

AORTO-FEMORAL BYPASS GRAFT

Dr Matley & Partners: Patient Information

BRIEF DESCRIPTION

The operation is performed through an incision in the wall of the abdomen. This may be either straight down the midline skirting the umbilicus, from side to side below the umbilicus, or from the left loin to the midline below the umbilicus. The choice of incision will be explained by your surgeon during the consultation before arranging the operation. The aortic disease itself is treated by clamping the aorta above and below the damaged segment, and replacing it with a new synthetic graft which is stitched into position. The top of the graft is stitched to the Aorta just below the kidney arteries. The bottom of the graft (which looks like a pair of trousers) will be stitched to the Iliac arteries (Aorto-iliac graft) or to the groin arteries through two small separate incisions (Aorto-femoral graft). The skin wounds will be closed up and dressed.

WHY IS THIS OPERATION NECESSARY?

The narrowing or blockage of the Aorta and Iliac arteries causes a severe lack of blood supply to the lower limbs. This may cause significant problems when walking. If more severe, there may be gangrene of the toes, or non-healing wounds or ulcers on the feet. If the operation were not done, then you could lose your legs.

ARE THERE ALTERNATIVE TREATMENTS AVAILABLE?

The options for dealing with Aorto-iliac disease include Conservative (medication and exercise), Endovascular (Angioplasty or stenting), endarterectomy (opening the damaged arteries, removing the blockages, and closing the artery cuts with patches), or bypass (Aorto-femoral, aorto-iliac, or axillo-femoral). If your limbs are at risk, then conservative measures are no longer sufficient. Endovascular repair may be inappropriate if the disease is extensive, particularly if the aorta is blocked completely. Axillo-femoral grafting is used only when patients are not fit enough for aorto-iliac or aorto-femoral grafting. Your surgeon will discuss these options with you and a decision as to which option is best will be taken with you.

IS IT SAFE TO HAVE THIS OPERATION?

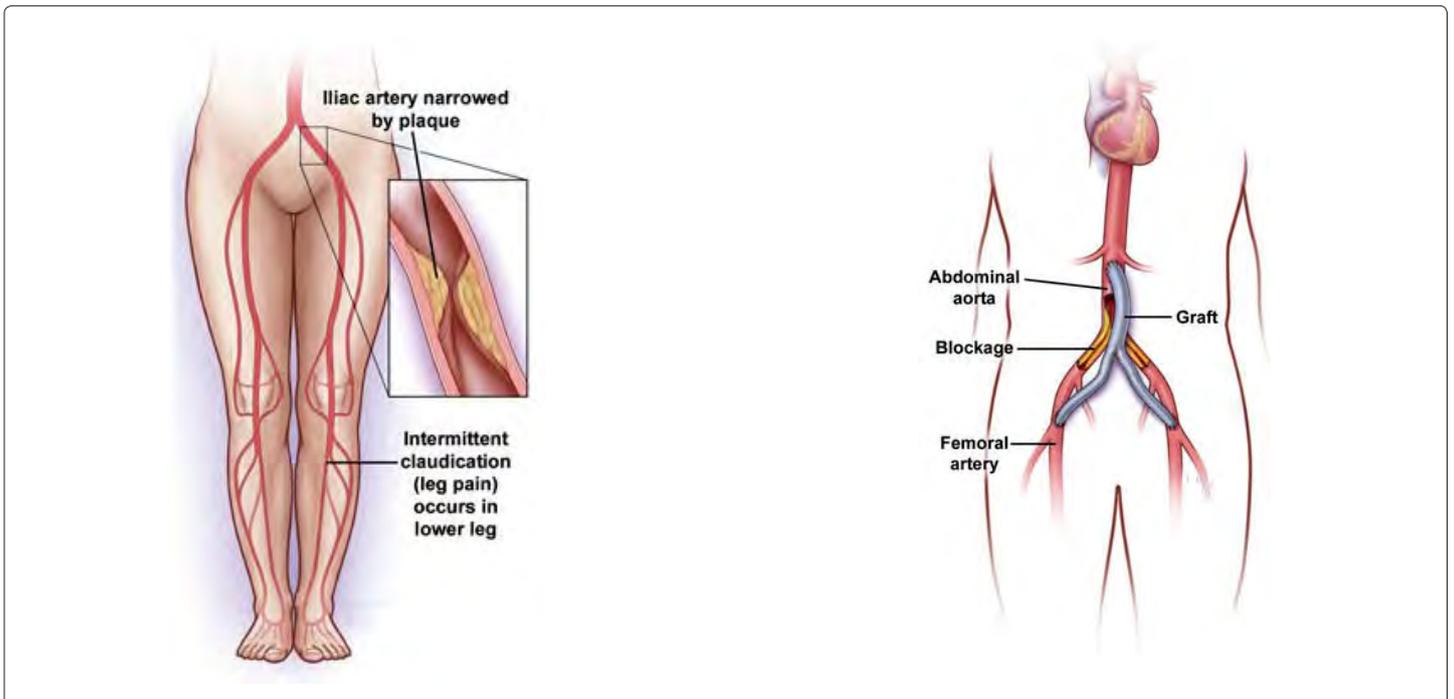
Before you agree to the operation, you should consider the risks that may be involved. Your surgery will be performed by a team of highly qualified and skilled professionals who will take all steps necessary to ensure a safe procedure and a successful result. However there are risks involved with all surgery even if these risks may be small.

