

Aorto Bi-femoral Surgery

Why do I need the operation?

You have a blockage or narrowing of the arteries in your tummy (Abdomen) confirming on imaging (CT or MRI) which supply your legs with blood that cannot be managed by a key-hole procedure (Angioplasty and stenting). This is causing you either significant pain on exertion affecting your quality of life (Intermittent claudication), pain at rest or you have an ulcer or gangrene affecting one or both feet.

This operation bypasses the blocked arteries in your tummy by connecting a polyester tube from the tummy vessel above the blockage to the blood vessels below the blockage in your legs.

Before your operation

If you are a planned elective case, you will usually be admitted on the morning of your operation. You will have attended the pre-admission clinic about 1-2 weeks before your operation in order to allow time for tests required to ensure you are fit for your operation.

During your pre-admission clinic you will undergo several pre-operative tests including blood tests, electrocardiogram (ECG) and you may require a chest x-ray. If you have other significant medical problems, you may be asked to attend hospital on a separate occasion to have some breathing tests.

If you were admitted as an emergency, then you will be worked up for this procedure and assessed by the anaesthetist during your inpatient stay.

Coming into hospital

Please bring with you all medications that you are currently taking. You will be admitted by one of the nurses who will also check your personal details in your nursing records.

The surgeon who will be performing the operation will see you and you will also see the anaesthetist. The surgeon will discuss all the serious or common risks of your operation with you and if you are willing to go ahead you will need to sign a consent form indicating this. Any questions regarding the operation you may have should be answered during the consent process so that you can make an informed decision to go ahead.

The operation

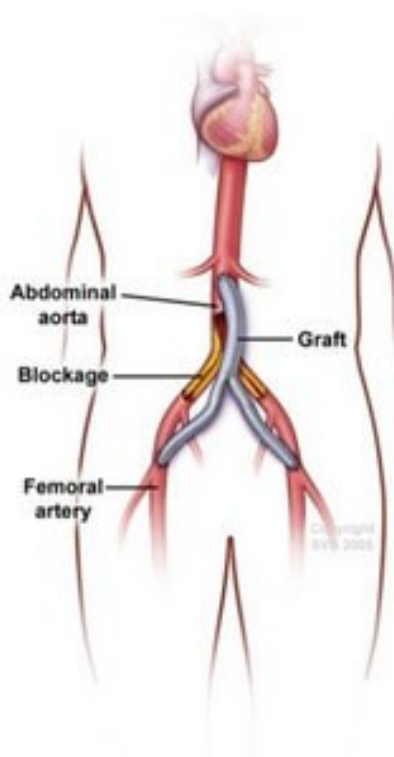
The operation will be carried out under a general anaesthetic. You will be taken initially to the anaesthetic room where you will be given your anaesthetic, and from there you will be taken into theatre. Before the anaesthetic, you may have a small tube placed in your back (epidural) to help with pain relief following surgery.

Whilst you are asleep, tubes will also be inserted in your bladder to drain your urine, into your stomach (via your nose) to stop you feeling sick and into a vein in your neck for blood pressure measurements and administration of fluid following surgery. You will also have a tube placed in the blood vessel in your wrist (Arterial line) to monitor your blood pressure.

You will usually have a long cut vertically down or horizontally across your abdomen and, two smaller vertical cuts, one in each groin.

An artificial blood vessel (graft) made of coated polyester material, shaped like an upside down 'Y' will be inserted to carry blood from the main blood vessel in your abdomen (aorta) and attached to the arteries in your groins, bypassing the blocked arteries (**Aorto bi-femoral graft**).

The wounds are often closed with a stitch under the skin that dissolves by itself and then glue is placed over the top, which is waterproof and acts as a barrier against infection.



After the operation

You will be taken to the high dependency unit (HDU) following your operation in order to be able to monitor your vital signs closely. A blood transfusion may be required either during or after the operation. If you are stable after 24 hours in HDU you will be transferred to the vascular ward.

Following this sort of surgery, the bowel may stop working for a few days and you will be given all the fluids you require in a drip until your bowel will cope with fluids by mouth. The tube inserted through your nose when you are asleep will help to drain your stomach while it is asleep. This will be removed once your bowel wakes up and you start to pass wind, usually after a couple of days.

The nurses and doctors will try and keep you free of pain by giving painkillers by injection via a tube in your back (epidural), or by a machine that you are able to control yourself by pressing a button (PCA). As the days pass and you improve, the various tubes will be removed, and you be given painkillers orally.

A physiotherapist will see you to help you with your breathing to prevent you developing a chest infection and to help you with your walking until you are fit enough to go home.

