

## FEMORAL ENDARTERECTOMY

Dr Matley & Partners: Patient Information

### WHAT IS A FEMORAL ENDARTERECTOMY?

In this operation the plaque of cholesterol material that is causing the blockage in the main artery in the groin is removed altogether by making an incision in the groin. Once the artery has been controlled so that no blood flows through it during the procedure it is opened and the plaque is removed. The artery is then closed with a fabric patch to widen it. No bypass is necessary

### PRE-ADMISSION AND REGISTRATION

Before the day of your admission you should register your details with the hospital's Pre-admission Clinic. This allows the hospital to register all your personal and medical aid details, which greatly reduces the time and paperwork it takes to admit you on the day of your operation. If you are not a member of a medical aid you will be required to pay a deposit for the hospital costs on admission.

### ADMISSION DAY

For this operation you may have to be admitted on the day before surgery. Otherwise the admission time will be given to you by our staff. The details given at pre-admission will be checked, and you will be admitted. You will be welcomed to the ward 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. If you have been taking aspirin or ecotrin you should continue to take this. If you have been taking other blood thinners such as Plavix or warfarin these would usually be stopped for

a few days before the operation. Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the operation beforehand, and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation then read this again and then ask for more details from the surgeon or from the nurses.

### VISIT BY THE ANAESTHETIST

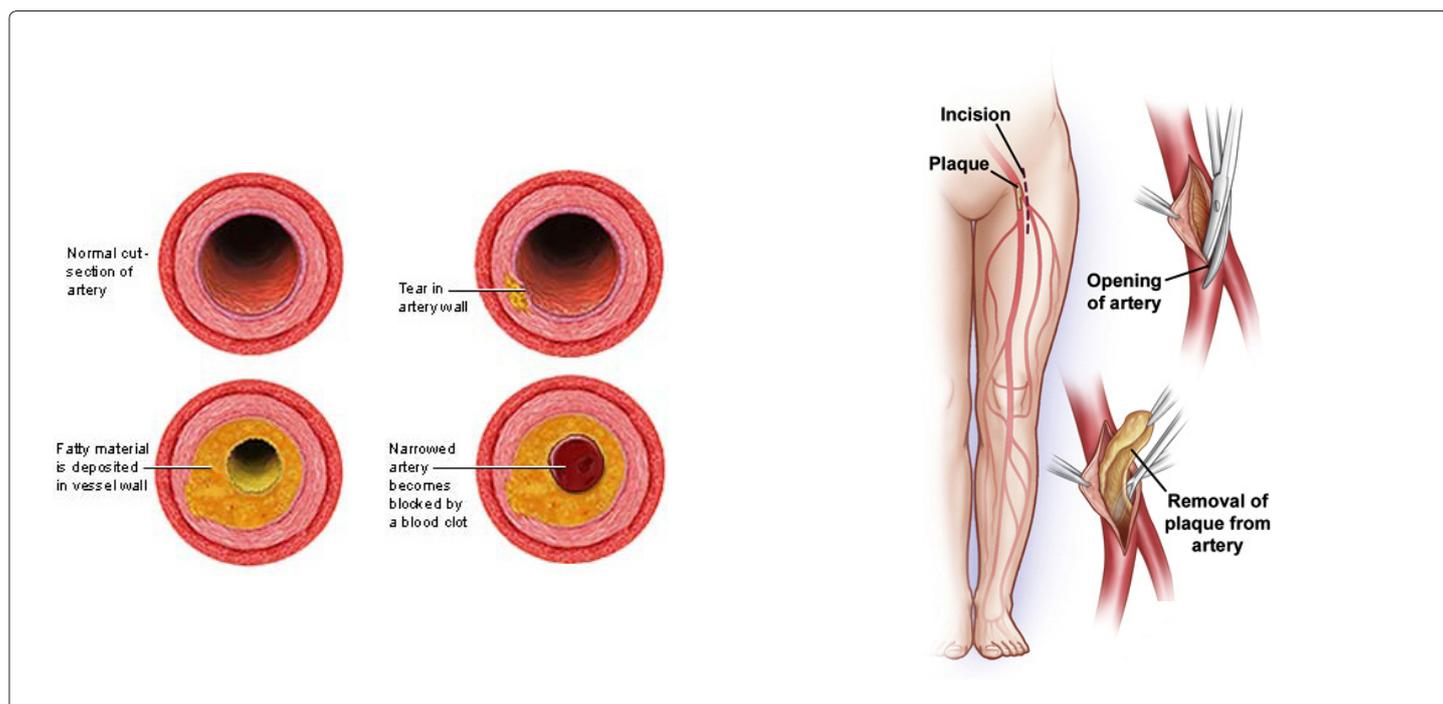
The anaesthetist who will be giving your anaesthetic will interview and examine you. He will be especially interested in chest and heart troubles, dental treatment and any previous anaesthetics you have had. She will explain the anaesthetic itself, and the risks associated with anaesthesia. This operation is usually done under regional anaesthesia using an injection in your back (spinal or epidural anaesthetic) but you may need a general anaesthetic. If you have an injection in your back but do not want to be awake during the operation the surgeon will administer a strong sedative so that you have a light sleep.

