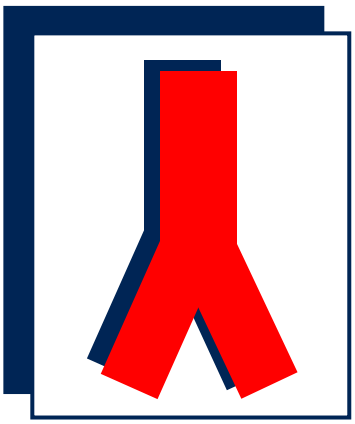
Will Butcher – Vascular Surgery

Patient information

Information to help you understand femoro-popliteal and femoro-distal bypass



Why do I need this operation?

The circulation to your calf muscles and foot is reduced because of blockages or clots in the arteries of your leg. This type of bypass uses spare vein from your leg or arm (or in some cases a man-made artery) to carry blood from the femoral artery in your groin to a good artery below the blockage. Such a bypass to either the artery near your knee (popliteal bypass) or one of the calf arteries (distal bypass) will improve blood flow to your foot and leg. This will improve your walking distance and get rid of pain caused by lack of circulation. Bypasses may also be recommended to help heal ulcers or gangrene. Very occasionally they will be recommended to deal with an abnormality in the artery called an aneurysm.

What preparation is necessary?

You may have already had an angiogram or scan to tell us that the operation is necessary. If not, this will usually be required. An ultrasound scan (Duplex) will be needed to see if you have any spare vein that can be used for the bypass. We will also ask for a heart test (ECG) and blood tests as part of the preparation

What happens when I first come into hospital?

Most patients are admitted to the Day of Surgery Admitting unit on the day of their surgery. When you arrive, the team 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. If you have any last questions you should bring them up then. A few patients may be admitted to the ward on the day before surgery.

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 sort of anaesthetic will I have?

You may be completely asleep under a general anaesthetic, or your lower half may be made pain-free by an epidural (Injection in your back). A combined epidural and GA is often used. To make the anaesthetic safer we ask that you don't eat for 6 hours before the operation. You should take all your normal medication before your operation though.

What exactly does the operation involve?

The operation takes between 2 and 3 hours. To make surgery easier we will shave some of the hair in your groin and leg while you are under the anaesthetic. If spare vein is to be used, it will usually be marked in the anaesthetic room. It is first removed through a series of cuts on your arm or leg. A cut is also needed in the groin and over the good artery lower in your leg. Once this is done, special clamps are used to stop bleeding from the artery and the new graft is stitched to the femoral artery in the groin using very fine nylon sutures. The graft is then tunnelled into position and stitched to the artery lower down with a similar suture. The wounds are then closed with more stitches. These are the dissolving type and will not need to be removed. Occasionally metal clips will be used.

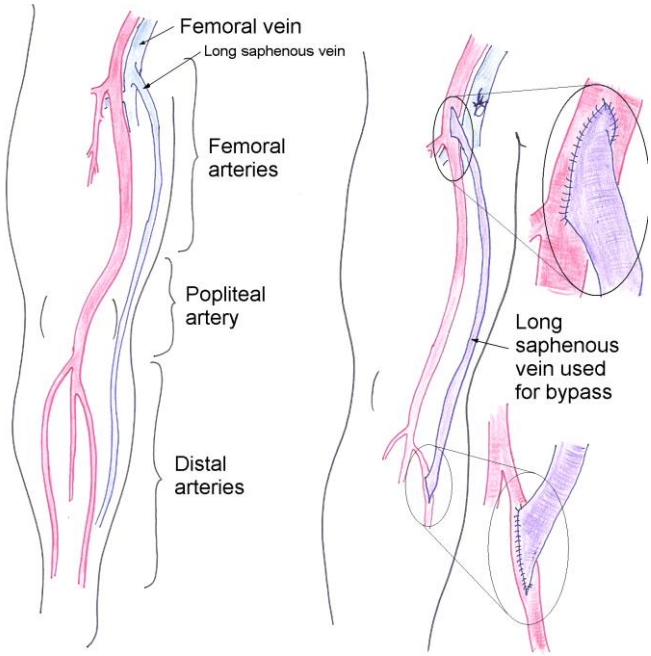
If a man-made graft is to be used, this may be soaked in an antibiotic before being tunnelled into position in the same way as the vein graft.

Once the operation is complete you will be transferred to the recovery area to wake up. This can be a slightly frightening environment. Once you are awake and your pain is under control, you will be moved back to the ward.

Is it a big operation?

Yes this is quite a big operation. You should always consider this type of surgery very carefully. Often the patients in whom we offer this type of surgery are often elderly and this will influence the recovery. In

the majority of cases we will have offered this operation because we feel that there is no sensible



alternative and that without it there is a very real risk of you losing your leg.

What will happen in the ward?

You will be back in your own bed and will have intravenous fluid passing into a vein in your arm via a 'drip'. You will also have a catheter (a plastic tube in the bladder) so that you can pass water without having to get to the toilet. The catheter and drip are temporary but necessary until you are able to walk comfortably and drink without feeling sick. Sometimes your breathing may be helped by giving you extra oxygen through a mask. The nurses will usually get you up on the day after your operation and you will start walking on the third or fourth day. Most patients will be able to tolerate food on the day of surgery.

After the surgery.

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

- 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 4 to 7 days. If things go well it may be a bit shorter than this, but sometimes it does take longer.

What happens when I go home?

Once you are well enough to cope at home, you will be discharged. 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.

Driving: The Licensing authorities have no particular rules about driving after this sort of surgery. In general, you should be able to safely depress the pedals and 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. The nursing staff on the ward will help you with this.

What complications may occur?

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

What <u>will</u> happen?

There will be various scars as described. These all usually heal up very well.

Your leg and other lower parts may swell a bit following the surgery, this is normal and is caused by

fluid retention. The leg swelling can take up to a year to settle down completely.

There will be some bruises on your arms from the injections and drips.

Almost always following removal of the catheter in your bladder there is often 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 may occur:

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

The wounds can 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.

It is also not usual for elderly patients to become confused or disorientated during a stay in hospital.

Complications which occur infrequently

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.

Any time we operate on arteries there is a risk of causing a problem with the circulation. Usually this can be resolved with another operation to repair the femoral artery, but occasionally the problems cannot be resolved. An amputation may be necessary (Less than 1% of the time)

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.

Death

Although we do everything in our power to prevent it, this may still occur. In fact we recognise that a few 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 heakthy diet and regular exercise are also important. We 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. I will generally see you back in the outpatients in 4 weeks.

Graft surveillance

These grafts have a tendency to narrow down with time, and for that reason we like to keep an eye on them from time to time. The first visit will be after about six weeks and will involve an ultrasound scan (jelly scan) on your leg. In time we will simply look at the leg and measure pressures to check that all is OK. You will not necessarily be seen in outpatients after these visits so if you have any new problems you should tell the medical technologist who is doing your scan. They work closely with us and can often help with what is the best thing to do in each case.

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/