Femoral endarterectomy

This leaflet aims to 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 further questions or concerns, please 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 in 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 while 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 a femoral endarterectomy) to surgically remove the atheroma causing 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 on the femoral artery in the groin.

There may be other short narrowings or blockages of the arteries in 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 in the leg. The femoral artery is then closed by stitching in a patch of vein or a 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.

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 a significant operation 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 include:

- **Haematoma and bleeding** – some blood can collect under the skin after the procedure. As long as there is no ongoing bleeding, no treatment is needed. Rarely, persistent and extensive bleeding occurs and requires urgent surgery.

- **Leg swelling** – leg swelling occurs in some people after the operation. This usually resolves by itself, but may take several months to settle. Elevating the leg while sitting in a chair and walking will help to 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 passes 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 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.

Consent – asking for your consent
We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

If you would like more information about our consent process, please speak to a member of staff caring for you.

How can I prepare?
When you come to hospital for your pre-admission appointment, we will advise you on how to prepare for your hospital stay and we will review your regular medicines. If you are taking any antiplatelet medicines (such as aspirin or clopidogrel) or any medicines that thin the blood (such as warfarin) 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). We will give you clear instructions on exactly when to start fasting. It is important to follow these 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 will be collected by a nurse and taken to Luke Ward or Sarah Swift Ward. You will be given fluids via a drip into a vein 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 stay in hospital for two days. You will be given aspirin, which thins the blood. You will usually need to continue to take aspirin long term.

**What do I need to do after I go home?**
If your stitches or clips need removing, we will arrange for your GP’s practice nurse or a 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 a 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. If you would like to give up smoking, please speak to your nurse or call the Trust stop smoking service on **020 7188 0995**, or call the NHS Smoking Helpline on **0300 123 1044**.

**Activity**
Gentle exercise, such as walking or cycling, is recommended to help improve your overall fitness. Exercise helps your body to produce healthy cholesterol and this helps to protect your arteries against bad cholesterol.

**Blood pressure**
It is important to have your blood pressure checked regularly, at least every six months. If you have been prescribed medication 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.
Cholesterol (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 (for instance 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 that 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.

Useful sources of information

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

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

The above contacts can put you in touch with a vascular consultant if needed.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit w: 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, Monday to Friday, 9am to 5pm

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

Was this leaflet useful?
We want to make sure the information you receive is helpful to you. If you have any comments about this leaflet, we would be happy to hear from you, fill in our simple online form, w: www.guysandstthomas.nhs.uk/leaflets, or e: patientinformationteam@gstt.nhs.uk

Leaflet number: 3671/VER3
Date published: April 2019
Review date: April 2022
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