

is not important.

Chest infections may arise, particularly in smokers. Co-operation with the physiotherapists to clear the air passages is important in preventing the condition. Do not smoke.

General advice

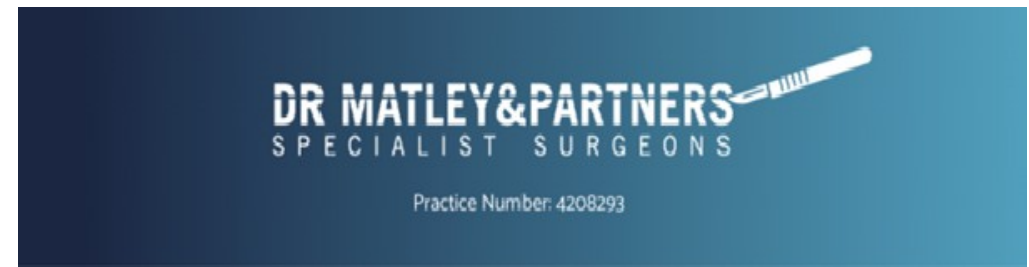
The operation may sound unusual but gives good results as long as the blood does not clot. The operation should not be underestimated, however, practically all patients are back at their normal activities within two to three months.

You must NEVER SMOKE after the operation.

Sometimes you may be given tablets to thin your blood, making clotting less likely. In this case you will need regular blood tests to monitor the amount of the drug you will need.

If you have any problems or queries, please ask the nurses or doctors.

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AXILLO-FEMORAL BYPASS

What is the problem?

The main artery that carries blood from your heart down to your legs is blocked near your navel. The legs are starved of blood. This causes pain in the legs, the risk of serious infection and even loss of the limbs.

The arteries below the blockage are in much better shape. They could take more blood and you would then get rid of the pain in your legs and any infection would heal up.

In your case we can channel a supply of blood from an artery just below your collar bone to your leg arteries in the groins. This is done by threading a new artery under the skin from the collar-bone artery to the groin arteries and making water tight joints.

Sometimes a new artery is put down each side. Sometimes a Y shaped artery is used to take blood from one collar-bone artery to both groin arteries. The exact plan for you will be explained. The arm and head are not starved of blood by these operations. You can feel the new artery beating but this is not troublesome.

What does the operation consist of?

One cut is made into the skin below the collar-bone and a cut is made in each groin to find the arteries. Tunnels are made under the skin to make a path for the new artery. Sometimes an extra skin cut is needed over

the bottom of your ribs where the new artery runs. The arteries are joined up and the cuts are stitched up. You should notice warm feet and loss of pain within 24 hours.

WHAT HAPPENS BEFORE THE OPERATION?

Reception

When registering at reception your medical aid details will be required. Your medical aid may require that you obtain an authority number from them for the hospital. Please check this. If you are not on 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.

Welcome to the ward

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. 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, then read this again and then ask for more details from the surgeon or from the nurses.

Visit by the anaesthetist.

If you are having a general anaesthetic, the anaesthetist who will be giving your anaesthetic will interview and examine you. He will be especially interested in chest troubles, dental treatment and any previous anaesthetics you have had. Sometimes it is safer for you to avoid a general anaesthetic. Then some type of injection will be given into your back to numb the places of the operations. The anaesthetist will talk to you about this.

Lifting

At first discomfort in the wound will prevent you from harming yourself by too heavy lifting. After 2 months you can lift whatever you like. There is no value in attempting to speed the recovery of the wound by special exercises before the month is out.

Driving

You can drive as soon as you can make an emergency stop without discomfort in the wound, i.e. after about 3 weeks.

What about sex?

You can restart sexual activities within 3 to 4 weeks, when the wound is comfortable enough.

Complications

Complications are seldom serious and are well known. If you think that all is not well, please ask the nurses or doctors. Bruising and swelling may be troublesome. The swelling may take 4 to 6 weeks to settle down. Sometimes there is bleeding under the skin which causes more severe bruising. Sometimes the blood in the new artery clots. This usually means a second operation to clear the blockage. You can help to prevent this by not lying or pressing on the new artery. You should avoid tight belts or corsets. **SMOKING WILL MAKE CLOTTING MORE LIKELY.**

Infection is a rare problem and will be treated appropriately by the surgeon. If the new graft artery becomes infected it is more serious and requires removal of the graft. Fortunately this is rare.