WHAT ARE THE GENERAL RISKS INVOLVED?

There are risks for developing complications which are general and which may occur with any surgical procedure. These complications include the risk of infection, bleeding, pain, wound breakdown, deep vein thrombosis, or complications affecting the heart, lungs or kidneys.

WHAT ARE THE SPECIFIC RISKS INVOLVED?

The commonest major complications are Cardiac (Rhythm disturbances, heart attack or heart failure); Respiratory (partial collapse of one or both lungs - atelectasis, chest infection, fluid on the lungs); Kidney problems (Kidney failure which may require dialysis, bladder infections, difficulty with passing water after the catheter is removed). Occasionally problems with bleeding after the operation from the graft or within the abdomen occur which require urgent re-operation. Other major or life threatening complications are very uncommon, but include Deep Vein Thrombosis (DVT), Pulmonary Embolism (when a DVT travels to the lungs), Paraplegia (When the operative repair causes a lack of blood supply to the spinal cord), Colon Ischaemia (Loss of blood supply to the large bowel causing bowel death and peritonitis); Complications of related procedures (i.e. problems related to the lines and monitoring procedures used) ; Stroke; Lower limb ischaemia (sudden loss of blood supply to the legs requiring urgent repair). Lesser complications include drip site infections, bladder infections, wound haematoma or infection. These complications may have serious consequences or require further procedures to resolve. Your stay in hospital may also be increased as a result. Later complications include hernia at the abdominal wound site, problems where the graft has been joined to your own arteries, or narrowing and blockage of the graft.



These notes give an overall guide to your procedure. You may see some differences in the details of your treatment, since it is tailored to suit your own condition.

WHAT ARE THE ANAESTHETIC RISKS INVOLVED?

You can discuss the type of anaesthetic you will have with your anaesthetist and also the possible complications that may occur.

WHAT SHOULD I DO BEFORE THE OPERATION?

You should not eat or drink anything for at least six hours before your operation. However, you should take all your regular medication as usual on the day unless you are specifically told not to. Your surgeon may want you to stop certain medications such as aspirin, warfarin, or other blood thinning medicines before the operation. You will almost always be admitted to Hospital the day before your operation to allow your anaesthetist to see you the evening before the surgery, and to allow proper preparation to be done. You may be given medication to open your bowels and clear the intestine before surgery. You will be fitted with special stockings to reduce the risk of DVT. You will be shaved and have a skin prep the morning of surgery.

WHAT HAPPENS BEFORE THE OPERATION?

Please report to the hospital reception on time for your admission. Please bring along all the documents that may be required such as your medical aid card, ID and contact details. If you are not a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission. It may be best to complete some of the documentation beforehand at the hospital pre-admission clinic to save time on the day of your admission. When you arrive in the ward, you will be welcomed by the nurses or the receptionist and will have your details checked. Some basic tests will be done such as pulse, temperature, blood pressure and urine examination. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the operation and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation, ask for more details from the surgeon or from the nurses. In an adult the operation area may need to be shaved to remove excess hair. You may be issued with compression stockings that will help prevent blood clots in your legs. If you are having a general anaesthetic, the anaesthetist who will be giving your anaesthetic will interview and examine you and he may put up a drip or prescribe some medication to help you relax. You will be taken on a trolley to the operating suite by the staff. You will be wearing a cotton gown, wedding rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on your details on the way to the operating theatre where your anaesthetic will begin.

