effective: **keep warm and avoid the triggers**.

- **Stay ahead of the cold.** Wear gloves (mittens keep the fingers together and warmer), use hand-warmers, and dress in layers. Keeping your whole body and core warm matters as much as the hands themselves — your fingers stay open when your core is warm.
- **Side-step sudden cold.** Wear gloves to reach into the fridge or freezer, run the car heater early, and warm cold drinks' cans or bottles in an insulated holder.
- **Quit smoking.** Smoking narrows blood vessels and makes Raynaud's worse — stopping is one of the most useful things you can do.
- **Go easy on caffeine** and on anything that revs you up, since both can set off attacks. Managing stress with whatever works for you also helps, because stress alone can trigger the vasospasm.

If attacks are frequent, painful, or severe, there are **medicines that relax the blood vessels** and reduce how often attacks come. The most common are a group called calcium-channel blockers (such as nifedipine), and there are other options if those don't suit. When the cause is secondary Raynaud's, treating the **underlying condition** is an important part of the plan, so getting the right diagnosis matters.

What to expect

For the great majority — those with primary Raynaud's — this is a manageable nuisance rather than a danger. With sensible warmth and trigger-avoidance, many people keep attacks to a minimum and carry on normally; the fingers recover fully after each episode and no lasting harm is done. It tends to be a long-term tendency rather than something that disappears, but it is very controllable, and medicines are there for the times when simple measures aren't enough.

Secondary Raynaud's needs closer attention, because the underlying condition drives how things go and, in some cases, the reduced blood flow can damage the fingertip skin. That's exactly why sorting out which type you have is worthwhile — so the right level of care is matched to your situation.

When to see someone

See a doctor for assessment if:

- Your attacks **started later in life**, are **severe**, or affect **one hand or only a few fingers** rather than both hands evenly — these can be signs of the secondary type and usually warrant blood tests and a look at the small vessels at the base of your nails.

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- You develop **sores, ulcers, cracks or skin breakdown at the fingertips**, or an area of finger that stays white, blue, painful or numb and **won't warm back up** — this needs prompt attention.
- You have **other symptoms** alongside the colour changes — joint pain or swelling, a rash, dry eyes or mouth, difficulty swallowing, or tight or thickened skin on the fingers.
- Attacks are **frequent or painful enough to interfere with your daily life** despite keeping warm and avoiding triggers — medication can help.

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