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LEG ARTERIAL BYPASS SURGERY

This advice sheet is to inform the patient about what to expect when undertaking a bypass operation on the lower limb.

You will be admitted to hospital prior to surgery to allow for anaesthetic assessment and pre-operative blood and other tests. Blood is held in case of blood transfusion requirements. Preoperative donation of your own blood can be arranged if required

If you have any objection to receiving blood products or blood transfusions please notify Mr. Milne promptly.

You should inform your surgeon before surgery of any regular medication you take and bring all your medications with you to hospital. You should also inform him of any previous difficulties with anaesthesia or surgery. He should know of any allergies to drugs and this information should also be made available to the Anaesthetist.

BEFORE THE OPERATION:

Mr. Milne and the Anaesthetist will see you before surgery to discuss the operative procedure and the anaesthesia involved. An assistant surgeon will be introduced to you prior to the start of your operation on the day of surgery.

THE OPERATION:

Arterial bypass of the lower limb involves two or more incisions on the limb. The incision(s) will usually be at the groin and in the region of the knee. The operation lasts from 1 to 4 hours and may be performed under general or local anaesthesia. The new artery in your limb may be made of your own vein or a synthetic (plastic) artery. (Any artificial artery will be supplied by the hospital or surgeon.)

AFTER THE OPERATION:

Your leg will be bandaged and placed on a pillow. You should not get out of bed for the first 24 hours but may stand if supported by a nurse. Because of the discomfort following the surgery you will be confined mostly to bed for between two to four days.

The hospital time following your bypass operation will be in the region of two to ten days; 95% of patients can expect to have a hospitalisation period within this range. The anaesthetist will discuss with you methods of pain control at the pre-operative consultation. Any difficulties in passing urine after surgery may require management by means of insertion of a tube into the bladder (catheter) .

After surgery you will be mobilised initially by getting you out of bed, commencing walking just to the toilet and then progressively longer distances. When you are confident about walking without assistance you will be able to go home from hospital unaided.

Swelling is a common post-operative problem but if it is marked, inconvenient or painful it should be reported. You will be able to walk outside the home after discharge from hospital but you should refrain from driving a motor vehicle for 7 to 14 days.

After 2 days you may shower normally and wash the surgical site gently with soap and water and pat dry gently.

It is not unusual for some of the fluid, which accumulates in the leg after surgery, to escape from the area of the incisions. When this happens a clear Any marked pain in the wound, straw coloured discharge can be noted. Reddening or discharge of yellow arterial with a consistency of cream should be reported to this office.

Any unusual changes or sudden deterioration in limb function, comfort or performance, or a sudden onset of coldness or pain should be reported immediately.

After your operative procedure any complications or difficulties regarding the operation should be referred immediately to M r. Milne's office or his call service. Telephone numbers are on this information sheet. Any other unrelated medical condition should of course be referred back to your local doctor.

RISKS:

There is a 98% chance that the post-operative phase and surgical phase of your procedure will be as planned.

There is a 2% complication rate for arterial surgery in the lower limb and the following complications are the most common ones experienced:

- Heart Attack (Coronary Thrombosis, Myocardial Infarction) can cause death or disability.
- Wound Infection causing swelling, pain and fever.
- Thrombosis of the veins of the leg or of the arterial bypass graft and limb loss (amputation) in extreme cases may result.
- Bleeding (haemorrhage) after surgery or secondary to infection.

*Either bleeding or thrombosis involving your procedure would involve further surgery in the operating room to control.

WARNING:

Smoking increases the risk of surgery and is associated with a much higher risk of failure of the bypass. You are expected to cease smoking if you are a current smoker.