

Bypass - Femoro-Femoral

Your Operation - Some Information

These notes give a guide to your stay in hospital. They also give an idea about what it will be like afterwards. They do not cover everything. If you want to know more, please ask.

What is the problem?

The main artery which carries blood to your bad leg is blocked near your navel. The leg is starved of blood. This causes pain, infection and even loss of the limb.

The artery carrying blood to your other leg is not blocked. Some of the blood from the good side can be led across to the bad side using a new piece of artery. The blood will then run down the leg arteries below the blocked part. The pain and infection then get better. Your good leg can easily spare some blood to go to the bad side.

What does the operation consist of?

A cut is made into the skin in the groin and thigh on each side. The left and right arteries are found below any blockages. A new artery of a special plastic material is stitched in place to join the two arteries under the skin. The cuts are then stitched up.

Are there any alternatives?

If you do nothing, the problems you are having with your limb will surely get worse.

Drugs and antibiotics by themselves will not work.

Injections into the nerve in your back which control the arteries will not help.

Unblocking the artery with an X-ray guided balloon or a laser will not work for you.

An alternative to re-routing blood from the other limb is a major operation on your tummy arteries. Or a medium operation to channel blood from an artery just below your collar bone.

They are not such safe bets as getting a blood supply from your other groin.

We are aiming to save your leg by doing the planned graft. Sometimes it is better and safer to go ahead with an amputation than a graft.

What happens before the operation?

Welcome to the ward

You will be welcomed to the ward by the nurses or the receptionist. You will have your details checked. You will be shown to your bed and will be asked to change into your nightwear. You will have some basic tests done, such as pulse, temperature, blood pressure and urine examination.

You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings.

Visits by the surgical team

You will be seen by the House Surgeon, who will interview and examine you. He, or she, will arrange some special tests such as x-rays and blood samples. The operation will be explained to you. You will be asked to sign your consent for the operation. If you are not clear about any part of the operation, ask for more details from the doctors or from the nurses, They are never too busy to do this.

You will have the operation site marked on you with a skin pencil.

You will be seen by the surgeon who will be doing the operation. He will check that all the necessary preparations have been made.

Visits by the anaesthetic team

One or more anaesthetists who will be giving your anaesthetic will interview and examine you. They will be especially interested in chest troubles, dental treatment and any previous anaesthetics you have had, plus any anaesthetic problems in the family.

Visit by the physiotherapist

The physiotherapist will show you how to keep your chest clear after the operation and how to keep moving about. You should not smoke.

Diet

You will have your usual diet until 6 to 12 hours before the operation. Then you will be asked to take nothing by mouth. This will let your stomach empty to prevent vomiting during your operation.

Shaving

You will be shaved from navel to knees to stop hairs affecting the wound.

The periods

The periods do not affect the operation.

Timing of the operation

The timing of your operation is usually arranged the day before. The nurses will tell you when to expect to go to the operating theatre. Do not be surprised, however, if there are changes to the exact timing.

Premedication

You may be given a sedative injection or tablets about 1 hour before the operation.

Transfer to theatre

You will be taken on a trolley to the operating suite by a ward nurse and a theatre porter. You will be wearing a cotton gown. Wedding rings will be fastened with tape. Removable dentures will be left on the ward. There will be several checks on your details on the way to the anaesthetic room where your anaesthetic will begin.

Sometimes it is safer for you to avoid a general anaesthetic. Then some type of injection will be given in your back to numb your groins and legs. The anaesthetist will talk to you about this.

The operation is then performed.

What happens after the operation?

Coming round after the anaesthetic

Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward. If you have only had an injection in your back you may still not remember much because of sedatives.

You will have a drip tube in an arm vein connected to a plastic bag on a stand containing a salt solution or blood.

You will have dressings on your wounds and possibly fine plastic drainage tubes in the nearby skin connected to plastic containers.

You may be give oxygen from a face mask for a few hours if you have had chest problems in the past.

You will have special thermometers strapped to your toes to check that the operation is working properly.

Warning after a General Anaesthetic

The drugs we give for a general anaesthetic will make you clumsy, slow and forgetful for about 24 hours. This happens even if you feel quite alright.

For 24 hours after your general anaesthetic:

Do not make any important decisions.

Will it hurt?

The wounds are a bit painful and you will be given injections and later tablets to control this. Ask for more if the pain is still unpleasant.

You will be expected to get out of bed the day after operation despite the discomfort. You will not do the wound any harm, and the exercise is very helpful for you.

The second day after operation you should be able to spend an hour or two out of bed.

By the end of 4 days you should have little pain.

Drinking and eating

You should be able to drink water the same day as your operation and move to a normal diet in a day or two.

Opening bowels

Your bowels should open after 24 hours or so.

If you have not opened your bowels after 2 days and you feel uncomfortable, ask the nurses for a laxative.

Passing urine

It is important that you pass urine and empty your bladder within 6 to 12 hours of the operation. If you find using the bedpan or a bottle difficult, the nurses will help you to a commode or the toilet.

If you still cannot pass urine, let the nurses know. We will take steps to correct the problem.

Sleeping

You will be offered painkillers rather than sleeping pills to help you to sleep. If you cannot sleep despite the painkillers please let the nurses know.

