

Femoral endarterectomy

The aim of this information sheet is to help answer some of the questions you may have about having a femoral endarterectomy operation on your leg. It explains the benefits and risks of the procedure as well as what you can expect when you come to hospital.

If you have any questions or concerns, please do not hesitate to speak to a doctor or nurse caring for you.

What is a femoral endarterectomy (and balloon angioplasty)?

Atherosclerosis is the build up of fatty deposits (called atheroma) within the wall of the arteries within the body. When this occurs in the arteries in the legs, it is called peripheral arterial disease. The narrowing or even blockage of the arteries in the legs can cause a variety of problems depending on how severe it is. Some patients have no symptoms whilst others suffer pain on exercise (called intermittent claudication). If the circulation to the legs gets even worse, then persistent pain may be felt in the foot and gangrene may occur.

One way to improve the circulation to the legs is to perform an operation (called femoral endarterectomy) to surgically remove the narrowing or blockage within the artery. This operation works best when the length of the narrowing or blockage is quite short and is most commonly performed upon the femoral artery in the groin.

There may be other short narrowings or blockages of the arteries within the thigh or pelvis. These may be dilated by balloon angioplasty either shortly before or during the operation on the groin.

What happens during the operation?

The operation can be done under a general anaesthetic or an epidural anaesthetic which involves an injection in your back to make you go numb from the waist down. Your consultant and anaesthetist will talk to you about which sort of anaesthetic might be best.

The surgery starts with an incision being made in the groin to expose the femoral artery. The artery is then cut open and the atheroma causing the narrowing or blockage is removed.

During the operation an angioplasty balloon may be inserted to stretch other narrowings within the arteries, either above the groin in the pelvis or below the groin within the leg. The femoral artery is then closed by stitching in a patch of vein or synthetic patch to prevent further narrowing. Your consultant will explain more about the different patches before your operation. The incision is then closed with stitches or metal clips. These will be removed around ten days after the operation.

What are benefits – why should I have a femoral endarterectomy?

This operation should allow you to walk further and without pain.

What are the risks?

Although a femoral endarterectomy is a smaller operation than major bypass surgery it is still significant surgery and a small number of patients develop complications. The actual risk varies from patient to patient and largely depends on the presence of other medical problems such as heart, lung and kidney diseases. Possible complications specific to a femoral endarterectomy may include:

- **Haematoma and bleeding** – some blood can collect under the skin after the procedure. As long as there is no ongoing bleeding this can often just be observed. Rarely, persistent and extensive bleeding occurs and requires urgent surgery.
- **Leg swelling** – leg swelling occurs in some patients after the operation. This usually resolves itself but take months to settle. Elevating the leg whilst sitting in a chair and walking will reduce the swelling.
- **Skin numbness** – some areas of skin numbness may occur due to the inevitable cutting of nerves when the incision is made to perform the surgery. At first this can be very noticeable but often fades with time. In the longer term it is not normally a problem for the vast majority of patients.
- **Wound infection** – should a wound infection occur, it usually only requires antibiotics to treat it. Occasionally the wound needs to be cleaned out under anaesthetic.
- **Loss of blood supply to the legs** – this may occur due to the blockage of the artery in the groin or pelvis or from dislodging loose material within the arteries that then pass down into the legs. This is rare but may require further surgery. Rarely amputation may be required.
- **Infection of the synthetic patch** – rare but usually requires removal of the patch.

As with any major operation there is a risk of you having a medical complication. If you are having the operation under general anaesthetic, you may wish to read our leaflet, **Having an anaesthetic** for more information.

Giving my consent (permission)

We want to involve you in all decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This confirms that you agree to have the procedure and understand what it involves. You should receive the leaflet, **Helping you decide: our consent policy**, which gives you more information. If you do not, please ask us for one.

How can I prepare?

We will send you information about how to prepare for your hospital stay with your admission letter. Please read this information carefully.

