

## Axillo Bi-femoral Surgery

(Bypassing blood from the vessel below your collar bone supplying your arm to your groins)

Why do I need the operation?

Because you have a blockage or narrowing of the arteries in your tummy (abdomen) which supply your legs causing you either significant pain at rest or you have an ulcer or gangrene affecting one or both legs.

This procedure is usually done in patients who are not suitable for a procedure via the tummy, either because they've previously had one that has either blocked or become infected or the patient is not fit enough to undergo the enormity of an abdominal procedure.

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 a number of pre-operative tests including blood tests, electrocardiogram (ECG) and you may require a chest x-ray.

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 of 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

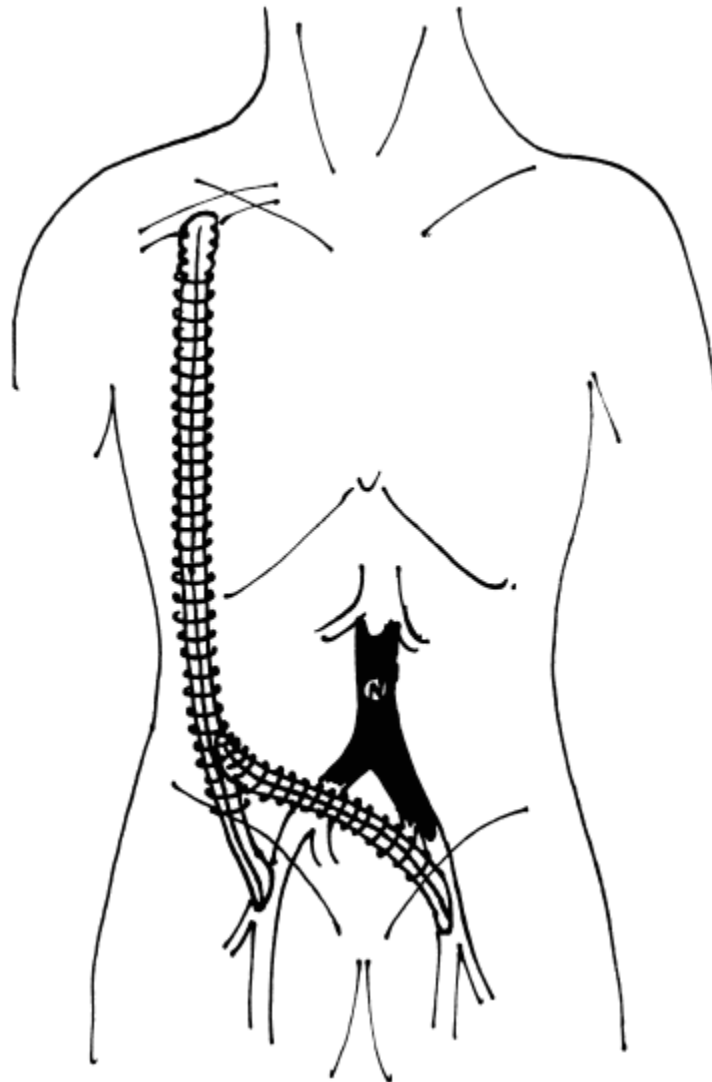
The operation will be carried out under a general anaesthetic. You will be taken initially to the anaesthetic room where you will be given your anaesthetic before being transferred into theatre.

Before the anaesthetic, you will have tubes placed inside your arm (Cannula & arterial line). Whilst you are asleep, a tube will also be inserted in your bladder to drain your urine.

You will usually have a cut below one of your collarbones and smaller vertical cuts in each groin.

An artificial blood vessel (graft) made of coated polyester material, shaped like an upside down 'Y' will be tunnelled under the skin to one side of the chest and abdomen between these incisions and will be attached to the main blood vessel supplying one arm and to the arteries in your groins, bypassing the blocked arteries, (**axillo bi-femoral graft**). Your arm can easily spare the blood required by your legs through this bypass. And any disease of the blood vessel supplying your arms will be picked up on pre-operative CT and if one side is diseased the other side will be used.

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



### **After the operation**

You may be taken to the high dependency unit following your operation but most patients go back to the vascular ward. A blood transfusion is rarely required for this procedure.

The nurses and doctors will try and keep you free of pain, initially by putting local anaesthetic into the wound at the end of the procedure to numb the wound, and then by giving painkillers either orally 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.

A physiotherapist will see to help you with your breathing to prevent you developing a chest infection and to help you with your walking. Once you are fit enough, you will be able 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 each wound 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)
- 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.
- 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 surgery versus the risks of surgery will be discussed with you before proceeding with your surgery.



## 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 feel tired for several 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.

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

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

You may take a bath or shower once your wound is dry.

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 admission, making notes of specific questions you may wish to ask the Doctors 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](http://www.vascularsociety.org.uk)

### Circulation Foundation

Tel: 020 7205 7151

Web address: [www.circulationfoundation.org.uk](http://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](http://www.smokefree.nhs.uk).



