

Iliac and Femoral Endarterectomy and Patch Plasty

Why do I need an operation?

You have had a scan of your leg arteries to assess the blood flowing through them. This has confirmed that one or more of the main arteries that carries blood to your leg is blocked in the region of your groin. This means that the blood flow into the leg is reduced and therefore the supply of oxygen to the tissues in the leg is also reduced.

Narrowing of the arteries in the leg can present in different ways depending on the severity. Some patients experience pain on walking (intermittent claudication) others can experience persistent pain in the foot with death of tissue (gangrene).

What is an Endarterectomy?

An Endarterectomy is an operation performed to reopen blocked arteries and to restore blood flow in the body (revascularization). It is the surgical removal of fatty deposits, called plaque from the walls of the arteries.

The peripheral arteries most often treated with endarterectomy are the femoral arteries in the groin.

What is a patch plasty?

A 'patch plasty' is usually performed in conjunction with an endarterectomy. Once the plaque has been removed from the occluded artery, a patch of bovine pericardium or vein is used to patch the artery. This prevents the artery from narrowing once the plaque is removed.

Before the operation

You will be invited to attend the pre-operative assessment clinic before your operation. You will undergo a number of pre-operative tests including blood tests and ECG to ensure you are fit enough for the operation.

This type of surgery involves an admission to hospital for about 2-5 days. You will usually be admitted on the same day as the operation.

Coming into hospital

Please bring with you all the medications you are currently taking. Please only bring essential items into hospital as we have limited bed space.

A member of the surgical team and an anaesthetist will see you prior to surgery. If you have any questions regarding the operation please ask.

The operation

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/regional anaesthetic). This will be discussed with you prior to your operation. Sometimes you will have this as well as a general anaesthetic to provide pain relief following your operation.

The surgeon will make a cut into the skin in your groin of the affected leg (in some patients it may be both). The relevant arteries are exposed, heparin is given (a blood thinner) and the arteries are clamped. The diseased artery is then opened and the occluding plaque is removed. A patch will be inserted to widen the artery. The artery clamps are then removed; the surgeon will close the wound with sutures and cover it with a sterile dressing or skin glue.

A tube (drain) may be inserted into the skin near to the wound; this is connected to a small plastic bottle. This is to prevent the accumulation of blood/serous fluid underneath the wound following surgery.

What are the risks and complications of surgery?

- Slight discomfort and twinges of pain in your wound are normal for several weeks following surgery, but sometimes wounds become **infected** and these can usually be successfully treated with antibiotics.
- Sometimes slight **bleeding** can occur beneath the wound resulting in some bruising, this will normally settle. However, if severe bleeding occurs this may result in a return to theatre.
- You may have patches of **numbness** around the wound, which is due to damage to small nerves to the skin. This can be permanent but usually gets better within a few months.
- Failure to restore adequate blood flow to the diseased arteries. This means that the **pre-operative symptoms** of arterial disease can **persist**. In a minority of patients, more severe symptoms of arterial insufficiency may develop due to a **blood clot in the artery** following surgery, this will require emergency surgery.

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

After the operation

You will be given fluids by a drip going into a vein in your arm, but you can eat and drink once you have been transferred to the vascular ward.

Whilst in theatre you may have had a urinary catheter (a tube inserted into your bladder) once you are up and about this will be removed. When the catheter is removed from your bladder, it is quite common to have some difficulty or discomfort passing urine at first but this will get better.

The nurses and doctors will try and keep you free of pain initially by injecting the wound with local anaesthetic to numb the operative field and then by giving you painkillers.

If a wound drain (tube) has been inserted this will be removed after 24–48 hours and the site covered with a dry dressing. Usually dissolvable stitches will be used to close your wound and these do not need to be removed. If you have had stitches or clips that need removing, arrangements will be made for the practice nurse or district nurse to remove them and check your wound after you have been discharged from hospital.

You may take a shower once your wound is dry but avoid a bath until your wound is healed.

You may feel tired for a few weeks after the operation but this should gradually improve as time goes by. Regular exercise such as short walks 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 for about 12 weeks after the operation.

It is advisable not to drive for at least 4 weeks after surgery, Please check with your Insurance Company, as policies vary with individual companies.

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 6 weeks following your operation, some people may require a little longer, if in doubt please ask your doctor.

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

You will be contacted by telephone by one of our specialist nurses between 1-2 weeks following discharge from hospital and you will be sent a 6-8 week outpatient appointment to be reviewed by your Consultant.

Unless you are taking anticoagulation, you will be advised to take a low dose Aspirin or clopidogrel to help prevent blood clot formation and medication to lower your cholesterol level (e.g. a statin) before you are admitted for your operation.

What can I do to help myself?

If you are a smoker you must make a sincere and determined effort to stop smoking completely before your operation to reduce the risk of peri-operative complications and to reduce the risk of disease progression. Continued smoking will cause further damage to your arteries. Giving up is not easy but there are smoking cessation services available in the community and support groups that can help.

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

Continue to take your Aspirin or clopidogrel and Statin or alternative drugs that have been prescribed for you to help protect your arteries.

If you are diabetic, it is important to maintain good diabetic control before, during and after your operation to reduce the risks of complications from your surgery.

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
Mr 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.

