The Dudley Group NHS
NHS Foundation Trust

Aortobifemoral bypass graft

Vascular Surgery

Patient Information Leaflet

Aortobifemoral bypass graft

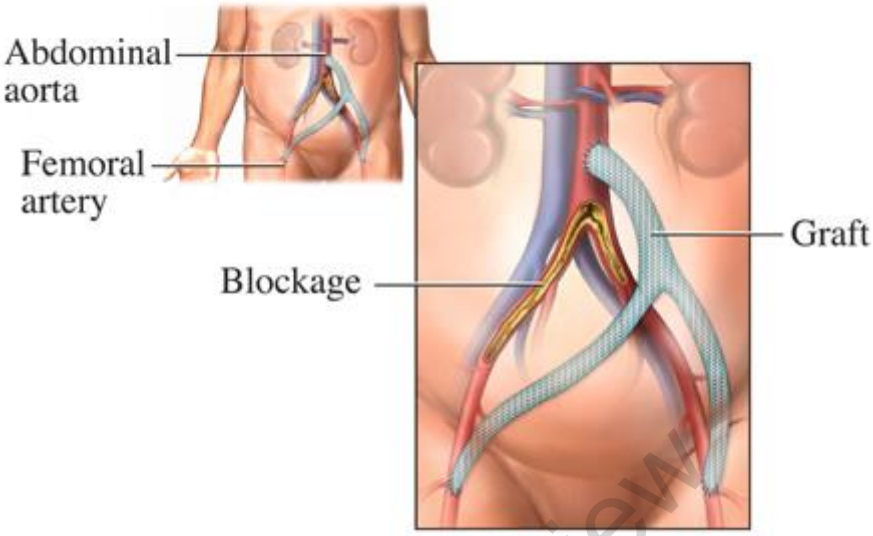
This leaflet tells you about the operation known as aortobifemoral bypass; it explains what is involved before, during and after the operation. It also explains what the possible risks are and how you can make your operation a success. We would particularly ask you to read the sections headed ‘Is the 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 doctor, but can act as the starting point for such a discussion or as a useful reminder of the key points.

Why do I need the operation?

You need it because you have a blockage or narrowing of the arteries supplying your legs and so 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.

What is aortobifemoral bypass graft?

This is the insertion of a synthetic graft from the aorta, the main artery in your body, to the femoral arteries in both groins; these are the arteries that supply the legs with blood.



How will this operation help?

The aim is to improve the blood supply to your legs and to relieve your symptoms. By doing this it is hoped to increase the distance that you walk before experiencing a feeling of cramp to the muscles of your legs and to relieve pain or help ulcers in your feet and legs.

Are there alternatives?

There is no surgical alternative due to the position of the occlusion (blockage) within your leg arteries. Your blood supply to your leg has become compromised and needs to be corrected to maintain the health of your leg.

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, and
- 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)
- 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 five per cent, 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.
- Bleeding.
- Blockage of the bypass graft. This is a specific complication of this operation where the blood clots within the bypass graft cause 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.

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. Sexual activity may be affected due to the nerves in your tummy being cut during the operation. Discomfort from the wound area is normal for several weeks after the operation. You may have patches of numbness around the wound or lower down the leg which is due to the cutting of nerves to the skin where the incision is made.

The wound can sometimes become infected and this is usually treated with antibiotics. The groin wounds can swell with fluid called lymph that may discharge between the stitches but this usually settles down with time. It is quite common for the foot to swell due to the improved blood supply, raising the leg when sitting will help to disperse. This swelling can last up to six months or more.

Before you come into hospital

How do I decide whether to have the operation?

Everyone varies in the risks they are willing to take. The doctors will explain about what they think the risks of the operation are for you and what the risks are of not having the operation. Only you can decide whether you go ahead and have the operation. Nothing will happen to you until you understand and agree what has been planned for you. You have the right to refuse if you do not want the operation.

What should I do before I come into hospital?

You will be asked to attend a pre-admission clinic a week before your operation where you will be seen to confirm your fitness for surgery and to give you further information about the procedure and your stay in hospital.

Your consultant may arrange for you to be assessed by the anaesthetist at this clinic if he/she has concerns about your heart function following the specialist heart tests that you have undergone as part of your work up for this operation or because of any problems that you may have had with previous anaesthetics. It is important to prepare well for the operation. There is a lot that you can do to improve your fitness.

Smoking – 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.

- 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.

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.

Other medical problems – if you have a long standing medical problem, such as diabetes, asthma, chronic bronchitis, high blood pressure or epilepsy, it is helpful to have a check up from your own GP. In particular it is important that your blood pressure is well controlled.

