

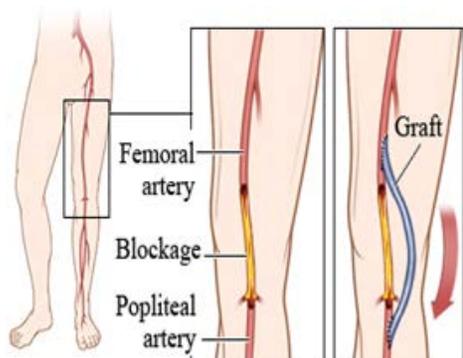
# Information for patients

## Femoral popliteal bypass surgery

### What is femoral popliteal bypass surgery?

Femoral popliteal bypass surgery is an operation to correct peripheral arterial disease (PAD). PAD is a form of atherosclerosis – a condition where fat (plaque formation) blocks the arteries (blood vessels which carry oxygen-rich blood to the arms and legs). This can cause problems such as reducing blood flow to the limbs (ischaemia).

A very large vein in the leg (saphenous vein), or synthetic graft is used to create a blood vessel (artery) bypass from an artery in the thigh (femoral artery) to the artery in the hollow surface behind the knee joint (popliteal artery) or to another artery below the knee.



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### What happens before my surgery?

Before surgery, some patients attend a pre-admission clinic where the doctor will explain the surgery and you will sign a consent form.

At the clinic, the health care team will ask you about your health, medication and lifestyle. They may test your blood, take x-rays and an electrocardiogram (ECG).

Your doctor will talk to you about what medications to take before you come to hospital.

It is important to tell your doctor if you are taking any blood thinning medications, such as aspirin, warfarin or clopidogrel (Plavix).

Please bring your medications into hospital with you.

If you use a dosette box or pill organiser to take your tablets, please ask your pharmacist to print out a list of your current medications so you can bring this to hospital.

If you do not need to attend the pre-admission clinic, we will telephone you to tell you when your surgery is scheduled and what to bring to hospital. You may also receive a letter informing you of your time and date of surgery. Please make sure you confirm your date for surgery.

The day before your surgery, the hospital will call you between 2.30pm and 7pm to inform you of the time you need to stop eating and drinking and what time to come to hospital.

### What will happen on the day of my surgery?

We ask that you shower before you come to hospital and remove jewellery, make up, nail polish and fake nails. It is advised that you leave valuables such as jewellery and large sums of money at home to decrease the possibility of items being misplaced or stolen.

On the day of your surgery, please make your way to the St Vincent's Day of Surgery Admission (DOSA) area, which is located on the first floor of the In-patient Services Building, Princes Street, Fitzroy.

When you arrive the nursing staff will check your pulse and blood pressure.

You will need an anaesthetic for your surgery. The anaesthetist (the doctor who will give you the anaesthetic) will meet with you before your surgery to talk to you about your health and the best anaesthetic for you.

A general anaesthetic (anaesthetic that puts you to sleep) is normally used for this surgery.

St Vincent's is a busy hospital so please be aware that you may need to wait up to three hours for your operation.

## What happens during the surgery?

A cut is made in the skin over the area of the blocked femoral artery (the large blood vessel in your legs which carries oxygen-rich blood to your legs and feet) and clamps are placed around the femoral artery.

The surgeon then takes a part of a healthy blood vessel (the saphenous vein) or synthetic graft and uses it to create a detour around the blocked part of the blood vessel to the artery in the popliteal region of the leg (the hollow surface behind the knee joint) or to another artery below the knee. This improves the circulation of blood throughout the legs and feet.

This surgery normally takes two to four hours.

## What happens after the surgery?

You will wake up from the anaesthetic in the recovery room and be transferred to your ward shortly after.

A nurse will monitor your blood pressure, pulse, temperature and oxygen levels regularly. The nurse will also monitor the area of the cut and the circulation to your feet. Slight ooze on your dressing is common.

You may have an oxygen mask to help you breathe and an intravenous (IV) drip in your arm giving you fluid. This will be removed once you are able to eat and drink. This is because you may feel sick, vomit or have pain after your surgery. You will be allowed to eat and drink about four hours after surgery.

Your pain may be treated in a number of ways. This will be decided by you and your doctors and nurses depending on the location and the type of pain you have. You may be given tablets or an injection by a nurse to help you feel better.

Usually, for the first two days after your surgery, you will rest in bed or sit out of bed in a chair. On the third day you will be encouraged to start walking with a frame.

A physiotherapist may also assist you to walk. Your dressing will be removed on the third day and the area will be cleansed daily until you go home.

## When can I go home?

You will be required to stay in hospital for about seven days for this type of surgery. Patients are normally discharged at 10am so the room can be prepared for another patient.

Before you leave the ward someone will:

- make a follow-up appointment at St Vincent's Specialist Clinics for you
- send a letter to your local doctor (GP)
- give you medication, if the doctor prescribes it
- give you a medical certificate if needed (you will need to ask).

Please remember to take all your belongings including x-rays home with you.

## What should I do once I get home?

Your doctor may recommend four to six weeks off work after the operation to give your body the best chance of recovery.

Shower or wash daily and wash your wound area with mild soap. Pat dry with a towel.

Do not smoke, as nicotine and carbon dioxide will continue to re-block your vessels, effectively undoing the operation.

For your safety, do not drive for four weeks.

Avoid doing any strenuous activity, especially lifting anything heavy (lift no more than 2-3kgs, roughly the weight of a bag of oranges) for four to six weeks. You should also avoid sport for four to six weeks.

It is recommended to take gentle walks three to four times a week and to maintain a healthy lifestyle including a low fat, low salt diet.

If you notice any discharge, swelling, hardness or redness on or around your wound or if your feet become cold, numb or change colour go to the nearest emergency department or your local GP as soon as possible.

## Contacts

### Liaison Nurse

Tel: 9288 4853

### Waiting List Officer

Tel: 9288 2270

This information sheet is intended as a guideline only. If you have further questions or concerns, please speak to your doctor.