

Aorto/Axillo Bi-Femoral Grafts

An information guide



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Introduction

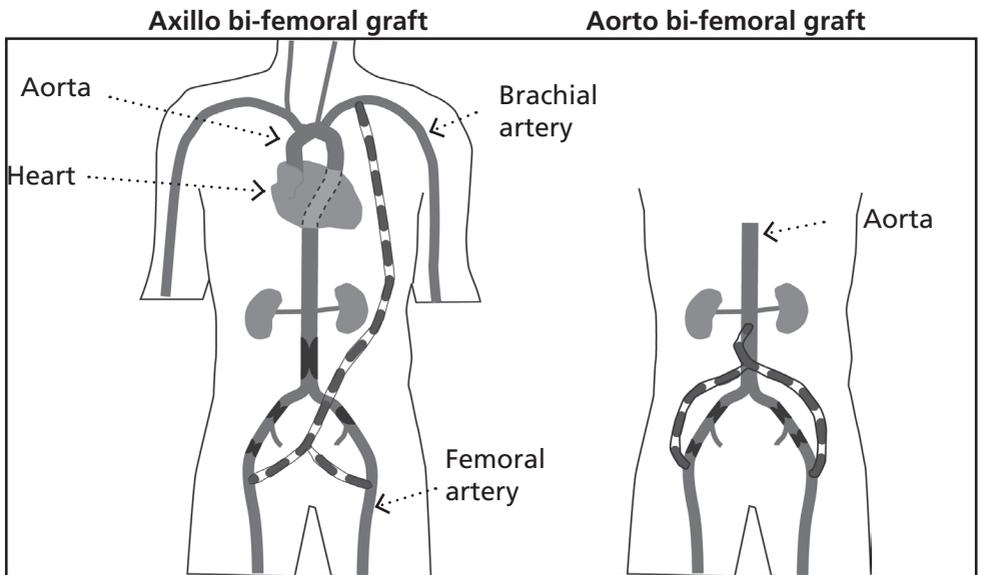
This leaflet tells you about the operation known as aorto/ axillo bi-femoral graft. It explains what is involved and what the possible risks are. It is not a substitute for the advice the doctor or specialist may give you but can act as a starting point for a discussion. Prior to any procedure, you should have a full explanation of the procedure and the risks involved before signing the consent form.

Consent to store your personal information

Vascular surgeons record information about surgical interventions, including lower limb bypass surgery on the National Vascular Database (NVD). This is a secure database that is used to help monitor and improve vascular services throughout the country. Therefore, you (or your nearest relative) may be asked to give permission for your personal information to be stored on the NVD. Although the database is a national system, strict data governance means personal details on the NVD can only be accessed by staff directly involved in an individual's treatment. Patient information is confidential and is not passed on to third parties other than healthcare professionals directly involved in an individual's care. You need to confirm with your vascular surgeon whether you are happy for them to store your personal information on the NVD.

What is an aorto/axillo bi-femoral graft?

The operation is to bypass the blocked arteries in your tummy (abdomen), in order to improve the blood supply. These arteries supply the blood to your legs.



What are the benefits of this operation?

The operation can improve your quality of life by improving your pain and enabling you to walk further. It can also prevent limb loss in those patients with severe ischaemia (ie. ulcerations, gangrene) or severe claudication.

Alternatives

You may not wish to have this operation in which case your doctor may then treat you with 'best medical management'. This might include Aspirin or daily equivalent, good control of blood pressure, cholesterol, diabetes and stopping smoking. However, you must be aware that your symptoms may get worse in the future.

Walking or exercising regularly (1/2 hours 3-5 times per week) either by yourself or as part of a structured exercise programme.

Is there anything I can do whilst waiting for the operation?

There are things that you can do to make yourself fitter for this operation, and also reduce the risk of developing further disease caused by atherosclerosis (hardening of the arteries).

- If you smoke - **give up!** Your GP can refer you to the local smoking cessation team who can provide you with further information.
- If you have **high blood pressure** it is important that it is well controlled before the operation.
- If you are **diabetic** keep the blood sugars well controlled.
- Have your **cholesterol** (fat in your blood) measured. You may need to take a tablet to lower it.
- Try to eat a healthy, low fat, low salt diet. Aim for 5 portions of fruit and vegetables a day, and fish twice a week (make one an oily one such as salmon, mackerel, sardines or tuna).

Possible risks/complications

As with any surgery there are some risks associated with these procedures. The axillo-bifemoral operation creates less stress on the heart than the aorto-bifemoral operation, as it avoids opening the abdomen.

