

## FEMORO-FEMORAL GRAFT

Dr Matley & Partners: Patient Information

### BRIEF DESCRIPTION

The large arteries in both groins are exposed through small incisions. A tunnel is made under the skin above the pubic bone between these two incisions, and a new bypass graft, usually synthetic material but sometimes your own vein, is passed through the tunnel. The ends of the bypass are then joined to the arteries, so bringing blood from one side to the other where it is required.

### WHY IS THIS OPERATION NECESSARY?

The narrowing or blockage of Iliac arteries on one side 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 leg.

### ARE THERE ALTERNATIVE TREATMENTS AVAILABLE?

If the lack of blood supply is not severe, then conservative measures may suffice. (Stop smoking, treat cholesterol, diabetes and blood pressure, take aspirin, exercise). However, once the problem is more severe and restoring blood supply is essential, then this operation is required. It will usually only be suggested if angioplasty or stenting cannot be done, or if you are not fit enough for a bigger operation such as Aorto-femoral grafting. It is only usually done when there is blockage of the arteries on one side, with good open arteries on the other.

### 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 profes-

sionals 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?

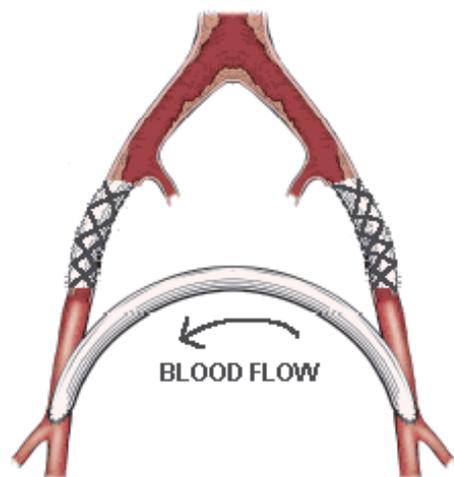
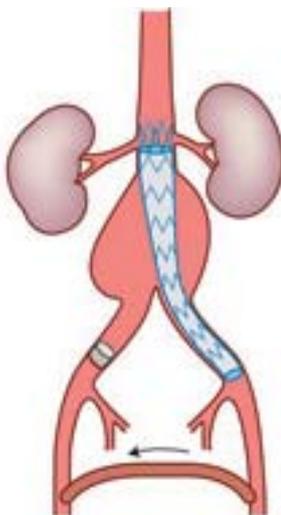
The risks of heart problems, lung problems and kidney problems are always present with any arterial operation, but the risks are low for this procedure. Specific problems with this procedure relate to blockage of the new graft, or wound problems, such as infection. These problems occur infrequently. Wound infection requires antibiotics, and – occasionally – an operation to drain an abscess. Graft blockages require operation to remove the clot and restore flow. Later complications include blockages or graft infection, and these will be dealt with by further surgery.

### 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. Your surgeon may want you to stop certain medication such



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.

as aspirin, warfarin, or other blood thinning medicines before the operation.

### 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 90 minutes

### WHAT HAPPENS WHEN I WAKE UP?

After the operation is completed you will be transferred back to the ward or high care. 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.

There will usually be drains in the wound, and you may have a catheter in your bladder.

### WILL I HAVE PAIN?

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

### HOW SOON AFTER THE OPERATION CAN I EAT?

Almost immediately.

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

You will start to mobilise and walk the day after surgery. A physiotherapist will assist initially.

### HOW LONG WILL I STAY IN THE HOSPITAL?

Usually 4 to 5 days

### 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 wounds. 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?

If there is increasing wound pain or swelling, if you notice fresh blood on the dressings, or if your legs go cold, when you must contact the surgeon immediately

### HOW SOON CAN I START EXERCISE?

You should not exert yourself much until your surgeon allows you to. You should walk as much as you can every day.

### HOW SOON CAN I DRIVE A CAR?

10 days

### HOW LONG WILL I BE OFF WORK?

Usually between two and three 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.



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