

Sick notes.

Please ask the doctor for sick notes, certificates etc.

After you leave hospital.

You are likely to feel very tired and need rests 2 or 3 times a day for a month or more. You will gradually improve so that by the time 2 months has passed you will be able to return completely to your usual level of activity.

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 relations within 3 or 4 weeks when the wound is comfortable enough.

Work.

You should be able to return to a light job after about 6 weeks and any heavy job within 12 weeks.

Complications.

Complications are unusual but are rapidly recognised and dealt with by the nursing and surgical staff. If you think that all is not well, please ask the nurses or doctors. Sometimes there is some bleeding under the wounds which causes more bruising. This settles down.

Sometimes the blood in the new artery clots. This usually means a second operation to clear the blockage. Wound infection is sometimes seen. This settles down with antibiotics in a week or two. Very rarely the new graft gets infected and may need to be removed.

Occasionally there are numb patches in the skin around the wound which get better after 2 to 3 months.

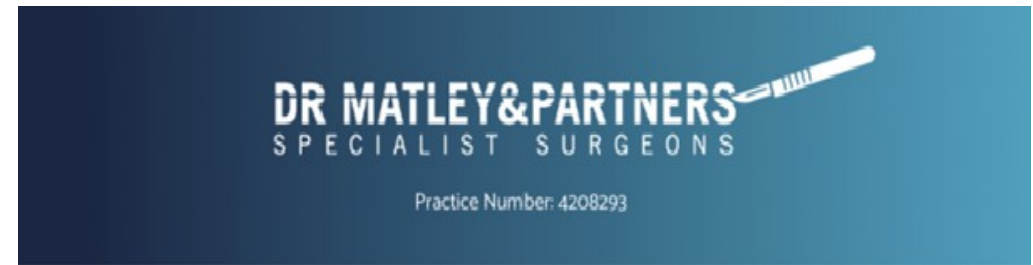
General advice.

The operation is quite small compared with other operations on blood vessels. Your recovery depends on the state of the other arteries in the legs, but is usually quick and good.

You should never smoke after the operation because this causes the new artery to close up.

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

E-mail surgeons@surgcare.co.za
Web page <http://www.surgcare.co.za>



Harfield House, Kingsbury Tel 021 683 3893 127 Vincent Pallotti Tel 021 506 5108

FEMORO-FEMORAL BYPASS.

What is the problem?

The main artery which carries blood to your leg is blocked near your navel. The leg is starved of blood. This causes pain, infection and even loss of the limb. The artery carrying blood to your other leg is not blocked. Some of the blood from the good side can be led across to the bad side using a new piece of artery. The blood will then run down the leg arteries below the blocked part. The pain and infection then gets better. Your good leg can easily spare the blood which now goes to the bad side.

What does the operation consist of?

A cut is made into the skin in the groin and thigh on each side. The left and right arteries are found below any blockages. A new artery of a special plastic material is stitched in place to join the two arteries under the skin. The cuts are then stitched up.

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.

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. He may want to use a spinal or epidural anaesthetic. This helps with pain control after the operation. He will talk to you about this

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 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 pre-arranged 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 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.

Will it hurt?

The wound is painful and you will be given injections and later tablets to control this. 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 an hour or two out of bed. By the end of 4 days you should have little pain.

Drinking and eating.

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

Opening bowels.

Your bowels should open after 24 hours or so. If you have not opened your bowels after 2 days and you feel uncomfortable, ask the nurses for a laxative.

Passing urine.

A catheter will have been placed in your bladder. It is important that you pass urine and empty your bladder within 6 to 12 hours of the operation. If you find using the bedpan or a bottle difficult, the nurses will help you to a commode or the toilet. If you still cannot pass urine, let the nurses know. We will take steps to correct the problem.

Sleeping.

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

The wound and stitches.

Each wound has a dressing which may show some staining with old blood in the first 24 hours. The dressing is usually changed after a few days and replaced with a waterproof dressing so that you can shower. There may be a plastic suction drain adjacent to the wound to remove excess blood and secretions. This is removed after a day or two. There may be some purple bruising around the wound which spreads downwards by gravity and fades to a yellow colour after 2 to 3 days. It is not important. 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 wound will fall off. Occasionally minor matchhead sized blebs form on the wound line, 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. Soap and warm tap water are entirely adequate. Salted water is not necessary. You can shower or bath as often as you want.

How long in hospital?

You should plan to leave hospital 6-10 days after the operation provided the leg is healthy. You will need to make an appointment to visit the surgeon for a check up between 2-4 weeks after you leave hospital.

