

Vascular Surgery

Axillo Femoral Surgery

Why do I need the operation?

There is a blockage or narrowing in the arteries supplying your legs, so the circulation of blood to your legs is reduced. This becomes particularly noticeable when your muscles require more blood during walking, as it causes pain. Any further fall in the flow of blood may lead to constant pain in the leg and/or foot with the risks 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 your operation

If you are not already in hospital, you will be admitted either the day before or the morning of your operation. You may be asked to attend a pre-admission clinic about a week before to have tests to make sure you are fit for the operation, including a heart tracing, a chest x-ray and blood tests. You may also see an anaesthetist.

Coming into hospital

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

The operation

You will be taken to the anaesthetic room where you will be given your anaesthetic, and from there into theatre. While you are asleep, small tubes will be inserted into your bladder to drain your urine, and into a vein in your arm or neck (or both) for pressure measurements and to give you fluid following surgery. A horizontal incision will be made below one of your collar bones and a vertical cut in each groin. An artificial blood vessel, shaped like an upside-down Y, will be tunnelled under the skin between these incisions and attached to the main artery supplying one arm and the



Patient Information

main artery to each leg-an axillobifemoral graft. Your arm can easily spare the blood needed by your legs, flowing through this bypass. The wounds are often closed with a stitch under the skin, which dissolves by itself, or with clips that need to be removed.

After the operation

After your operation you will be given fluids by a drip in one of your veins until you are well enough to eat and drink normally. You should inform the nurses if you have any pain. Painkillers may be given by injection or via 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 gradually become more mobile, until you are fit enough to go home.

Going home

If dissolvable stitches have been used, it will not be necessary to have these removed. Before you leave hospital, the ward nurse will explain possible arrangements for the removal of your skin clips or stitches if required. Regular exercise such as a short walk combined with rest is recommended for the first few weeks after surgery, followed by a gradual return to your normal activity level. You will receive an appointment to be seen in the outpatient clinic in due course. 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.

Complications

The main complication with this operation is blood clotting within the bypass graft causing it to block, and if this occurs it will usually be necessary to perform another operation to clear the graft. If your leg is in danger because of its poor blood supply prior to surgery, there is a risk you may need an amputation if the graft blocks.

Slight discomfort and twinges of pain in your wound are normal for several weeks following surgery, but sometimes wounds become infected and this may need treatment with antibiotics. Also, the wound in your groin can fill with fluid called lymph, which may discharge between the stitches, but this usually settles with time. You may have patches of numbness around the wound or lower down the leg, due to cutting small nerves to the skin; this may be permanent but usually improves within a few months. It is also common for the foot and/or leg to swell for the first 3 months after surgery, this is due to the improved blood supply – elevation of your leg when sitting will help the fluid to disperse.

Patient Information

What can I do to help myself?

If you are a smoker you must make a sincere and determined effort to stop completely. Continuing to smoke will cause further damage to your arteries and your graft is more likely to block causing the graft to fail. 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 develop sudden pain or numbness in the leg, which does not resolve within a few hours, contact the hospital immediately.**

If you would like to discuss the information in this booklet, or would like it in a different format, please contact a Vascular Nurse Specialist:

Alison Kite on 02476 965 569

Suzanne Davies, Lauren Wells & Zoe Noakes on 02476 966 914

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 or PALS.

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.

Document History

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