

Vascular Surgery

Lower limb arterial bypass grafts

Why do I need the operation?

The circulation of blood to your legs is reduced because you have a blockage or narrowing of the arteries supplying blood to your legs. This becomes particularly noticeable, and causes pain, when your muscles require more blood during walking.

Any further reduction in the flow of blood may lead to constant pain in your leg and/or foot and a risk of ulcers or gangrene developing. An arterial bypass graft is done to the blocked arteries in your leg so that your 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. These tests include a heart tracing and blood tests.

Coming into hospital

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

You may have a scan of your legs/arms before your operation to establish if one of your veins can be used for the bypass graft.



Patient Information

The operation

You will be taken to the anaesthetic room where you will be given your anaesthetic, and from there you will be taken into the operating theatre.

While you are asleep, small tubes will be placed into your bladder to drain your urine, and into a vein in your arm to give you fluid following surgery. You will have a cut in the groin or thigh and one somewhere lower down your leg depending on which artery is being bypassed.

The bypass graft will usually be provided by your own leg vein (which you can manage without) or an artificial bypass tube may be used instead. If a vein is used, you may have some extra cuts through which the vein has been removed.

The wounds will either be closed with a stitch under the skin that dissolves by itself, or by clips which will need to be removed about 10 days after surgery.

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. The nurses and doctors will try and keep you free of 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 slowly become more mobile until you are fit enough to go home.

Going home

If dissolvable stitches have been used, you will not need 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.

It is recommended that you do regular exercise such as a short walk as well as rest for the first few weeks after surgery. After this, you may slowly 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 which may be 4 to 6 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 your consultant for an outpatient review.

Potential complications

The main complication with this operation is blood clotting within the bypass graft, causing it to block. 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. Wounds sometimes become infected - this may need treatment with antibiotics.

If you have a wound in your groin, it can fill with a fluid called lymph, which may discharge between the stitches. 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.

Patient Information

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 – elevating your leg when you are sitting will help the fluid to disperse.

If you develop sudden pain or numbness in the leg or foot which does not resolve within a few hours, contact the hospital immediately.

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 become blocked. This will cause the graft to fail.

In addition to stopping smoking, going on a daily walk while you recover from surgery will help to prevent your graft from becoming blocked. Other general health measures, such as a healthy balanced diet and weight reduction, if necessary, are also important.

Ultrasound surveillance of a vein graft will be arranged, but not for a synthetic graft. If ultrasound surveillance has been arranged, it is important that you attend. Around 30% of grafts develop narrowing which can block the graft. This can be detected by ultrasound and treated if necessary.

If you would like to discuss the information in this booklet, please contact a Vascular Nurse Specialist on 024 7696 5569 or 024 7696 6914.

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

Patient Information

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.

Did we get it right?

We would like you to tell us what you think about our services. This helps us make further improvements and recognise members of staff who provide a good service.

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