### DIET

You will have your usual diet until 6 hours before the operation when you will be asked to take nothing by mouth. This will allow your stomach to empty to prevent vomiting during the operation.

### TIMING OF THE OPERATION

The timing of your operation is pre-arranged so that the nurses will tell you when to expect to go to the operating theatre. Changes to the exact timing are common however, as emergency procedures have to be accommodated, and the time taken for the operations can be



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.

unpredictable.

### TRANSFER TO THEATRE

You will be taken on a trolley to the operating suite by the staff. You will be wearing a cotton gown, rings will be fastened with tape and removable dentures will be left on the ward. You will initially wait in the theatre preparation area, and then be transferred to the operating theatre itself where your anaesthetic will begin. There will be several checks on your details on the way.

### THE OPERATION

The operation will be performed as discussed with you beforehand. Occasionally the findings during surgery are unexpected, and the procedure has to be modified. The surgeon will then complete the procedure as he sees fit, using his specialist expertise and experience to optimise your safety.

### COMING ROUND AFTER THE ANAESTHETIC

Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward. Some patients feel a bit sick for up to 24 hours after operation, but this passes off. You will be given some treatment for sickness if necessary. You may have a plastic drain in your leg to suck up any blood that may ooze after the operation but this will usually be removed after 24 hours.

### WILL IT HURT?

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

### DRINKING AND EATING

You will be allowed to eat as soon as you are fully awake.

### OPENING BOWELS

It is quite normal for the bowels not to open for a few days after an operation. This is due to a combination of surgery, painkillers, and physical inactivity. If you are worried, ask the nurses for a laxative.

### PASSING URINE

If you do not have a catheter in your bladder, it is important that you empty your bladder within 6 hours of the operation. If you find using a bed pan or a bottle difficult, the nurses will assist you to commode or the toilet. If you still cannot pass urine let the nurses know and steps will be taken to correct the problem.

### SLEEPING

Hospital wards are unfortunately often noisy, and sleeping is often difficult. You should avoid sleeping tablets if possible, but if you cannot sleep despite taking painkillers, then please let the nurses know.

### ACTIVITY AND PHYSIOTHERAPY

Activity following surgery is recommended, and helps to reduce chest complications. A physiotherapist may help with this process. Coughing and activity, although uncomfortable, will not harm your wound.

### THE WOUND

The wound has a dressing, which may show some staining with old blood in the first 24 hours. The dressing may be changed for a clean one. It should stay in place for around 10 days. You can shower or bath with the dressing on. If the dressing comes off, just wash with soap and water. The skin is closed using staples or stitches. There may be some purple bruising around the wound which spreads downwards by gravity and fades over a few days. The cosmetic appearance of the wound gradually improves for one to two months after the operation.

### HOW LONG IN HOSPITAL?

Usually you will feel fit enough to leave hospital after 3 days. You will be given an appointment for a check up 1 to 2 weeks after discharge.

### SICK NOTES

Please ask your surgeon for any sick notes or certificates that you may require.

### AFTER YOU LEAVE HOSPITAL

You are likely to feel a bit tired for a few weeks. You can expect to return to work and your normal activities in 2-3 weeks.

### DRIVING

You can drive as soon as you can make an emergency stop without discomfort in the wound, i.e. usually after about 2 weeks. You can safely wear a seat belt.

### COMPLICATIONS

The risk of complications such as chest problems (pneumonia, partial collapse of the lung), heart problems (heart attacks), stroke etc are related to any underlying medical problems you may have, and are often unpredictable.

There are also complications specifically related to the procedure. Despite the surgeon's best care, these are unavoidable, and we cannot say in advance which patient will suffer from them. Some swelling of the groin is usual but occasionally so much blood may accumulate that it needs to be drained out. Steps will be taken to minimize the risks of wound infection but this can occasionally occur. A thrombosis of the veins of the leg (DVT) is an occasional complication. Some numbness of the skin of the thigh is common but only lasts for a short time.



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