Femoro-popliteal or femoro-distal bypass

This leaflet aims to 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 further questions or concerns, please speak to a doctor or nurse caring for you.

What is a femoral bypass?
The femoral artery runs down from your groin 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 your 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 or femoral-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 blood to 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 create the bypass will normally be your own repositioned vein. It is called the long saphenous vein and it runs up the inner side of the leg from the ankle to the groin. If this vein is not long enough or not of sufficient quality, then the same vein from the other leg or a vein from an arm 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 (cuts) are all closed either with dissolving stitches, which do not need to be removed, or with non-dissolving stitches or metal clips, which will normally be removed after about ten days.

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 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. 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?

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 may ask you to fast before your surgery. Fasting means that you cannot eat or drink anything (except water). We will give you clear instructions if you need to fast and tell you 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.

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.

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 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, which 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 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 five to seven days. It is common for the leg 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 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, this is will normally be done while you are still in hospital. If it is not done in hospital, 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

High blood pressure is a known risk factor for vascular disease. It is very important that you 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.

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

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.
t: 020 7188 8815 e: languagesupport@gstt.nhs.uk

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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