However, in an axillo-bifemoral operation, the graft is more prone to complications, such as blockage and infection, as it is narrower.

Major complications: As with any major surgery there is considerable strain on the heart/major organs. The overall mortality for this type of operation is approximately 3 to 5 %. This can be a result of a heart attack - myocardial infarction, stroke or kidney failure.

Wound infection: Wounds sometimes become infected and this may need treatment with antibiotics and dressings. Severe infections are rare. Occasionally, the wound may need to be cleaned out under anaesthetic.

Graft infection: Very rarely (about 1 in 500), the artificial graft may become infected. This is a serious complication, and usually treatment involves removal of the graft.

Fluid leak from wound: Occasionally the wound may leak fluid. This may be clear but is usually blood stained. It normally settles in time, and does not usually indicate a problem with the bypass itself.

Bypass blockage: The main specific complication of this operation is blood clotting within the bypass causing it to block. If this occurs it will usually be necessary to perform another operation to clear the bypass. Very occasionally when the bypass blocks and the circulation cannot be restored, the circulation of the foot is so badly affected that amputation is required.

Limb swelling: It is normal for the leg to swell after this operation and therefore it is important to rest with your leg up on a stool when sitting. The swelling usually lasts for about 2 to 3 months. It normally goes almost completely, but may occasionally persist indefinitely.

Skin sensation: You may have patches of numbness around the wound or lower down the leg which is due to the inevitable cutting small nerves to the skin. This can be permanent but usually gets better within a few months.

Pain: The incision (cut) on your leg is likely to be uncomfortable at first. The nurses will monitor your level of pain and pain killers will be given as prescribed. The pain will slowly improve, but you may get twinges and aches for between 3 to 4 weeks. It is important that your pain is controlled so that you can move about.

Chest infection: These can occur following this type of surgery, particularly in smokers, and may require treatment with antibiotics and physiotherapy.

Renal Failure: Due to stress on the kidneys, the risk is less than 1%.

Limb loss: This can occur if a clot goes into the leg. This risk is less than 1%.

Sexual Dysfunction: In men the nerves to the penis can be affected causing impotence. If this occurs please discuss with your doctor who may refer you to a urologist.

Altered Bowel Pattern: The bowel pattern may take some time to return back to normal. If this occurs please discuss with your doctor.

Pressure sores (bed sores): Can occur in 4 to 10% of patients admitted to hospital. Certain parts of the body which are at higher risk of damage include heels, buttocks and sacrum. Preventative measures will be discussed with you.

Deep vein thrombosis (blood clot in the legs): Can occur following surgery. Preventative measures such as daily injections of a blood thinning medicine can help reduce the risk of clots performing.

Pulmonary embolism (blood clot in the lungs): Can occur following surgery. Preventative measures such as daily injections of a blood thinning medicine can help reduce the risk of clots performing.

If you are worried about any of the aspects of surgery please ask one of the medical or nursing staff. You will be helped to make the decision about whether to have surgery, but the final decision will be yours.

Before surgery

An x-ray (arteriogram) or scan (duplex/CT scan) of the arteries will have been performed to find out where the blockage is.

- Before surgery you will be seen in a pre-admission clinic. A doctor or nurse will take some information from you and discuss any fears or anxieties you may have.
- Routine blood samples will be taken and an ECG (heart tracing) and chest x-ray carried out.
- Your temperature, blood pressure, pulse and weight will be recorded
- Your fitness will be tested by a Cardiopulmonary exercise test (CPEX) to test how your heart and lungs work together, echo-cardiogram and respiratory function test. If a CPEX cannot be completed a drug induced stress echo cardiogram may be considered.
- You will be admitted the day before the operation. An anaesthetist will check that you are fit for the operation.
- You will not be able to eat or drink for four to six hours prior to the operation.
- You may be given a pre-medication before your operation to help you relax.
- A physiotherapist will see you to advise you on breathing exercises for after the operation.

The operation

You will be taken to a reception area in the theatre suite, then into the anaesthetic room where you will be given your anaesthetic, and from there into the theatre. As well as being put to sleep you may have a small tube placed in your back to help with pain relief following surgery (an epidural). Whilst you are asleep, tubes will also be inserted into; your bladder to drain your urine; one into your stomach (via your nose) to stop you feeling sick; and into a vein

in your neck for blood pressure measurements and administration of fluid following surgery.

You will usually have a long cut down or across your tummy (abdomen) and also two smaller cuts, one in each groin. An artificial blood vessel (graft) made of plastic will be inserted to carry blood from the main blood vessel in your abdomen (aorta) to the arteries in your groins, bypassing the blocked arteries (aorto bi-femoral graft).