Sometimes there is some discharge from the drain in the wound. This stops given time. Aches and twinges may be felt in the wound for up to 6 months. Occasionally there are numb patches in the skin around the

There may be some purple bruising around the wounds which spreads downward by gravity and fades to a yellow colour after 2 to 3 days. It

There may be some swelling of the surrounding skin which also improves in 2 to 3 days.

After 7 to 10 days slight crusts on the wounds will fall off.

Occasionally minor matchhead sized blebs form on the wound lines but these settle down after discharging a blob of yellow fluid for a day or so.

Washing

You can wash the wound area as soon as the dressing has been removed or earlier with a waterproof dressing. Soap and tap water are entirely adequate. Salted water is not necessary.

How long in hospital?

Usually you will feel fit enough to leave hospital after 7 to 10 days. Provided the legs are healthy. You will be given an appointment for a check up about a 1 to 2 weeks after your operation.

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 and need rests 2 or 3 times a day for two weeks or more. After 2 to 3 months you should be back to your usual level of activity.

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

Shaving.

The operation area will be shaved to remove excess hair.

Timing of the operation.

The timing of your operation is usually arranged the day before so that the nurses will tell you when to expect to go to the operating theatre. Do not be surprised, however, if there are changes to the exact timing.

Transfer to theatre.

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.

The operation is then performed.

WHAT HAPPENS AFTER THE OPERATION.

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 on your bed in 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. If you have only had an injection in your back you may still not remember much because of sedatives. You may be given oxygen from a face mask for a few hours if you have had chest problems in the past.

You will be given salt solutions or blood down a plastic tube into an arm vein until you are drinking normally.

Occasionally a tube (catheter) is put into your bladder to drain urine until you are more mobile.

Will it hurt?

The wound is painful and there is discomfort on moving rather than severe pain. You will be given injections or tablets to control this as required. Ask for more if the pain is still unpleasant. You will be expected to get out of bed the day after operation despite the discomfort. You will not do the wound any harm and the exercise is very helpful for you.

The second day after operation you should be able to spend most of your time out of bed and in reasonable comfort. You should be able to walk slowly along the corridor.

By the end of four days the wound should be virtually painfree.

Drinking and eating

You should be able to drink the same day as your operation and move to a normal diet within a day or two.

Opening bowels

It is quite normal for the bowels not to open for a day or so after operation. If you have still not opened your bowels after 2 days and feel uncomfortable ask for a laxative.

Passing urine

If there is a drainage tube (catheter) in the bladder, passing urine is not a problem. Sometimes there is a feeling that there is a leakage all the time but this is just an irritation by the tubing and it passes off. Once you can walk about in reasonable comfort the catheter is taken out. If you have not had a catheter it is important that you pass urine and empty your bladder within 6-12 hours of the operation. If you find using a bed pan or a bottle difficult, the nurses will assist you on to a commode or the toilet.

If you still cannot pass urine let the nurses know and steps will be taken to correct the problem.

If you have had a catheter in the bladder you must pass urine after the catheter is taken out. If you cannot, ask the nurses for advice.

Sleeping.

You will be offered painkillers rather than sleeping pills to help you to sleep. If you cannot sleep despite the painkillers let the nurses know.

Physiotherapy

The physiotherapist will check that you are clearing your lungs of phlegm by coughing and that you are helping your circulation by movement of your arms and legs. Coughing, although uncomfortable, will not harm your wound.

The wound.

All the wounds have dressings which may show some staining with blood in the first 24 hours. The wounds are held together by stitches which may be dissolvable or are removed after 8-10 days. The dressing is usually removed after 1-3 days and replaced. This dressing is usually waterproof allowing you to shower.

Sometimes plastic drains are used to drain excessive secretions from the wounds. They may be slightly uncomfortable but are removed after a few days.