Femoro-Popliteal/Distal Bypass Grafts
Vascular Surgery
Patient Information Leaflet
Femoro-Popliteal/Distal Bypass Grafts

This leaflet tells you about the operation known as femoropopliteal bypass; it explains what is involved before, during and after the operation. It also explains what the possible risks are and how you can make your operation a success.

We would particularly ask you to read the sections headed 'Is the treatment safe', 'What do I do if I feel unwell at home?' and 'What should I do before I come into hospital'. This leaflet is not meant to replace the information discussed between you and your consultant.

Why do I need the operation?

Because you have a blockage or narrowing of the arteries supplying your legs, the circulation of blood to your legs is reduced. This becomes particularly noticeable when your muscles require more blood during walking and causes pain.

Any further fall in the flow of blood may lead to constant pain with the risks of ulcers or gangrene developing. This operation is to bypass the blocked arteries in the leg so that the blood supply is improved.

Your comments

Patient Advice and Liaison Service (PALS) Freephone 0800 073 0510. PALS is here to support patients, relatives or carers when they have concerns or queries. They will do their best to resolve any concerns you may have and can also give advice on making a formal complaint.
What is Femoropopliteal Bypass Graft?

This is the bypassing of a diseased artery in your leg. The bypass is performed either using a long vein from your leg or using a synthetic graft. Incisions are made in the groin of the affected leg, inside the thigh and just above the knee on the affected leg. The graft is joined from the femoral artery in the upper leg by means of a tunnel through the muscle layer or under the skin.

How will this operation help?

The aim is to improve the blood supply to your diseased leg and to relieve the symptoms.

Useful web addresses

www.nice.org.uk
www.bvf.org.uk
www.circulationfoundation.org.uk
www.vascularsociety.org.uk

Access to benefits

If you require information about benefits information can be found on:
www.direct.gov.uk,
www.dwp.gov.uk
or your local Benefits Office.
By doing this it is hoped to prevent and save a foot from progressive ulcers or gangrene leading to amputation, it may also increase the distance at which you can walk before experiencing a feeling of cramp to the muscles of the legs.

Are there alternatives?
There are no alternatives as the blood supply to your legs has become compromised and needs to be corrected to maintain the health of your leg and to help you walk comfortably. The only alternative is to carry on as you are or have the leg amputated.

Is the treatment safe?
Although this is a major operation, more than 19 out of 20 people will survive this type of surgery. The risk to you as an individual will depend on:

- Your age
- Your general fitness
- Whether you have any medical problems (especially heart disease)

As with any major operation such as this, there is a risk of you having medical complications such as:

- Deep vein thrombosis (blood clots in the leg veins)

Will I have to come back to hospital?
The vascular team may review you six weeks after discharge in outpatients to observe your progress, this is not always necessary if you are completely well. You can contact the vascular team if you have a problem.

Finally
Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure, before you sign the consent form.

Where can I get more information?
Further information can be obtained from your consultant’s secretary or the vascular nurse specialist on the following numbers

Mr Pathak, Consultant Vascular Surgeon
Secretary, Maxine Winmill Tel no - 01384 244245

Mr Jayatunga, Consultant Vascular Surgeon
Secretary - Alison Slater Tel no - 01384 244243

Mr Patel, Consultant Vascular Surgeon
Secretary, Joanne Webb Tel no - 01384 244021
Driving
You will be safe to drive when you are able to perform an emergency stop. This will normally be at least 4 weeks after surgery, but if in doubt check with your own doctor.

Bathing
Once your wound is dry you will be able to bathe or shower as normal.

Work
You should be able to return to work within 1 - 3 months following your operation. If in doubt please ask your doctor. You will usually be sent home on a small dose of Aspirin if you were not already taking it, this is to make the blood less sticky. If you are unable to tolerate Aspirin an alternative drug may be prescribed.

What do I do if I feel unwell at home?
In general call your GP or the out of hours doctors service. If you develop sudden pain or numbness in the leg that does not get better within a few hours then contact the hospital immediately. Likewise if you experience any pain or swelling in your calves, any shortness of breath or pains in your chest, you must seek medical attention.

- Heart attack (one in 20)
- Stroke
- Kidney failure (one in 40)
- Chest problems
- The loss of circulation to the legs or bowel
- Infection in the artificial artery.

Each of these is rare, but overall it does mean that some patients may have a fatal complication from their operation. For most the risk is about 5%, in other words 95 in every 100 patients will make a full recovery from the operation.