What are the risks/complications

- Bleeding, bruising or haematoma (Blood clot under the skin) can occur with any vascular procedure as they involve operating on blood vessels. Usually, a drain is inserted under the skin of the groin wounds in this procedure to reduce the risk of haematoma. If bruising occurs, it can take several weeks to resolve.
- Chest infections can occur following this type of surgery, particularly in smokers and require treatment with antibiotics and physiotherapy.
- Wound infections can also occur following this procedure, especially in the groin wounds and so to try to prevent this you will be given antibiotics at the start of your procedure.
- Blood clots can also pass down the leg vessels during the procedure and sometimes black spots can appear on the toes. Rarely, a patient may need to go back to theatre to remove the clots if they occur in a big blood vessel (Embolectomy)
- There are structures in your tummy which can become injured during your procedure, including bowel and the tubes coming out of your kidneys.
- Sexual activity may be adversely affected due to nerves in your pelvis being cut during the operation.
- Graft thrombosis (Blockage in the graft) can occur with any vascular bypass procedure and so to reduce this risk it is important to continue to take antiplatelets (Aspirin or Clopidogrel) and statins, stop smoking if you are a smoker and maintain good diabetic control if you have diabetes.
- Blood clots can also occur in the veins during your inpatient stay (DVT) and so to prevent this you will be given an injection of a heparin under the skin each evening during your hospital stay to 'thin' the blood and prevent this.
- Slight discomfort and twinges of pain in your wounds are normal for several weeks following surgery, but wounds sometimes become infected, and these can usually be successfully treated with antibiotics.
- The wound(s) in your groin(s) can fill with fluid called lymph that may discharge between the stitches, but this usually settles down in time.
- While it is usual for the bowel to go to sleep for a few days after the procedure, occasionally it can take much longer, which will delay you being allowed to start to eat.

- As with any major operation, there is a small risk of you having a medical complication such as a heart attack or breathing issues post-operatively and a risk of death.

If you are deemed to be a high risk of significant complications following your pre-operative anaesthetic assessment, the benefits of proceeding with this surgery versus alternative procedures and the risks of surgery will be discussed with you before proceeding.

Going home

If dissolvable stitches have been used, these do not need to be removed.

If your stitches or clips are the type that needs removing and this is not done whilst you are still in hospital, arrangements will be made for the practice or district nurse to remove them and check your wound. You may take a bath or shower once your wound is dry.

You will feel tired for many weeks after the operation, but this should gradually improve as time goes by. Regular exercise such as a short walk combined with rest is recommended for the first few weeks following surgery, followed by a gradual return to your normal activity. You should avoid heavy lifting or straining for 12 weeks after the operation.

It is advisable not to drive for at least 4-6 weeks; some people feel they need a little longer. However, please check with your Insurance Company, as policies vary with individual companies.

You can resume sexual relations as soon as this feels comfortable.

If you require a sick certificate for work, please ask a member of staff before discharge.

You should be able to return to work within 2-3 months following your operation, but if in doubt please ask your own doctor.

You should already be taking antiplatelets (Aspirin or Clopidogrel) or anticoagulation (e.g. warfarin) if you are having this surgery as a planned procedure as you have significant peripheral arterial disease. However, if you were admitted as an emergency and you were not already taking these they will be started during your admission, and you will need to continue this for life.

Please retain this information leaflet throughout your stay, making notes of specific questions you may wish to ask the Doctor and/or Nurses before discharge.

What can I do to help myself?

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. Support and advice can be offered to help you quit, in the hospital or via your GP surgery.

General health measures such as reducing weight, low fat diet and regular exercise are also important.

Points of contact:

Vascular Specialist Nurses

Norfolk & Norwich University Hospitals NHS Foundation Trust
Tel: 01603 287844 or 01603 647971 (Monday to Friday 9am-5pm)

Further information and support:

Vascular Surgeons (Secretaries):

Miss F J Meyer	01603 287136
Mr M P Armon	01603 287552
Mr DR Morrow	01603 286442
Mr R E Brightwell	01603 287394
Mr M S Delbridge	01603 286434
Mr P C Bennett	01603 286263
Mr W Al-Jundi	01603 287552
Professor P W Stather	01603 647289

NHS 111 service out of hour's advice

Vascular Surgical Society of Great Britain and Ireland

Tel: 020 7205 7150

Web address: www.vascularsociety.org.uk

Circulation Foundation

Tel: 020 7205 7151

Web address: www.circulationfoundation.org.uk

For help giving up smoking

Contact your local NHS Stop Smoking Service Smoke free Norfolk on 0800 08 54113 or your GP surgery, pharmacy for local support.

The NHS National Stop Smoking Helpline and website are a source of advice, help and support visit www.smokefree.nhs.uk.

