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You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

If you are unhappy with the advice you have been given by your GP, consultant, or another healthcare professional, you may ask for a second (or further) opinion.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

Author: Ruth Boyes
Role: Vascular Nurse Practitioner
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Aorto/Axillo-bi-femoral bypass operation (page 1 of 3)

Please read this along with advice from your doctor and nurse.

Why do I need the operation?

There is a blockage or narrowing of the arteries supplying your legs, reducing the blood circulation to them. You may notice this particularly when walking, as it causes pain or you may have pain in your feet at night. Any further fall in the flow of blood may lead to constant pain with the risk of ulcers or gangrene developing. This operation is to restore the blood supply by bypassing the blocked arteries.

What are the alternatives

This operation will only be offered if alternatives such as medication alone, or angioplasty have failed to improve blood flow.

What happens before the operation?

If you are not already in hospital you will be asked to attend a 'preadmission clinic' for tests required to ensure that you are fit for the operation and to give you all the information you need.

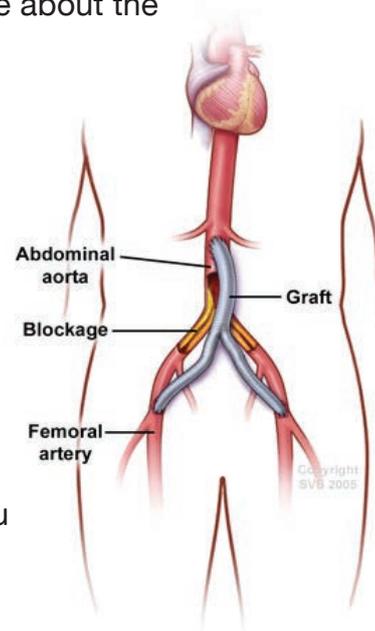
What happens in hospital?

You will be admitted to the Surgical Admissions Lounge. Please bring with you all the medications that you are currently taking in the bag provided. The nurses on the ward will admit you and check your personal details. You will see both the surgeon and the anaesthetist before the operation, so you can ask any questions that you may have about the operation.

The operation

The anaesthetist will give you medicine that enables you to sleep during the operation and pain killing drugs, possibly, through a tube in your back to numb the lower half of your body (epidural). Whilst you are asleep a tube will be inserted into your bladder to drain your urine. Another will be put into a vein in your arm or neck or both for blood pressure measurements and for giving you fluids until you can eat and drink normally again.

You will have cuts in your groins and a long cut across your abdomen. An artificial blood vessel (graft) made of dacron will be inserted to carry blood from the main blood



Vascular Nurse Practitioner
01722 336262 ext 4937

vessel in your abdomen to the arteries in your groins, bypassing the blocked arteries (aorto-bifemoral graft). If there is a problem with your chest or heart the surgeon may decide to avoid cutting your abdomen and instead you will have an axillo-bifemoral graft. The cuts will then be under one of your collarbones and in your groins. The graft will run under the skin from the artery supplying your arm to the main blood vessels in your legs.

What happens after the operation?

You may be taken to the intensive care unit for a short while after your operation, so that your condition can be monitored more closely. You may be given pain-killing drugs either by injection or through the tube in your back (an epidural) or you may be attached to a machine that lets you control the pain relief by pressing a button yourself (PCAS). It is normal for your bowel to stop working for a while after this sort of surgery, but it should return to normal after a few days. As you progress the various tubes will gradually be removed and you will become more mobile. A physiotherapist may help you with your breathing to prevent a chest infection and with your walking.

How long am I likely to be in hospital?

People recover at different rates, but as a general rule, and if all is well, you can expect to return home after about 5 to 10 days.

What happens when I get home?

If dissolvable stitches have been used, these do not need to be removed. If your wound was closed with clips or stitches that need removing, arrangements will be made for your district or practice nurse to remove them and check the wounds.

Once your wounds are dry you can have baths and showers as normal.

You can expect to feel tired for many weeks after the operation but this will gradually improve. Regular exercise such as a short walk, combined with rest is recommended for the first few weeks following surgery. You can then gradually return to your normal activities.

You will be safe to drive when you are able to perform an emergency stop, normally after about a month.

You should be able to return to work within 1 – 3 months following surgery, but if in doubt consult your doctor.

Blood thinning medication (antiplatelets) will be prescribed for you and it is important that you take it every day to make your blood less sticky – this helps ensure that the by-pass continues to work. You should be taking a statin to lower cholesterol and help prevent heart attacks and strokes, which occur because of the same disease process that caused you to have this operation. It is also important that you continue to take any blood pressure lowering medication you have been prescribed.

It is normal to experience a certain amount of swelling of the leg(s) as the circulation improves after surgery. Exercising as much as you can and sitting with legs raised above the hips when resting will help contain the swelling. You may also be able to wear very light compression

or support hosiery, but you will need to ask at your surgery as your circulation may still be somewhat compromised. This problem may persist for some months.

What are the possible complications?

1. It is normal to feel slight aches and twinges in your wounds.
2. It is possible that clear fluid will ooze from the groin wounds. This normally settles down with time.
3. If you experience a lot of pain, redness or oozing from any of your wounds, your wound may be infected.
4. There is a risk of your sexual function being affected due to nerves being cut during the operation.
5. There is a risk of the graft not working or blood clotting within the graft, causing it to block. That could, despite all efforts, lead to amputation (1-2%).
6. The main complications of a by-pass operation are:
 - death, caused by problems with your heart or lungs (1 in 20 or 5%) or
 - other organ failure.

What should I do to help?

The single most important thing you can do to improve your health is to stop smoking.

The smoking quit line number is 0800 022 4 332.

Among other benefits it will increase the chances of the graft working and be beneficial to your general blood circulation and health. Regular exercise and a healthy diet are important measures to improve general health.

If you develop sudden numbness or pain in the leg which does not improve in a few hours contact your GP immediately, explaining that you have a graft.