The doctors and nurses will try to prevent these complications and to deal with them rapidly if they occur.

The important complications that you should have discussed with your consultant are:

- Infection of the artificial artery. This is rare (about one in 500) but is a serious complication and usually treatment involves removal of the graft. To try to prevent this happening you are given antibiotics during your operation.
- Wound infection: Wounds sometimes become infected and this may need treatment with antibiotics
- Bleeding
• Blockage of the bypass graft, this is a specific complication of this operation where the blood clots within the bypass graft causing it to block. If this occurs it will be necessary to perform another operation to clear the bypass

• Limb loss (amputation), very occasionally when the bypass blocks, and the circulation cannot be restored, the circulation to the foot is so badly affected that amputation is required

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

• Leg swelling: This is normal after surgery and is nothing to worry about as this results from extra blood flow following surgery. The swelling may last for several months. With this swelling your wound may leak clear fluid but this will settle down with time and as the incision heals. Elevation of the leg can help

• Skin sensation: You may have patches of numbness around the wound or lower down the leg which is due to the inevitable cutting of small nerves to the skin. This can be permanent but usually improves within a few months

• Occasionally the bowel is slow to start working again, this requires patience and fluids will be provided in a drip until your bowels get back to normal

It is quite common to feel a bit low after having an operation. This can be caused by a number of factors such as pain, feeling tired and not sleeping well. The nurses can help you with this; please do not hesitate to let them know how you are feeling. It may be as simple as changing your painkillers or having a light-sleeping tablet that will make you feel better.

**Going Home**

If you smoke, you must try hard to give up before your operation. The longer you can give up for the better. Continued smoking will cause further damage to your arteries and your graft is more likely to stop working, and you are more likely to have complications from your operation.

The timing of your discharge varies from patient to patient depending on their walking ability. Usually your hospital stay is 7 - 14 days. If dissolvable stitches have been used, 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, the GP practice or district nurse will remove them and check your wound.

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.
Before your operation

If you are not already in hospital, you will be asked to attend a pre-admission clinic about a week before your operation, in order to allow time for tests required to make sure you are fit for the operation. These will include: blood tests, ECG (heart tracing) and a chest x-ray, and an x-ray of the arteries (angiogram) to find out where the blockages will be performed if it has not already been done.

It is important to prepare well for the operation. There is a lot that you can do to improve your fitness.

Smoking

- If you can stop smoking for a day or two your blood cells can carry more oxygen around your body
- If you can stop smoking for about six weeks before you come into hospital you are less likely to get a chest infection after the operation

Gum

Please note any patients about to undergo an operative procedure must not chew gum/nicotine gum prior to surgery.
Alcohol

If you are used to drinking a lot of alcohol, it is helpful to reduce the amount that you drink. Alcohol can reduce the function of your heart and it may also cause mild dehydration.

Losing weight

If you are overweight, some of the risks of the anaesthetic and the operation are increased. Losing weight will reduce these risks. You should consider a change to your diet by reducing the amount of fat that you eat. If you require any advice about this an appointment can be made to see the hospital dietician.

Exercise

Regular exercise will increase your strength and fitness. There is no need to push yourself - a regular walk at your own pace will boost your stamina.

Coming into hospital

If you are not already in hospital you will usually be admitted on the day of surgery or one day before. Please bring with you all the medications that you are currently taking. If you have any questions regarding the operation please ask the doctors.

On the morning of the operation you will be asked not to eat or drink for a minimum of six hours before surgery. You will have a bath or a shower and will be given a theatre gown to wear.

The anaesthetic

You will be taken initially to the anaesthetic room where you will be given your anaesthetic, and from there into the theatre. You will either be put to sleep (a 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 (epidural). Sometimes you will have this as well as the general anaesthetic to provide pain relief after your surgery. Whilst you are asleep a tube may be inserted into your bladder to drain your urine and into a vein in your arm or neck (or both) for blood pressure measurements and administration of fluid following surgery.

After the operation

How will I feel afterwards?

You will wake up in the recovery area of the theatre and will return to the high dependency unit once you are awake enough and are free of pain. You will have a drip (tube) into one of the veins in your arm, which is used to give you fluids, until you are able to eat and drink normally. You will have a tube in your bladder, with a bag on the end of it to collect urine (catheter). This is removed once the epidural is removed and you are more mobile and able to move around more easily.

You will experience varying degrees of pain but you will receive regular pain killers to help make you feel more comfortable. Please alert the staff when you have pain.