

# Femoro-popliteal and femorodistal bypass

The leaflet is to help answer some of the questions you may have about having a bypass 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 femoral bypass?

The femoral artery runs down from your groin and into both thighs. This artery delivers blood to your legs. When the femoral artery reaches the back of the knee it becomes the popliteal artery and runs into the distal arteries which run below the calf and into the foot.

When there is a blockage in the femoral artery, the circulation of blood to your leg is reduced which may cause you to have pain in your calf when you walk. This is known as intermittent claudication.

A femoral popliteal/distal bypass is an operation to bypass the blocked portion of the artery in the leg using a piece of another blood vessel. This is called an artificial graft.

## What happens during the operation?

The blocked artery must be exposed both above and below the blockage. A cut is made in the groin to expose the femoral artery. This is the main artery supplying the leg and is usually the point from which the bypass starts.

A second cut is made to expose the artery below the blockage. This may be just above or below the knee and is on the inner side of the leg. Occasionally, the incision is lower in the calf and may then be on either side.

The tube used to perform the bypass will normally be your own repositioned vein of the leg. It is called the long saphenous vein and it runs up the inner side of the leg from ankle to groin. If this vein is not long enough or sufficient quality, then the same vein from the other leg or a vein from your arms can be used. If no vein is suitable, an artificial tube is used. This is made of plastic and may be one of several types. The bypass tube is joined to the artery at groin level and again to the artery below the blockage with very fine permanent stitches. At the end of the operation, the incisions are all closed either with dissolving stitches, which do not need to be removed, or with a non-dissolving stitch or metal clips which will normally be removed after about ten days.

## What are the benefits – why should I have a femoral bypass?

This operation should allow you to walk further without pain. This surgery is also recommended when the circulation is so poor that your foot is painful at rest or at night.

## What are the risks?

**Bypass blockage:** The main possible complication of this operation is blood clotting within the bypass causing it to block. If this occurs it will usually be necessary to perform another operation to clear the bypass.

**Graft infection:** Very rarely (in about one in 500 people), the artificial graft may become infected. This is a serious complication and usually treatment involves removal of the graft.

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.

## 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 also send you information about fasting. Fasting means that you cannot eat or drink anything (except water) for six hours before surgery. We will give you clear instructions if you need to fast and 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.

## 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.

## Will I feel any pain?

Your operation will be done under general anaesthetic (while you are asleep) or epidural. An epidural is a small tube that is placed into your back through which medication is delivered which will numb your legs. The epidural is then used to control your pain after the operation. The nurses will try and keep you free of pain by a continuous delivery of painkillers via the epidural tube in your back, or by a machine that delivers painkillers through a drip into your vein that you are able to control yourself by pressing a button. It is likely that you will experience bruising around the area operated on.

## 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 will be collected by a nurse from Luke ward 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. Within the first two days the epidural, drip (which is inserted during the operation to make sure you get enough fluids) and bladder catheter (used to drain the bladder) will be removed.

You will become gradually more mobile until you are fit enough to go home. You can expect to be in hospital for five to seven days. It is common for your leg to be swollen after the surgery and this can take a few months to reduce down. It normally goes completely but may occasionally be permanent.

You will be visited by the physiotherapists in hospital after your operation. They will help you with your breathing to prevent you developing a chest infection and help to get you walking again. You will be given aspirin, which thins the blood and will reduce the risk of your bypass blocking. You will 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 need removing, this is usually done whilst you are still in hospital. If not, we will arrange for your GP's practice nurse or district nurse to remove them and check your wound 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 soon 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.

**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:** High blood pressure is a known risk factor for rupture of aneurysms. 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.

## 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](http://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](mailto:pals@gstt.nhs.uk)

**t:** 020 7188 3514 (complaints)

**e:** [complaints2@gstt.nhs.uk](mailto: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 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

**t:** 111

## 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](http://www.nhs.uk)

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