

Leg Artery Bypass Your questions answered *(page 1 of 3)*

This leaflet should be read along with advice given by your doctor or nurse.

Why do I need the operation?

There is a blockage or narrowing of the arteries supplying blood to your legs, reducing the blood circulation to your legs. You will notice this particularly when walking as it causes pain. A further fall in the flow of blood can lead to constant pain with the risk of ulcers or gangrene developing. The aim of this operation is to improve the blood supply to your legs by bypassing the blocked arteries.

What are the alternatives?

An angioplasty, where a balloon catheter is inserted into the narrowed artery is usually attempted first. Surgery is usually only considered when other treatments have failed or for limb-threatening situations or when your quality of life is severely limited by poor blood supply to the leg.

What are the possible risks and complications?

The risks of this operation will depend on your general fitness and your surgeon and anaesthetist will discuss this with you.

- As with any operation it is possible you may suffer a medical complication such as a heart attack. You will be given treatment to prevent this and if complications occur they will be dealt with promptly.
- You may get a chest infection, especially if you are a smoker. This will need physiotherapy and antibiotics.
- A wound infection may also require treatment. It is also possible that the groin wound will discharge a little, but this usually settles down with time. Sometimes the operation wound can be very slow to heal.
- The main complication of a bypass operation is a blockage of the graft. This can be caused by blood clotting within the graft. In this case it may be necessary to perform another operation to clear the blockage. There is a risk of you having to have an amputation if the graft blocks. You are likely to have to continue to have regular duplex scans, so that further treatment can be given promptly if you need it.
- It is normal for you to feel aches and twinges in your wound.
- You may get patches of numbness around the wound and lower

Vascular Nurse Practitioner
Tel: 01722 429210

If you need this information in another language or medium (audio, large print, etc) please contact Customer Care on 0800 374 208 or send an email to: customer care@salisbury.nhs.uk

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
Date written: December 2004
Last revised: January 2019
Next review due: April 2022
Version: 2.2
Code: PI0122

down the leg. This happens when the small nerves in the skin are cut. This can be permanent but usually improves over time.

- If your foot swells because of the improved blood supply, wearing a light compression stocking or putting it up when you are resting will help.

What happens before the operation?

You will need to have some tests to make sure that you are fit for the operation, such as a heart scan, a chest x-ray and blood tests. A special x-ray of your arteries (arteriogram) is done to help locate your blockages and a vein scan to find a suitable vein for the bypass. Usually a further vein scan is done on the day before the operation or on the day of the operation and your skin marked up to help the surgeon locate the vein graft during the operation.

The operation

On arrival to the hospital, follow instructions given to you by Royal Bournemouth Hospital in your admissions letter or phonecall. Please bring all the medications that you are currently taking in the bag provided at your preadmission appointment. You will see both the surgeon and the anaesthetist before the operation, so you can ask if you have any questions. The anaesthetist will give you medicine that enables you to sleep during the operation or you may be given pain killing drugs through a tube in your back to numb the lower half of your body. While you are asleep a tube may be inserted into your bladder to drain your urine. Another tube 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 a cut in your groin and one lower down on your leg, depending which blood vessel is being bypassed. Your scar will depend upon the type of bypass. The bypass may be performed using an artificial bypass made of plastic (Dacron) or using one of your own veins (one you can easily manage without). The wounds will usually be closed with a stitch under the skin that will dissolve.

What happens after the operation?

You will be given fluids through your vein to start with and pain-killing drugs either by injection or through the tube in your back. You may be attached to a machine that lets you control the pain relief by pressing a button yourself.

As you recover, these tubes will gradually be removed and you will become more mobile until you are fit enough to go home. A physiotherapist will help you with your breathing and your walking.

How long am I likely to be in hospital?

People recover at different rates, but you can expect to return home after about 6 to 10 days.

What happens when I get home?

- If dissolvable stitches have been used then these do not need to be removed. If necessary your district or practice nurse will remove stitches and check the wound. Once your wound is dry you can have baths and showers as normal.

- You can expect to feel tired for some weeks after the operation but this will gradually improve.
- Regular exercise, such as short walks, combined with rest periods 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.
- You will need to take a blood thinning medication such as Aspirin (or an alternative if you cannot take Aspirin) and it is important that you take this every day – it helps make sure that the bypass continues to work. People who have vascular disease should also take a Statin to reduce cholesterol to help prevent stroke or heart attacks. They often also need blood pressure lowering medication.
- You may find the operated leg will become a little swollen during the day, the swelling usually disappearing during the night. This can be reduced by elevating the leg higher than the hip, when you are resting. If you are still having problems with leg swelling after following this advice, you may be able to have a stocking with some compression, but you should take advice from your doctor or your nurse first.
- Some people experience some numbness around the scar. This is quite normal and may improve with time.

What should I do to help the success of this operation?

If you continue to smoke there is a high risk of your graft blocking, and this may lead to amputation of the leg.

The NHS smoking stop line number is 0300 123 1044

It is also important to take all medications as prescribed, exercise regularly and eat a healthy diet to improve general health.

It is important that you attend for any follow-up duplex scans. It is important that any developing blockages are identified early and treated, to help ensure continued blood flow in the graft.

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

Vascular Nurse Practitioner

Tel: 01722 429210

Vascular Nurse Practitioner

Tel: 01722 429210