Department of Vascular Surgery
Femoral-Popliteal and Femoral-Distal Bypass Grafts

Why do you need the operation?

You need this operation because you have either pain in your legs or a leg ulcer or gangrene caused by a blockage or narrowing of the arteries supplying your legs. The narrowing or blockage is diagnosed on a scan. The leg pain becomes particularly noticeable when you exercise because your muscles need more oxygen that is carried in the blood, during exercise. The lack of oxygen to the muscles when you walk results in a cramp-like pain or ache.

As the arteries become more narrowed or blocked, there may not be enough oxygen getting to the muscles even when you are not walking and you might then get pain at rest. This usually occurs at night when you are lying in bed and can be eased by hanging your legs out of the bed or sleeping in a chair. If you get pain at rest, your leg is in danger and you are at risk of developing ulcers or gangrene. At this point you are at risk of losing your leg if you don't have this operation.

The purpose of this operation is to bypass the blocked arteries in the leg so that the blood supply is improved.

Before your operation

You will have attended the pre-admission clinic about 1-2 weeks before your operation in order to allow time for the tests required to make sure you are fit for the operation. During the pre-admission assessment you will have an electrocardiogram (ECG) and might also have a chest X-ray, especially if you are or have been a smoker. You might also see a vascular anaesthetist.

Coming into hospital

Please bring with you all of the medications you are currently taking. You will usually be admitted on the day of your operation via the Same Day Admissions Unit (SDAU) on the 3rd floor, centre block.

The surgeon who will be performing your operation will see you and obtain your consent for the operation. You will also see the anaesthetist. If you have any questions regarding your operation or anaesthetic, please ask the doctors.

The operation

Surgery involves admission to hospital for 5-7 days depending on whether you are having a femoral-popliteal or a femoral-distal graft. You will be taken to the anaesthetic room where you will be given your anaesthetic and from there you will be taken into theatre.

You will either be put to sleep (general anaesthetic) or you will have a tube inserted into your back through which painkillers can be given to numb the lower half of your body (spinal or epidural anaesthesia). Sometimes you will have this as well as the general anaesthetic to provide pain relief following your operation.

Before you go to sleep a tube (cannula) will be inserted into your arm vein so that the

anaesthetic can be given. A tube may be inserted into an artery in your wrist to monitor your blood pressure during the operation. Whilst you are asleep, a urinary catheter will be inserted into your bladder to monitor your urinary output

You will have a cut from your groin down the inner aspect of your thigh to either just above or just below the knee over where the vein which will be used for the bypass lies. If your vein is not big enough on your pre-operative scan then you will have been planned for a prosthetic (artificial) graft. In this case you will have a cut in your groin and a cut either just above or just below your knee on the inner aspect of your leg.

After the operation

After the operation you will be allowed to eat and drink as soon as you return from theatre recovery. The nurses and doctors will try and keep you free of pain by either giving you a machine connected to a button for you to press to control your own pain relief (PCA) or by giving pain relief via a tube that may have been inserted into your back prior to going to sleep. 1-2 days after surgery you will be given oral pain relief. You will usually be allowed to sit out on the evening the day after your surgery and we will try to get you walking to the toilet the day after that. Most people will be discharged 5-7 days following their surgery.

A physiotherapist will visit you after your operation to help you with your breathing to prevent you from developing a chest infection and to help you with your walking.

What are the risks/complications of surgery?

The operation you are having is major surgery and there are general risks associated with any major procedure. You will have been assessed prior to your surgery to ensure you are fit enough to undergo an anaesthetic. However, every operation has a risk of you developing problems with your heart (heart attack), lungs (chest infection) or kidneys (acute kidney injury) which might not have been anticipated in your pre-operative assessment.

The main specific complication with this operation is blood clotting within the graft causing it to block. If this occurs, it will usually be necessary to perform another operation to attempt to clear the graft. If clearing the graft is not successful with a second operation or if it blocks again during the same admission, there is a risk of you having to undergo an amputation, although your surgeon will do everything possible to prevent this from happening.

Slight discomfort and twinges of pain in your wound are normal for several weeks following surgery, but wounds sometimes become infected, and these can usually be successfully treated with antibiotics.

Sometimes, if the wound gets infected it might open up and require a longer stay in hospital and additional dressings may need to be applied to the wound to help it heal.

The wound in your groin may fill with fluid called lymph that may discharge from the wound between the stitches. This usually settles down with time.

You may have patches of numbness around the wound or lower down the leg, which is due to damage to small nerves to the skin. This can be permanent, but usually gets better within

a few months.

It is very common for the foot/leg to swell due to the improved blood supply. It can last many weeks or even months. Elevation of the legs when sitting will help the fluid disperse.

These risks/complications will be explained and discussed with you when the surgeon asks you to sign the consent form for the operation.

Going home

Usually dissolvable stitches are used in the procedure and these do not need to be removed. If your stitches or clips are the types that need removing, and this is not done whilst you are still in hospital, you will need to arrange to have them removed with your practice or district nurse following your discharge from hospital. Instructions will be given in your discharge letter.

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

You may feel tired for several weeks after your 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 the surgery followed by a gradual return to your normal activity.

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 resume sexual relations as soon as this feels comfortable.

If you require a fit certificate for work, please ask a member of staff before discharge from hospital. You should be able to return to work within 6 weeks following your operation, but if in doubt, please ask your doctor.

You will usually be sent home on a small dose of Aspirin or Clopidogrel (antiplatelets) if you were not already taking them. This is to make the blood less sticky. You will also usually be advised to take a statin to reduce your cholesterol levels and reduce your risk of cardiovascular disease progression.

What can I do to help myself?

If you were previously a smoker you must make a sincere and determined effort to stop completely. Continuing to smoke will cause further damage to your arteries and your graft is more likely to block.

General health measures such as reducing weight, maintaining a low fat diet and regularly exercising are also important. If you develop sudden pain or numbness in the leg that does not get better within a few hours, then contact the hospital immediately.

Please retain this leaflet throughout your admission, making note of specific questions you may wish to ask the doctors and/or nurses before discharge.

If you have any queries following the surgery, please contact the ward from which you were discharged, via the main hospital switchboard on 01603 286286.

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.

IN TRAN communication for all