HOW LONG DOES THE OPERATION TAKE?

Usually about 3 hours, but the anaesthetic preparation may take an additional hour before the operation begins. At the end of the operation you will be stabilised and transferred to the Intensive Care Unit. This process may be time consuming.

WHAT HAPPENS WHEN I WAKE UP?

After the operation is completed you will be transferred to ICU. You may be breathing by yourself and awake, or you may be fully sedated and on a Ventilator (Breathing machine). This will have been explained to you beforehand as it may have been planned, especially if your lungs are in poor condition before the surgery. If there have been problems during the surgery that necessitate post-operative ventilation, then they will be explained to you once you are awake. You will have several drips in your arms and neck. One of these is to monitor your blood pressure (A-line), and one will allow careful heart monitoring (CVP line). You will also have an epidural catheter in place. This allows good pain relief, and will allow you to breathe more comfortably. A catheter will be in your bladder. You will have a tube down your nose to drain your stomach. If you are being ventilated, there will be another larger tube through either your nose or mouth into your windpipe. There will be a fair amount of noise in the ICU from all the monitors. You will usually be discharged from ICU to the Ward after two days.

WILL I HAVE PAIN?

Some pain may be present, but this should be controlled to a level of mild discomfort with the epidural and painkillers that are prescribed. Ask the nursing staff for medication if you have pain.

HOW SOON AFTER THE OPERATION CAN I EAT?

You will not be given anything while being ventilated. Once the breathing tube is out and you are awake, you will be given ice to suck or small sips of water. The bowels are lazy for a few days after surgery, and taking food before they are working may cause vomiting and other problems. The stomach tube will be removed after a day or two, and fluids will be increased over the next two to three days before reintroducing solids once your surgeon feels that your bowels are ready.

HOW SOON AFTER THE OPERATION CAN I GET OUT OF BED?

You will be confined to bed for at least a day in ICU. You will probably sit in a chair on the second day, and only stand or walk with assistance on the third or following days. You will be assisted by a Physiotherapist when the process starts, and this will continue in the ward after you leave ICU. You will be encouraged to mobilize as much as possible.

HOW LONG WILL I STAY IN THE HOSPITAL?

Usually 6 to 10 days. Your stitches (or staples) will usually only be removed when you come back for your first post-op visit.

WHAT HAPPENS WHEN I AM DISCHARGED FROM THE WARD?

Your surgeon will determine when you are ready to go home. You will be given some medication for pain and you may also need to take antibiotics for a few days after you go home. You will be given instructions on the dressings and how to care for the wound. You will also get an appointment for your follow-up in the surgeon's rooms. You should ask for a sick certificate if you need this for your employer.

WHAT SHOULD I BE AWARE OF WHEN I GET HOME?

You will feel very tired and washed out for some time. Be aware that this is normal, so don't try to do too much. You may walk around the house and garden, but don't do anything more adventurous than this before you see your surgeon for your first post-op visit. It will be at least 6 weeks before you should lift any heavy weights or do any strenuous exercise.

HOW SOON CAN I START EXERCISE?

You can perform routine activities as soon as you get home. Mild exercise like walking or climbing stairs would be possible within a week. Your surgeon will advise about anything more strenuous than this. If in doubt, ask your surgeon.

HOW SOON CAN I DRIVE A CAR?

10 days

HOW LONG WILL I BE OFF WORK?

Usually between four and six weeks

WHAT ABOUT PAYMENT?

The procedure and its associated costs will have been discussed with you, and a quote provided. Where procedures need to be unexpectedly altered during the course of the procedure, the fee may change. Similarly, emergency procedures may incur an additional cost.

Surgeons are highly trained, highly skilled professionals and throughout your care a member of the practice is available to attend to you 24 hours a day. In return we expect prompt payment of your account.

We do not submit accounts to medical aids.