

Bypass - Femoro-Popliteal

Your Artery Bypass 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 down your leg is blocked just above the knee. The calf, foot and toes are starved of blood. This causes pain and can lead to serious infection and loss of the limb.

We can bypass the blocked part of the artery so that blood flows properly again.

What does the operation consist of?

One or two cuts are made in the skin down the inside of the thigh so that the artery above and below the block can be seen. A bypass tube, made of vein or a special plastic, is stitched into the artery above and below the block. The blood then flows down the bypass towards the toes. We then close up the skin wound(s).

Are there any alternatives?

If you do nothing your lower limb problems will surely get worse.

An injection into the nerve in your back that controls the artery will not help.

The blocked artery is not suitable for coring out using lasers or x-ray controlled balloons.

Antibiotics and other drugs will not help by themselves.

An amputation is not something to have done instead of the bypass operation. However, dead tissue may need to be trimmed away after a bypass operation.

Overall I am sure the planned operation is the right one for you.

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 first 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.

Sometimes it is safer for you to be awake during the operation. We numb you from the waist down using an injection into your back. The anaesthetist will explain this to you.

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.

Shaving

Excess hair on the limb and groin will be shaved off.

Periods

The periods do not affect the operation.

Diet

You will have your usual diet until 6-12 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.

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 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. You will then go to sleep.

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. Some patients feel a bit sick for up to 24 hours after operation, but this passes off. You will be given some treatment for sickness if necessary.

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

You will have a fine plastic tube in an arm vein to give you a transfusion of blood or salt solution.

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?

There is some discomfort on moving rather than severe pain. You will be given injections or tablets to control this as required. 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 third day after operation you should be able to spend most of your time out of bed and in reasonable comfort. You should be able to walk slowly along the corridor.

By the end of one week the wound should be virtually pain-free.

Drinking and eating

You will be able to drink within an hour or two of the operation provided you are not feeling sick.

The next day you should be able to manage small helpings of normal food.

Opening bowels

It is quite normal for the bowels not to open for a day or so after operation.

If you have not opened your bowels after two 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 6-12 hours of the operation. If you find using a bed pan or a bottle difficult, the nurses will assist you to a commode or the toilet.

If you still cannot pass urine let the nurses know and steps will be taken 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

The wound has a dressing which may show some staining with old blood in the first 24 hours. The dressing will be removed and the wound will be sprayed with a cellulose varnish similar to nail varnish. You can take the dressing off after 48 hours.

There is no need for a dressing after this unless the wound is painful when rubbed by clothing.

There are no stitches in the skin. The wound is held together underneath the skin and does not need further attention.

There may be some purple bruising around the wound which spreads downward 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. These settle down after discharging a blob of yellow fluid for a day or so.

Injections

You will have tiny injections into the tummy skin 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 tap water are entirely adequate. Salted water is not necessary.

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?

Usually after a week or so you will feel fit enough to leave hospital provided there is someone to look after you.

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 will feel tired and need rests 2 or 3 times a day for 2 weeks or more. The wound is likely to be quite uncomfortable for a month or so. You should get back to your normal activities within 2 months. If you have had infections, ulcers or loss of skin, these parts may take 2 months or more to heal up. Sometimes further operations are needed to trim them up.

Lifting

At first discomfort in the wound will prevent you from harming yourself by too heavy lifting. After one month you can lift whatever you like. There is no value in attempting to speed the recovery of the wound by special exercises before the month is out.

Driving

You can drive as soon as you can make an emergency stop without discomfort in the wound, i.e. after about 10 days.

What about sex?

You can restart sexual relations within a week or two, when the wound is comfortable enough.

Work?

You should be able to return to work within 2 months or so.

Complications

Early clotting of the graft is the main problem. It causes your symptoms to come back. A repeat operation may be needed. The Surgeon will talk to you about this.

Infection in the wound sometimes happens. You will be given antibiotics to prevent this.

The wound sometimes gapes and is slow to heal. This gradually settles down.

Late clotting of the graft can occur. You will be given treatment to prevent it and advice to avoid long car and plane journeys without hourly exercise.

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 gives good results, but the underlying hardening of the arteries may cause problems later.

You **must not smoke**, because graft failure is almost certain if you do.

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

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

The Chairman
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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.