We will review your regular medicines when you come to hospital for your pre-admission appointment. If you are taking any antiplatelet medicines (such as aspirin or clopidogrel) or any medicines that thin the blood (such as warfarin), then you may need to stop them temporarily before the procedure. If you are taking any medicines for diabetes (for example, metformin) or using insulin, then these may also need to be stopped temporarily or the dose altered near the

time of the procedure. You will be given full information on any changes that you need to make to your medicines at the pre-admission clinic – please ask us if you have any questions.

We will ask you to fast for six hours prior to the surgery. Fasting means that you cannot eat or drink anything (except water) for six hours before surgery. We will give you clear instructions when to start fasting. It is important to follow the instructions. If there is food or liquid in your stomach during your operation it could come up to the back of your throat and damage your lungs. Please continue to take your regular medicines with a sip of water before 6am on the morning of the procedure, unless you have been told otherwise.

What happens after the procedure?

After the operation you will be transferred to the recovery room where you'll be monitored until you are awake enough to be transferred to the ward. You'll be collected by a nurse from Luke or Sarah Swift ward and be taken back there. You will be given fluids by a drip in one of your veins until you feel well enough to sit up and take fluids and food by mouth.

Your mobility will be checked by a physiotherapist the morning after your operation and you can expect to be in hospital for two days. You will be given aspirin, which thins the blood; you usually need to take aspirin forever.

What do I need to do after I go home?

If your stitches or clips are of the type that needs removing, we will arrange for your GP's practice nurse or district nurse to remove them after you have gone home. Your dressing will also usually be removed before you leave hospital. If you still need a dressing when you go home we will arrange for a practice nurse at your GP surgery or district nurse to change it regularly. It is fine to have a shower when you go home.

You should be able to gradually resume normal activities as you feel well enough. Avoid heavy lifting and frequent stretching at first.

What can I do to help myself?

Smoking: If you are a smoker the single most important thing you can do to help yourself is to give up smoking. Stopping smoking will also help to protect all of your arteries making it less likely that you will suffer from heart attacks or strokes. Giving up is not easy but there is a smoking cessation service and support groups that can help. Your vascular specialist nurse or GP practice nurse can advise you about these. You can contact the free NHS smoking helpline on 0800 022 4 322 or the Knowledge & Information Centre (KIC) (details below) who will give you details of our support services.

Inactivity: Gentle exercise such as walking and cycling are recommended to help improve your overall level of fitness. Exercise helps your body to produce healthy cholesterol and this helps to protect your arteries against bad cholesterol.

High blood pressure: It is very important that you have your blood pressure checked regularly, at least every six months. If you have been prescribed medications for high blood pressure, you must make sure that you take it according to the instructions given.

Diabetes: If you have diabetes it is important that your blood sugar levels are well controlled.

High blood cholesterol levels (fatty substance in your blood): You should eat a healthy balanced diet and try to reduce any excess weight. It is important to reduce the level of

cholesterol in your blood. Your vascular nurse can refer you to a dietician if needed. You may be prescribed medication to help lower your cholesterol level (e.g. a statin) and low-dose aspirin to help prevent blood clots from forming.

Appointments at King's

We have teamed up with King's College Hospital in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at King's. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

Contact us

If you have any questions or concerns before or after you have left hospital, please contact the **vascular specialist nurses on 07825 503902** (Monday to Friday, 8am to 4pm).

You can also contact **Luke ward on 020 7188 3566** or **Sarah Swift ward on 020 7188 8842** (24 hours) and speak to the ward sister or nurse in charge.

The above contacts can put you in touch with the following vascular consultants should you wish to do so: **Miss Rachel Bell, Mr Stephen Black, Mr Michael Dialynas, Mr Tommaso Donati, Mr Bijan Modarai, Mr Morad Sallam, Mr Mark Tyrell, Mr Hany Zayed, Mr Said Abisi, Mr Sanjay Patel, Miss Becky Sandford, Mr Andrew McIrvine.**

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk
t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

Language support services

If you need an interpreter or information about your care in a different language or format, please get in touch using the following contact details.

t: 020 7188 8815 **fax:** 020 7188 5953

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk