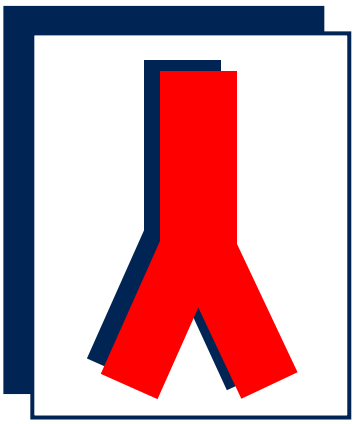
Will Butcher – Vascular Surgery

Patient information



Information to help you understand Aorto-bifemoral bypass

Why do I need this operation?

The aorta is the main artery in the tummy and carries blood to the major organs and legs. Your aorta or some of its main branches to the legs are narrowed or blocked. This operation uses a man-made artery (graft) to bypass your blocked and narrowed arteries.

What preparation is necessary?

You will have usually had an angiogram or scan of the arteries performed which shows us that the operation is necessary. A scan of the heart and a breathing test will also be done together with some blood tests. Some patients whose hearts are not in good shape will be asked to visit a cardiologist (heart doctor) before the surgery. Most of this will be arranged from outpatients.

What happens when I first come into hospital?

Most patients are admitted on the day of their surgery, others the day before. When you arrive, the nursing team will be informed that you are in, and will check that everything is ready. One or two last blood tests may be done. We will ask you to sign a consent form or confirm your consent if you have already signed. Before the surgery you will meet the anaesthetist and your surgeon will come and see you as well. If you have any last questions you should bring them up then.

What should I bring with me?

You should bring all your current medication with you. It is sensible to bring a small bag of toiletries and a pair of comfortable pyjamas. Try and avoid bringing anything too valuable or precious with you as things can go missing in hospital.

What exactly does the operation entail?

Before the surgery you will not have anything to eat for approximately 6 hours. At the appointed time some members of the operating department team will come to the ward to collect you. After a short wait in the theatre complex, you will be moved to the anaesthetic room. Here you will see the anaesthetist again. A couple of needles will be inserted into your arm. Once this has all been done, a drug will be injected through the needle in your arm, which will make you go to sleep.

Once you are asleep a tube will be put in your throat to help you breath while asleep. Further needles will be inserted, into your neck and arms. Also a tube will be put into your bladder to drain the urine. Once the anaesthetist is satisfied that everything is ready, the operation can begin.

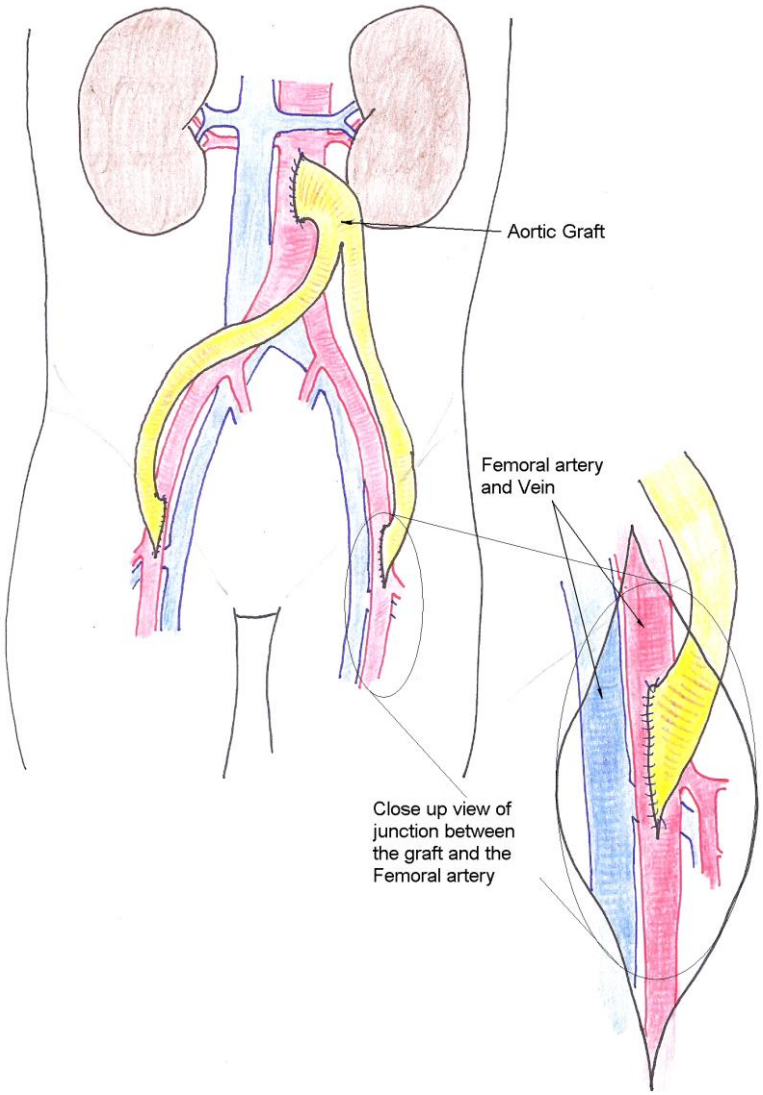
A large cut will be made on your tummy, either up and down or across. Through this we will be able to find the aorta. The first part of the operation involves placing clamps on the vessel and the new artery (made of a very tough and durable fabric called Dacron) will be stitched into place using a nylon suture.

