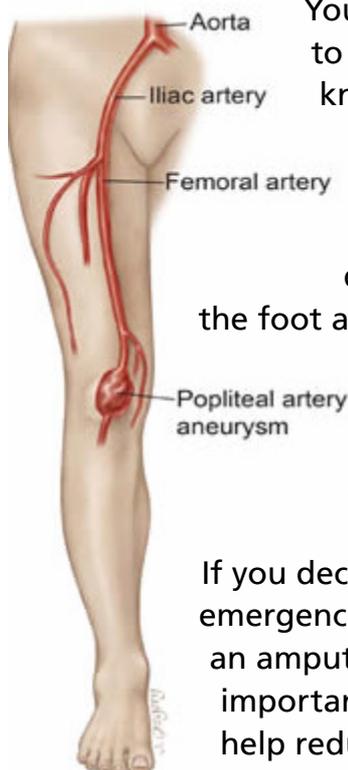


Popliteal Aneurysm Repair (page 1 of 3)

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

Why do I need the operation?



You have a popliteal aneurysm. This is the name given to a condition where the main artery behind your knee has enlarged as in the picture.

The aneurysm contains blood clots and there is a significant risk that a bit of this can break off. If this happens it can block a smaller artery further down in the leg causing a sudden lack of blood to the foot and lower leg. This is a medical emergency and may lead to amputation of the leg. Your surgeon has advised that you need this operation to avoid the risk of amputation in the future.

What are the alternatives?

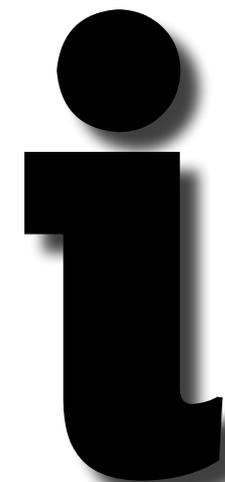
If you decline this operation you are at risk of having an emergency operation in the future and may face having an amputation. There is no alternative treatment, but it is important that you take your medication as prescribed to help reduce the risk from other vascular disease.

What are the possible complications?

The risks of this operation will depend on your general fitness and this should be discussed with your surgeon and anaesthetist.

- 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 possible that the groin wound will discharge a little, but this usually settles down with time.
- 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. If the graft blocks there is a risk of you having an

Vascular Nurse Practitioner
Tel: 01722 429210



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Please complete The Friends & Family Test to tell us about your experience at: www.salisbury.nhs.uk/FriendsFamily or download our App from the Apple App store or Google Play Store.

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.

amputation. 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 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 after the operation wearing a compression stocking or putting your foot up when you are resting will help.

What happens before the operation?

You may need to have some tests such as a heart scan, a chest X-ray, blood tests and a special X-ray of your arteries (arteriogram) to help the surgeon plan the operation.

When you come into hospital please bring with you all the medications that you are currently taking in their original containers. You will see both the surgeon and the anaesthetist before the operation so you can ask any questions.

The operation

You will be taken to the reception area of the theatres first and then on to the anaesthetic room. The anaesthetist will give you medicine that enables you to sleep during the operation or you may be given pain killing drugs through an epidural (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 on the inside of your leg. 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). If one of your veins is to be used your leg will be marked with a pen with the help of ultrasound to identify where it is. 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. You will be encouraged to get out of bed and walk around as soon as possible after the operation. 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 four to seven days.

Vascular Nurse Practitioner

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What happens when I get home?

If dissolvable stitches have been used then these do not need to be removed. Otherwise 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 time after the operation but this will gradually improve.

Regular exercise, such as short walks, combined with rest periods are 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 to 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 and to help prevent strokes or heart attacks. They often also need blood pressure lowering medication.

You may find the leg that has been operated on will become a little swollen during the day, the swelling usually disappears 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 following this advice you may be able to have a stocking with some compression, but you will need to 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 0800 169 0 169

It is also important to take all medications as prescribed, exercise regularly and eat a healthy diet to improve general health. If you would like a diet sheet please ask the nurse.

It is important that you attend for any arranged follow-up duplex scans. This is so 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
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