Coming into hospital

You will usually be admitted on the morning of surgery but occasionally it may be necessary to be admitted on the day before. Your consent for this will have been discussed and obtained prior to your admission.

You will meet the anaesthetist, who is a doctor with specialist training in anaesthesia, the treatment of pain and the care of patients in the Intensive Care Unit. They will visit you before the operation to talk to you about the anaesthetic and methods of pain relief, taking into consideration any other medical conditions that you have and also any previous anaesthetics you have had. They may ask you about your health, look at all your test results, listen to your heart and breathing and look at your neck, jaw, mouth and teeth. They will be happy to answer your questions and discuss any worries that you have.

You will be given clear instructions about when to stop food and drink. It is important to follow this advice. If there is food or liquid in your stomach during the anaesthetic, it could come up into the back of your throat and damage your lungs. Usually, you should have no food for six hours but non-milky drinks are allowed until two hours before your operation. You will be asked to have a bath or shower and put on a theatre gown on the day of your operation before you go to theatre.

Will I have an anaesthetic?

The operation is performed under a general anaesthetic. You will usually have an epidural as well to provide pain relief after your surgery. This is where a small tube is inserted into your back through which painkillers can be given to numb the lower half of your body during the operation and for several days after. The anaesthetist will explain this further.

What happens in the anaesthetic room?

There is a period of 30 to 40 minutes preparation before the anaesthetic begins. In this period the anaesthetist's assistant will attach machines which measure your heart rate (sticky pads on your chest), blood pressure and oxygen levels (small peg on your finger or ear lobe).

The anaesthetist will insert a thin plastic tube (cannula) into the vein on the back of your hand or forearm. This is attached to a bag of fluid (usually known as a drip).

Another cannula is placed into the 'pulse' at the wrist (an arterial line). This allows the blood pressure to be measured continuously.

The epidural is usually inserted after all these lines have been placed. You will be asked to breathe oxygen through a mask whilst the anaesthetist injects drugs into your 'drip'. You will not be aware of anything else until after the operation is finished.

Whilst you are anaesthetised, you will also have a breathing tube placed in your mouth. A cannula into a vein in your neck (central venous line), is used to monitor the amount of fluid that you are given and to give medicines to regulate your blood pressure. A tube will be passed through your nose into your stomach which keeps your stomach empty. A tube will also be passed into your bladder (catheter) which is used to measure the amount of urine that your kidneys produce and relieve you of the need to pass urine.

After your operation

You will wake up in the recovery area of the theatre and will return to the ward high dependency or intensive care unit (HDU/ITU) 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. The arterial and central venous lines will be removed as your condition stabilises.

The catheter is removed once the epidural is removed and you are more mobile and are able to move around more easily. The epidural will be continued until a point at which your pain can be controlled by tablets, but no longer than five days. If you have a tube in your nose to your stomach this will be removed once your bowels have begun to work again provided you don't feel sick. This is usually noted by you beginning to pass wind or having your bowels open.

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. The anaesthetist will discuss alternative ways in which pain relief can be administered. One way is in the form of patient controlled analgesia (PCA). This is by a machine that you are able to control yourself by pressing a button to aid pain relief. You may also experience some sickness. Once again please alert the nursing staff and they can give you an injection to stop this.

The position of the groin wounds will make moving uncomfortable at first. You will be encouraged to get up on the first day after your operation for a short while. The nurses and physiotherapists will assist you with this.

You will progress to walking after 48 hours following your operation. This will encourage blood flow and aid healing of your wound and prevent complications in recovery. As a safety measure you will receive injections of a blood thinning substance (heparin) to prevent blood clots from forming. When sitting out in a chair you will be encouraged to elevate your legs. When lying in bed or sitting out it is advisable to continue leg and deep breathing exercises taught to you by the physiotherapist.

The wound is usually closed with stitches or clips that are removed seven to 10 days after the operation or dissolvable buried sutures that do not need to be removed. You can be discharged with the clips/stitches in place and arrangements are made for their removal with either the district nurse or at your doctor's surgery.

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 so 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.

How long will I be in hospital?

You can expect to be in hospital for up to seven to 10 days. The surgeon and the nursing team will decide when you are ready to go home. Please do not leave until you have been given instructions, your medication and letters for your GP.

What should I do when I go home?

A period of convalescence of two to three weeks is suggested after leaving hospital. This time is spent resting more than usual, such as having a sleep in the afternoon. After this period you can gradually return to normal activities taking care not to put too much strain on your operation wound.

It is advisable to gradually increase the amounts of exercise that you undertake lengthening the distance that you walk. Mobility is dictated in part by the severity of your leg problem and the response to the operation therefore it will vary from patient to patient.