Vertical cuts will also be made in your groins, through these the femoral arteries and branches will be located. Once the graft has been routed to the groins, the same type of nylon suture will be used to stitch the new graft to the femoral arteries.

Once this is complete the clamps can be released and the blood supply to your legs re-established. If everything is fine (which it usually is) the cuts will now be stitched up. The sutures will generally be of the dissolving type and will not need to be removed, but metal staples may be used.

Once the operation is complete you will be transferred to the intensive care unit. At this point you may already be awake, but sometimes you will still be asleep and will wake up gradually. This is a very unfamiliar and sometimes frightening environment, and many of the tubes that you have in you for monitoring may be uncomfortable. As you get better, however, you will get used to these discomforts. Following this sort of surgery the bowel

stops working for a while and you will be given all the fluids you require in a drip until you are ready to cope with fluids by mouth. The nurses and doctors will try and keep you free of pain by giving pain killers. If all goes well you should be transferred from the unit back to the ward on the second or third day following the surgery.



Is it a big operation?

Yes, it is. First, the cut on your tummy will be quite large and uncomfortable. Because patients can lose quite a bit of blood we sometimes use a machine to collect it and then give it back to you after washing it, but some patients will need a blood transfusion. More than 98% of patients survive the operation, but a small percentage will not survive the surgery. It is important to remember that we believe this risk is completely in line with the benefits of the operation.

What will happen in the ward?

As the days pass and you get better, the various tubes will be removed and your mobility and appetite will return to normal. You will be visited by the physiotherapist after your operation who will help you with your breathing to prevent you developing a chest infection and with your walking.

Pain: Pain following surgery is inevitable, we will be giving you pain killers to reduce this. They are administered in several ways:

- You may have a small tube in your back called an epidural. Small volumes of local anaesthetic administered through this will cause numbness and a degree of paralysis below the tube.
- Sometimes there will be small tubes directly into the tummy wall to administer pain killers.
- In most cases an injection of local anaesthetic will have been given into the wound during the surgery. This will last for several hours.
- Small volumes of powerful pain killers may be injected directly into a vein in your arm, these may make you a bit sleepy as well, so they are quite useful in the beginning
- Sometimes we start a medication which is into the vein but which you have control over. Whenever you feel pain you will be able to press a button, which will trigger a machine to give you a small dose of pain killer. This is a very safe and effective form of therapy.
- Finally, once you are well enough, you will be able to take a variety of medications by mouth.

How long will I be in Hospital?

Most patients are admitted on the day of surgery or the day before, and go home after 5 to 10 days following surgery if things go well. It may occasionally take longer than this especially if everything has not gone according to plan.

What happens when I go home?

Once you are well enough to cope at home, you will be discharged. Quite a long period of recovery is required. In most cases it will be 3-4 months before you feel quite normal. Once you get home you should gradually return to all your normal activities. In general you can do anything that you like within the limits of your pain. At first though you will find that even quite small tasks like dressing and showering will be exhausting. As soon as you feel you

can manage it you should start a gentle exercise program like having a short walk once and then twice a day. Be sure to allow yourself proper rests in-between.

Sutures: Most patients will have dissolving stitches that do not need to be removed. If not you will either have had them removed on the ward or will be directed to your local surgery to have them removed.