Physiotherapy

The physiotherapist will check that you are clearing your lungs of phlegm by coughing. You can help your circulation by continuous movement of body and limbs.

The wound and stitches

Each wound has a dressing which may show some staining with old blood in the first 24 hours. The dressings will be removed and the wounds will be sprayed with a cellulose varnish similar to nail varnish. You can take the dressings off after 48 hours. There is not need for a dressing after this unless the wound is painful when rubbed by clothing.

There are no stitches in the skin. The wounds are held together underneath the skin and do not need further attention.

Any plastic drainage tube is taken out after 2 days.

There may be some purple bruising around the wound which spreads downwards by gravity and fades to a yellow colour after 2 to 3 days. It is not important.

There may be some swelling of the surrounding skin which also improves in 2 to 3 days.

After 7 to 10 days, slight crusts on the wound will fall off. The cellulose varnish will peel off and can be assisted with nail varnish remover.

Occasionally minor matchhead sized blebs form on the wound line, but these settle down after discharging a blob of yellow fluid for a day or so.

Injections

You will have tiny injections into the skin of the tummy twice a day to keep the circulation going.

Washing

You can wash the wound area as soon as the dressing has been removed. Soap and warm tap water are entirely adequate. Salted water is not necessary. You can shower or bath as often as you want.

What about informing my relatives and contacts?

With your permission, the nurses and doctors will keep your relatives and contacts up to date with your progress.

How long in hospital?

You should plan to leave hospital 5 days after the operation provided the leg is healthy.

The nurses will talk to you about your home arrangements so that a proper time for you to leave hospital can be arranged.

You will be given an appointment to visit the Out Patient Department for a check up about one month after you leave hospital.

Sick notes

Please ask the nurses for sick notes, certificates etc.

After you leave hospital

You are likely to feel very tired and need rests 2 or 3 times a day for 2 weeks or more. You will gradually improve so that by the time 2 months has passed you should be able to return completely to your usual level of activity.

Driving

You can drive as soon as you can make an emergency stop without discomfort in the wound, i.e. after about 3 weeks.

What about sex?

You can restart sexual relations within 2 or 3 weeks when the wound is comfortable enough.

Work

You should be able to return to a light job after about 6 weeks and any heavy job within 12 weeks.

Complications

Complications are unusual but are rapidly recognised and dealt with by the nursing and surgical staff.

If you think that all is not well, please ask the nurses or doctors.

Sometimes there is some bleeding under the wounds which causes more severe bruising. This settles down.

Sometimes the blood in the new artery clots. This usually needs a second operation to clear the blockage.

Sometimes the arteries further down the leg cannot take the extra flow of blood. The next steps to deal with this will be discussed with you.

Wound infection is sometimes seen. This settles down with antibiotics in a week or two.

Sometimes fluid builds up under the wounds. This settles down.

Aches and twinges may be felt in the wound for up to 6 months.

Occasionally there are numb patches in the skin around the wound which get better after 2 to 3 months.

General advice

The operation is quite small compared with other operations on blood vessels. Your recovery depends on the state of the other arteries in the legs, but is usually quick and good.

You should never smoke after the operation because this causes the new artery to close up.

If you have any problems or queries, please ask the nurses or doctors.

Any Questions?

If you have any questions, jot them down here and ask the doctors or nurses for answers.

Any complaints?

If you have any complaints, please contact the doctors or nurses straight away. If this does not solve the problem, please write to me at Ward 3, The Friarage Hospital, Northallerton.

Michael H Edwards
Consultant Surgeon

Acknowledgement

We gratefully acknowledge the generous support for the development and launching of SCALPEL Information Systems for patients, from:

Northallerton Red Cross Society

The crew of the Royal Fleet Auxiliary 'ARGUS'

If you would like to help towards other ventures to benefit patients, please send donations to:

The Chairman
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62 Thirsk Road
Northallerton DL6 1PN
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Have you any comments?

We welcome your comments and suggestions covering your illness, your treatment in hospital, and your recovery. Please write below any points you would like to make. If you prefer, you need not give your name.

Full name:

Hospital:

Ward:

Date of stay in hospital:

Operation:

Out patients department:

Your admission arrangements:

Your welcome on the ward:

Nursing staff:

General ward atmosphere:

Medical staff:

Ward orderlies:

Portering staff:

X-ray staff:

ECG staff:

Did you know who was who?:

Bedding:

Food and drink:

Privacy:

Locker space:

Toilets:

Bathrooms:

Other patients:

Noise:

Information:

Telephone/TV/radio/newspapers:

Timing of operation:

Preparations for your operation:

Going into the theatre:

In the operating theatre:

In the recovery room:

Coming back from theatre:

Intensive Care ward:

Recovery on the ward:

Pain control:

Sleeping:

Wound dressings:

Stitches, clips:

Progress reports:

Visiting hours:

Rest room:

Tablets, medicines, injections:

Going-home arrangements:

Out-patient follow up:

Anything else?

Continue comments overleaf if you wish.

Please send this questionnaire to Mr M Edwards, Ward 3, Friarage Hospital, Northallerton, North Yorkshire DL6 1JG.