Femoro-femoral or ilio-femoral crossover bypass graft

This leaflet aims to answer some of the questions you may have about having a femoro-femoral or an ilio-femoral bypass operation. 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 femoro-femoral bypass?
The iliac arteries in your pelvis supply blood to your legs. Unfortunately some people develop narrowing or blockages in the iliac arteries. Gradually the leg muscles develop symptoms of pain. The pain is normally worse when exercising but eventually it may become so severe that it occurs at night and may even progress to gangrene. When only one iliac artery is blocked, it is possible to join the femoral artery at the top of your thigh and the femoral artery from the good side (the leg that has the better circulation) using a graft. This means that the blood to the bad leg travels down the iliac artery on the good side, crosses over under the skin of the lower abdominal wall and then travels into the femoral artery on the bad side, bypassing the blockage or narrowing.

What happens during the operation?
You will usually have two cuts, either one in each groin, or, one in the groin and another in the lower part of the tummy. An artificial (plastic) graft will be inserted to carry blood from the main artery going to your good leg to the main artery in your bad leg, bypassing the blocked artery. The artery going to your good leg will therefore supply both legs with blood. The wounds are either closed with stitches that dissolve by themselves, or with stitches/clips that will need to be removed.

Why should I have a femoro-femoral crossover bypass?
This operation should allow you to walk further and 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 a blockage. If this occurs, it will usually be necessary to perform another operation to clear the bypass.

- **Graft infection** – Very rarely (in about 1 in 500 people), the artificial graft (bypass/new blood vessel) 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. All potential risks will be explained and discussed with you when the consultant asks you to sign the consent form before the operation.

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.

**Will I feel any pain?**
Your operation will be done under general anaesthetic (while you are asleep) or epidural. An epidural involves placing a small tube into your back, through which medication which numbs your legs is delivered. The epidural may then be used to control your pain after the operation. The nurses will try and keep you free of pain either 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, or by oral medication. 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 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. Within two days of having the epidural, your drip (which is inserted during the operation to make sure you get enough fluids) and your 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 four to five days. It is common for the legs to be swollen after the surgery, and this can take a few months to go down. It normally goes completely but some swelling may occasionally be permanent. You can reduce the swelling by elevating your legs while sitting out in the chair.

You will be visited by a physiotherapist in hospital after your operation. They will help you with your breathing to prevent you developing a chest infection and will help to get you walking again. You will be given aspirin, which thins the blood and will reduce the risk of your bypass becoming blocked. You will probably 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
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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.

Language and accessible support services
If you need an interpreter or information about your care in a different language or format, please get in touch.

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

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Our values: Put patients first | Take pride in what we do | Respect others | Strive to be the best | Act with integrity