Diet: At first your appetite may not be good, this should return with time. It is probably best to eat small regular meals at first rather than trying to eat too much at once. Fizzy drinks will make you feel uncomfortable at first and should be avoided for 2 or 3 weeks.

Driving: The usual advice is that no driving is permitted for 6 weeks after abdominal surgery. In general, you should be able to safely perform an emergency stop before starting to drive again. It is probably wise to go for a short safe drive with someone you trust before making the decision to start driving. If in doubt check with your own doctor.

Washing: Once your wound is dry you may bathe or shower as normal. Usually this means that you can have a shower when you get home. It is probably unwise to get into the bath for a little while as getting out can be painful following major surgery.

Work: You should be able to return to work within 1-3 months following your operation. If in doubt please ask your doctor.

Lifting: You should avoid lifting or straining for 6 weeks after the operation and only attempt heavy work after 3 months.

What complications may occur?

Unfortunately all surgery can have complications and this is no exception.

What <u>will</u> happen?

There will be a scar on your tummy and this will be bruised and sore for some time. If you have a wound across your tummy, the area immediately under it will be numb as a result of some of the nerves being cut in the incision.

There will also be cuts in the groins, these can be quite tender. Sometimes a nerve running close to the artery is damaged and this can cause some mild numbness on the inner side of your thigh after the surgery.Your legs and other lower parts will swell a bit following the surgery, this is normal and is caused by fluid retention.

There will be some bruises on your arms from the injections and drips. There will also be a bruise on your neck from the needle in your neck.

Your appetite will be poor at first but should recover in a few weeks.

Almost always following removal of the catheter in your bladder there is some difficulty controlling your water works properly, this also settles down quite soon.

Your sleeping patterns will be disturbed by the ward routine and by medication. This will recover once you get home.

Complications that <u>may</u> occur:

Chest infections can occur following this type of surgery, particularly in smokers, and may require treatment with antibiotics and physiotherapy.

The wound sometimes become infected, this can usually be successfully be treated with antibiotics. Occasionally though, the infection may be more serious and some stitches may need to be removed. If this is the cases the wound will need dressing for quite some time before it heals. The wound in your groin can fill with a fluid called lymph that may discharge between the stitches but this usually settles down with time

Any medical condition which you may have can become unstable following this sort of surgery and so it is not unusual for your needs for medication to alter during this time.

Complications which occur <u>infrequently</u>

As with any major operation such as this there is a very small risk of you having a major medical complication such as a heart attack or stroke. We do everything we can to prevent these complications and to deal with them rapidly if they occur.

Occasionally the bowel is slow to start working again but this requires patience and fluids will be provided in a drip until your bowels get back to normal.

Sexual activity may be affected due to nerves in your tummy being cut during the operation. The effect is not usually serious.

A clot may form in the deep veins in your leg. This is called a DVT. We give you medication to prevent this

happening but it still may occur. Usually it can simply be treated with medication. In a very small percentage of patients this clot can travel to the lung and as such can be life threatening.

Very rarely the surgery disturbs the blood supply to the spinal cord and this can cause paralysis of the legs.

Also in time there is a very small risk of an infection getting onto the graft. This can be a very serious problem requiring removal of the graft and replacement with your own veins or another graft. This subsequent operation carries a high risk.

Death

Although we do everything in our power to prevent it, this may still occur. In fact we recognise that up to 2% of patients will die during this surgery. You can be assured that this is in line with what occurs all over the world.

Once it's all over?

If you were previously a smoker you must make a sincere and determined effort to stop completely. Continued smoking will cause further damage to your arteries and your graft is more likely to stop working. General health measures such as reducing weight, a low fat diet and regular exercise are also important. I will ask you to take a low dose of aspirin every day to help to thin the blood. If you can not take aspirin, there are alternatives. You should also be taking a drug to reduce cholesterol. If not you should talk with your GP about this. 1 will generally see you back in the rooms in 4 weeks.

More information

The first sensible step is to discuss your problem with your GP or surgeon, they will be best positioned to explain what to expect.

If you need more information you can go to one of these vascular organisation's websites:

The Australia and New Zealand Society for Vascular Surgery.
www.anzsvs.org.au/patientinformation/

The Vascular Surgical Society for Great Britain and Ireland.
www.vascularsociety.org.uk/patients/