

Patient Information

Vascular Surgery

Aortabifemoral Surgery

Why do I need the operation?

There is a blockage or narrowing of the arteries supplying your legs, so the blood circulation to your legs is reduced. This becomes particularly noticeable when your muscles need more blood during walking, as it causes pain in your legs and/or feet. Any further fall in the flow of blood may lead to constant pain with the risk of ulcers or gangrene developing. The operation is to bypass the blocked arteries in your abdomen which supply your legs, so the blood supply is improved.

Before the operation

As a precautionary measure a special scan of your heart may be undertaken to detect any potential problems. You will be invited along to a pre-admission clinic which includes blood tests, chest x-ray and a heart tracing. You will be admitted into hospital either the day before or the morning of your operation.

Coming into hospital

Please bring all your current medication with you. The doctor who will give you the anaesthetic and your surgeon will visit you prior to your operation. If you have any questions about the operation, please do ask.

The operation

You will be taken to the anaesthetic room where you will be given your anaesthetic, and from there into theatre. As well as being put to sleep, you may have a small tube placed in your back (an epidural) to help with pain relief following surgery. While you are asleep, small tubes will be inserted into your bladder to drain your urine; also into your stomach (through your nose) to stop you feeling sick; and into a vein in your arm or neck (or both) for pressure measurements and to give you fluid following surgery. You



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will usually have a long cut down or across your abdomen and also two smaller cuts, one in each groin. An artificial blood vessel (graft) will be inserted to carry blood from the main artery in your abdomen (aorta) to the arteries in your groins (femoral's), bypassing the blocked arteries – an aortobifemoral graft. The wounds are often closed with a stitch under the skin, which dissolves by itself, or with clips that need to be removed about 10 days after your operation.

After the operation

When you leave the operating theatre you will be taken to the PACU (post anaesthetic care unit, in the theatre recovery department) or to the Critical Care Unit so that we can keep a special eye on you. There is a small chance that you will remain on a breathing machine for a period after the operation, but you will be taken off this as soon as possible. Following this sort of surgery, the bowel stops working for a while, so you will be given all the fluid you need in a drip until your bowel will cope with you drinking normally. You may also need a blood transfusion. The nurses and doctors will try to keep you free from pain with pain killers either by giving an injection, through a small tube in your back (epidural), or by a small machine you control yourself by pressing a button. As the days pass and you improve, the various tubes will be removed and you will be returned to the normal ward until you are fit enough to go home. If necessary, you will be visited by the physiotherapist before and after your operation, who will help you with your breathing (to prevent you developing a chest infection) and with your walking.

Going home

If dissolvable stitches have been used, it will not be necessary to have these removed. If your stitches or clips have not been taken out before you go home, your practice or district nurse will remove them and check your wound.

You will feel tired for many weeks after the operation but this should gradually improve as time passes. Regular exercise such as a short walk followed by a rest period is recommended for the first few weeks after surgery, followed by a gradual return to your normal activity level.

It is important that you do not drive your car until you are able to do an emergency stop this may take up to four to six weeks after surgery. Your GP or consultant will be able to advise you. Some companies will not insure drivers for a number of weeks after surgery, so it's important to check what your policy says. An appointment will be booked with you consultant for outpatient review.

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Potential complications

Chest infection can occur following this type of surgery, particularly in smokers, and may need treatment with antibiotics and physiotherapy. Slight discomfort and twinges of pain in your wound are normal for several weeks after surgery, but wounds sometimes become infected and these can usually be treated successfully with antibiotics. Also the wound in your groin can fill with fluid called lymph that may discharge between your stitches, but this usually settles with time. As with any major operation such as this, there is a very small risk of you having a medical complication such as a heart attack, but the doctors and nurses will try to prevent these complications and deal with them rapidly if they occur. Occasionally, the bowel is slow to start working again and this requires patience; fluids will be given in a drip until your bowel gets back to normal. **If you develop sudden pain or numbness in the leg which does not resolve within a few hours, contact the hospital immediately.**

Sexual activity may be affected due to nerves in your abdomen being cut during the operation, and there is a chance you may become impotent. If you have any concerns please discuss them with your surgeon.

What can I do to help myself?

If you are a smoker, you must make a sincere and determined effort to stop completely. Continued smoking will cause further damage to your arteries and your graft (the artificial blood vessel) is more likely to become blocked and stop working. A purposeful daily walk, following recuperation from surgery, will help to prevent your graft from blocking. Other general health measures such as a low fat diet and weight reduction, if necessary, are also important.

If you would like to discuss the information in this booklet, please contact a Vascular Nurse Specialist:
Alison Kite, 024 76965569
Suzanne Davies, Lauren Wells & Zoe Noakes on 024 76966914

We hope that you have found your treatment by the Vascular Services team to your satisfaction. We welcome your **comments, compliments** and **complaints** concerning the care that you have received, in order to improve our service. This can be done by contacting the Vascular Nurses as above or PALS.

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The Trust has access to interpreting and translation services. If you need this Information in another language or format please contact us and we will do our best to meet your needs.

The Trust operates a smoke free policy.

Useful Contacts

Coventry Patient advice and Liaison Service (PALS): +44 (0) 800 0284203

South Warwickshire Hospital PALS : +44 (0)1926 600054

George Eliot Hospital PALS : +44 (0) 24 7686 5617

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