Driving: you will be safe to drive when you are able to perform an emergency stop comfortably. This will normally be four weeks after your surgery, if in doubt please check with you doctor. Driving too soon after an operation may affect your insurance so we advise you to check your insurance policy details or contact your insurance company.

It is important you keep your wound areas clean. This can be done with a daily bath or shower patting the area dry with a clean towel. If a wound becomes red and there is a discharge you should seek advice from your GP as you may need antibiotics.

You will 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 will be prescribed. In some cases you will be asked to take warfarin, a blood-thinning drug instead. Also, you will be taking a statin, a drug to lower cholesterol, together with any other of your normal medications.

What do I do if I feel unwell at home?

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 in casualty.

Will I have to come back to hospital?

The vascular team may review you six weeks after discharge in the outpatient department although this is not always necessary if you are completely well. You can contact the vascular team if you have a problem.

When can I return to work?

You should be able to return to work one to three months following your operation. If in doubt please ask your GP.

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.

If you require any further information regarding our services or if you have any questions about the management of your condition, please contact your consultant or vascular nurse on the telephone numbers below.

Russells Hall Hospital, Dudley

Mr Jayatunga	Consultant vascular surgeon	Tel: 01384 244243
Mrs Shiralkar	Consultant vascular surgeon	Tel: 01384 244246
Mr Pathak	Consultant vascular surgeon	Tel: 01384 244245
Mr Rehman	Consultant vascular surgeon	Tel: 01384 244176
Mr Newman	Consultant vascular surgeon	Tel: 01384 244243
Mr Wall	Consultant vascular surgeon	Tel: 01384 456111 Ext 1235
Joy Lewis/Sharron Cole	Vascular nurse specialist	Tel: 01384 456111 Ext 2456 (answer machine)

New Cross Hospital, Wolverhampton

Mr Garnham	Consultant vascular surgeon	Tel: 01902 695977
Mr Hobbs	Consultant vascular surgeon	Tel: 01902 695971
Paula Poulton/Val Isgar	Vascular nurse specialist	Tel: 01902 695984

Manor Hospital, Walsall

Mr Abrew	Consultant vascular surgeon	Tel: 01922 721172 Ext 7763
Mr Khan	Consultant vascular surgeon	Tel: 01922 721172 Ext 6669
Fiona Fox	Vascular nurse specialist	Tel: 01902 721172 Ext 7648

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 at:

www.direct.gov.uk

www.dwp.gov.uk

or your local benefits office.

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.

This leaflet can be made available in large print, audio version and in other languages, please call 0800 0730510

ਜੇਕਰ ਇਹ ਲੀਫ਼ਲੈੱਟ (ਛੋਟਾ ਇਸ਼ਤਿਹਾਰ) ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ (ਪੰਜਾਬੀ) ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰ ਕੇ ਪੇਸ਼ੰਟ ਇੰਨਫ਼ਰਮੇਸ਼ਨ ਕੋ-ਆੱਰਡੀਨੇਟਰ ਨਾਲ **0800 0730510** ਟੈਲੀਫ਼ੋਨ ਨੰਬਰ ਤੇ ਸੰਪਰਕ ਕਰੋ।

यदि आपको यह दस्तावेज़ आपनी भाषा में चाहिये तो पेशन्ट इनफरमेशन को-आरडीनेटर को टैलीफ़ोन नम्बर **0800 0730510** पर फोन करें।

જો તમને આ પત્રિકા તમારી પોતાની ભાષા (ગુજરાતી)માં જોઈતી હોય, તો કૃપા કરીને પેશન્ટ ઈન્ફોર્મેશન કો-ઓર્ડિનેટરનો **0800 0730510** પર સંપર્ક કરો.

আপনি যদি এই প্রচারপত্রটি আপনার নিজের ভাষায় পেতে চান, তাহলে দয়া করে পেশেন্ট ইনফরমেশন কো-অর্ডিনেটারের সাথে **0800 0730510** এই নম্বরে যোগাযোগ করুন।

أذا كنت ترغب هذه الوريقة مترجمة بلغتك الاصلية (اللغة العربية) , فرجاء أتصل بمنسق المعلومات للمريض على التلفون **0800 0730510** **Information Co-ordinator**

حسب ضرورت اس لیف لٹ کو اپنی زبان (اُردو) میں حاصل کرنے کے لئے براہ مہربانی ٹیلیفون نمبر **0800 0730510** پر پیشنٹ انفرمیشن کوآرڈینیٹر (مریضوں کے لئے معلومات کی فراہمی کے سلسلے میں افسر) کے ساتھ رابطہ قائم کریں۔

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