

## **Aortobifemoral bypass graft**

### **Why do I need the operation?**

You have a blockage or narrowing of the arteries supplying the blood to your legs. This reduces the blood flow to your legs, resulting in the problems you are experiencing. This might be more noticeable when you are walking as your muscles need a greater blood supply, resulting in pain. If the blood flow reduces even more then you may have constant pain, ulceration and/or gangrene. This operation aims to bypass the blocked arteries in your abdomen which supply the legs, so that the blood flow is improved and there will be an improvement in your symptoms.

### **What are the alternatives?**

If bypass surgery has been suggested to you it is usually because the narrowing of your artery is severe. If you choose not to have the surgery, medical treatment alone is unlikely to help. There may be some improvement in symptoms if you stop smoking, lose weight and continue to walk as much as possible. You should try to do this before your operation in any case. As well as benefiting your arteries, stopping smoking will also help your general health, reducing your risk of having complications such as chest infections.

### **What happens before the operation?**

You will attend a pre-admission clinic where you will have blood tests, a heart tracing and chest x-ray and a doctor will take a history and examine you. You will probably have already had other investigations that diagnosed the problem, such as MRA or CT scan or angiography. These tests tell the doctor where the blockage is and how severe it is. You may have signed a consent form already in clinic.

You will be admitted the day before your operation. Please bring in all the medications you are currently taking.

### **What happens during the operation?**

You will be told when to stop eating and drinking. You will be asked to shave the operation site and shower and put a gown on. If you are diabetic special care will be taken to keep your blood sugars under control.

You will be taken first to the anaesthetic room and then, when your anaesthetic has been given, into theatre. As well as being put to sleep you may have a little tube put into your back which will help with pain relief after the operation. You will also have a tube into your bladder to drain urine (a catheter) and into your stomach, (via your nose) to stop you feeling sick. You will also have intravenous “drips” inserted into your arm and neck to give you fluid, and also for blood pressure recordings. These will all be inserted after you are asleep.

The surgeon will make a cut down your abdomen and a smaller cut in both groins. An artificial blood vessel made of plastic will be inserted to bypass the blocked arteries. It is connected to the main artery (the aorta) in your abdomen and to the arteries in both groins to bypass the blocked artery (aortobifemoral graft).

### **What happens after the operation?**

You will probably be taken to the high dependency or intensive care unit so that you can be closely monitored. You may need to be on a ventilator, (breathing machine) for a short time. You will normally return to the main ward after 48 hours but everyone is different and people recover at different rates.

You will have your temperature, blood pressure and pulse taken regularly. The staff will also check the condition of your wounds and the circulation to your legs.

You will have an intravenous drip for at least 5 days. This is because your digestive system stops working for a while after this type of operation. You will build up your fluids and diet slowly, as directed by your surgeon. If you are diabetic, we will monitor your blood sugars and restart your medication when you are eating and drinking normally.

You will be given painkillers either by injection, via a tube in your back, (epidural) or by a machine you control yourself by pressing a button. As your condition improves, you will change to painkilling tablets.

You may need an oxygen mask for several days. The physiotherapists will also visit you to help you with deep breathing exercises and coughing. This is important to help prevent a chest infection.

You will need to stay in bed for at least three days, sometimes longer. The physiotherapists and nurses will gradually help you with your mobility.

### **What are the risks?**

As with any major operation there is a small risk of having a major complication such as a heart attack, kidney failure, stroke, respiratory problems or bowel failure. We will monitor your condition closely in order to try and prevent this and treat it rapidly if it does occur.

You may develop a chest infection. This is more likely if you smoke. It may need treatment with antibiotics and physiotherapy.

The bowel may be slow to get working again. This does usually resolve itself but may require laxatives to help.

There is a risk of the bypass blocking in the months following surgery. This risk varies, depending on the type of bypass. Your surgeon can give you more specific information if you wish.

There is a small chance of a wound infection. Increasing wound pain and redness may be a sign of infection. This can usually be treated successfully with antibiotics. A very small number of people may go on to develop an infection in the graft. This is serious and could result in your having to have it removed.

The wound in your groin may fill with fluid called lymph which leaks between stitches. This will usually settle with time.

Sexual activity may be affected due to the nerves being cut during surgery. If you are having problems, speak to your GP for a referral to the specialist.

### **What happens when I go home?**

Wounds – If your wound hasn't healed by the time you go home, or you have clips or stitches that need removing we will arrange for a district nurse to visit you at home to check the wound and remove clips.

Mobility and activity – You will probably feel tired for several weeks after the operation. Build up your activity level slowly and get plenty of rest. You should avoid strenuous activity for about six weeks.

Driving – You are safe to drive when you can perform an emergency stop. This will normally be at about four weeks, but if in doubt check with your doctor. Avoid long distances and motorway driving at first.

Work – depending on your job you will be able to resume one to three months after your operation. If in doubt, ask your doctor.

Bathing – As soon as the wound is dry you can bath or shower, even if you still have clips.

### **When to seek help**

If you experience a lot of pain, redness or oozing from your wound, it may be infected. Contact your GP, who can prescribe antibiotics.

If you experience a lot of pain, numbness, coldness or change of colour in the leg which does not get better in a couple of hours contact your GP, or go to Accident and Emergency as this could indicate that the bypass is blocked.

The information given is meant as a guide only. Everyone is individual and the treatment or recovery may vary from what is written.