If there are particular problems with your chest or heart, your surgeon may decide to avoid a cut in your abdomen. This will have been discussed with you before your operation. If this is the case, you will have a cut below one of your collar bones, and a vertical cut in each groin.

An artificial blood vessel made of plastic and shaped like an upside down Y will be tunnelled under the skin between these incisions and will be attached to the main blood vessel, supplying one arm and to the main blood vessel supplying each leg (axillo bi-femoral graft). Your arm can easily spare the blood required for your legs through this bypass.

After surgery

- You will be transferred to an intensive care or high dependency unit for 24 to 72 hours in order to monitor your progress. Once you are stable you will be transferred back to the ward.
- Occasionally it may be necessary for you to remain on a breathing machine for a short period of time.
- You will be given oxygen via a face mask or nasal prongs.
- You will be attached to a machine which will monitor your heart rate.

- You will not be able to eat or drink initially following this operation, as the bowel stops working for a while after surgery. All fluids are therefore given via a drip until bowel sounds are heard. Oral fluids may then be introduced slowly, building up to solid food over the next few days.
- You will have a tube inserted in your nose, to remove any fluid which is in the stomach and stop you feeling sick.
- Painkillers will be given via a tube in your back (epidural) or by a machine that you are able to control yourself by pressing a button (PCA).
- The nurse will monitor your blood pressure, pulse, temperature, respirations and foot pulses regularly until you are stable.
- You will have a dressing on your tummy and over two smaller cuts in the groin.
- A tube (drain) may be placed under the skin next to the wound. This removes any excess fluid away from the operation site and prevents excess bruising and swelling.
- A tube (catheter) will be placed into your bladder to drain and monitor your urine out-put. This is usually removed when you are able to walk.
- A blood transfusion may be required to replace some of the blood lost during the operation. If you have any religious reservations about a transfusion please let your surgeon know at your next clinic appointment.
- Your wounds will be closed by either stitches or clips. These will be removed 10 to 14 days after the operation.
- The physiotherapist will assist you with walking and breathing exercises.

When you are ready for discharge

- The doctors or nurses will discuss with you when you are ready to go home.
- If you require any medicines, a seven day supply will be issued.

- You may be referred to a district nurse who will check your wound.
- A letter will be sent to your GP's practice to inform them of your surgery.

What you should remember at home

- You may be more tired than usual for many weeks after the operation (up to one year).
- It is important that you do not stay in bed even though you may have some discomfort. Gentle activity around the house, increasing to a short walk each day is good for you.
- It may be necessary to take painkillers on a daily basis until you are comfortable.
- It is quite safe to bathe and shower once your wounds are dry.
- There may be some bruising around the wounds, which will settle slowly.
- You will be safe to drive once you are able to perform an emergency stop. This is usually around six weeks after surgery. If in doubt, check with your insurance company.
- You should avoid any heavy lifting or straining for six weeks after surgery.
- Sexual activity may be resumed four to six weeks after surgery. Occasionally, there can be after-effects due to the nerve in your tummy being cut during the operation. If this occurs please speak to your doctor.
- You should discuss with your GP or consultant when you are fit to return to work (usually after 8 to 12 weeks).

How can I continue to help myself?

Self-help is the major part of the treatment.

- Aiming to stop smoking is essential. If you continue to smoke, further damage to all the arteries in the body will occur. Many people find it difficult to quit, but there are many aids now available which can increase your chances of success. We will be happy to give you any help if you wish.
- It is important you continue to take Aspirin for life. If you are allergic to it your doctor can prescribe an alternative medication.
- If you have high blood pressure, it is important to take your blood pressure lowering medication and have your blood pressure checked regularly - about every six months.
- High cholesterol and diabetes may have been picked up by your GP and if so, it is necessary for you to adhere to the prescribed treatment plan.
- If you are overweight, you should try to lose weight. Regular physical activity or exercise will help.
- If you require any dental work or any other procedures after your surgery you may be required to take antibiotics. Please consult your doctor about this.
- If you have had an axillo bi-femoral graft, avoid wearing your belt too tight as this may block the graft.

Remember looking after yourself as described above should lessen your risk of developing future problems.

Useful numbers

Vascular Nursing Team Tel: 0161 778 5090

Vascular consultant secretaries, Oldham

Tel: 0161 627 8698/ 0161 627 8981/ 0161 627 8826

If English is not your first language and you need help, please contact the Interpretation and Translation Service

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

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For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

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