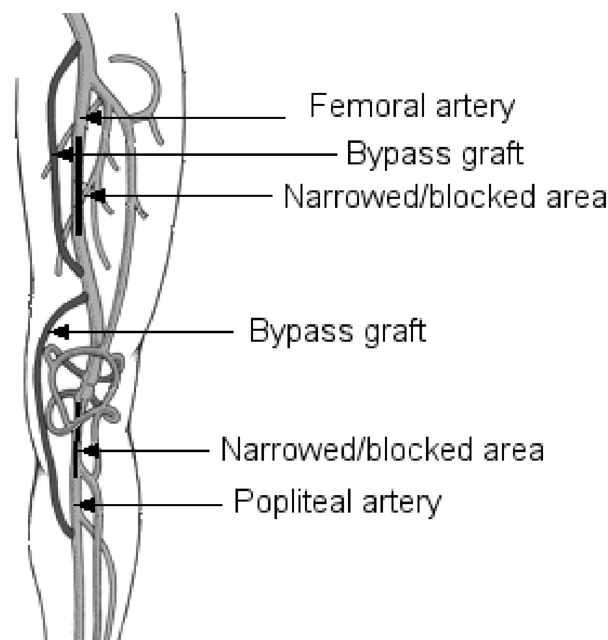
NHS
Royal Berkshire
NHS Foundation Trust

Femoral popliteal bypass surgery

This leaflet will explain what will happen when you come to the hospital for your operation and answer some of the questions that you may have. It is important that you understand what to expect and feel able to take an active role in your treatment.

What is a femoral popliteal bypass?

Femoral popliteal bypass is an operation to bypass a blocked portion of an artery in the leg using a piece of another blood vessel.



Why am I having this surgery?

- There is a blockage of the artery supplying your leg, and the circulation of blood to your leg is reduced. The operation is to bypass the blocked artery in the leg so that the blood supply is improved.
- The blocked artery may cause you to have pain in your calf when you walk, in which case the operation should allow you to walk further without pain.
- In most cases, however, surgery to bypass the blockage is recommended when the circulation is so poor that your foot is painful at rest or at night. Ulcers or even black areas of dead skin may also be present when the circulation is very poor. In such cases, the operation is essential to prevent the amputation of your leg below or above the knee.

Is there an alternative to surgery?

You and your doctor may have already tried exercise, lifestyle change and/or medication in an attempt to improve your circulation. If medical management has not improved symptoms, or if symptoms worsen and begin to interfere with lifestyle and/or ability to work, your doctor will recommend either angioplasty (stretching of the narrowed artery with a balloon device) or a femoral popliteal bypass.

In about 10% (one out of every 10 people) of cases, angioplasty is not successful and even when successful, there is a risk that the area in the artery will narrow down again. After one year, about 20-30% of arteries will have re-narrowed. In some cases, it may be possible to repeat the angioplasty at that time although in others this may not be possible, which is when a bypass is usually recommended.

If left untreated, blocked arteries could lead to ulceration, gangrene, amputation of the leg or even death.

What are the possible risks or complications of this surgery?

The Vascular Team will explain any possible complications so that you are aware of these when asked to sign your consent form. Risks include:

- **Bypass blockage:** The main complication is blood clotting within the bypass causing it to block. If this occurs, it will usually be necessary to perform another operation to clear the bypass. This may occur in about 10% of patients in the six weeks after surgery.
- **Limb loss:** Very rarely, when the bypass blocks and the circulation cannot be restored, the circulation to the foot is so badly affected that amputation is necessary.
- **Limb swelling:** It is normal for the leg to swell after this operation. The swelling usually lasts for about 2-3 months. It normally goes completely, but may occasionally persist indefinitely. It is important that you keep your leg elevated (raised up) on a stool while you are sitting for the few months after surgery to minimise swelling. It is important that you avoid tight bandages or stockings on the leg as this might compress the bypass graft and cause it to block.
- **Wound infection:** Wounds sometimes become infected and this may need treatment with antibiotics. Bad infections are rare.
- **Graft infection:** Very rarely, the artificial graft may become infected. This is a serious complication, and usually involves removal of the graft.
- **Skin sensation:** You may have patches of numbness around the wound or lower down the leg which is due to the inevitable cutting of small nerves to the skin. This can be permanent but usually gets better within a few months.
- **Fluid leak from wound:** Occasionally, the wound may leak fluid. This may be clear or blood stained. It normally settles in time, and does not usually indicate a problem with the bypass itself.

Where will I have my operation?

You will have your surgery at the John Radcliffe Hospital in Oxford. You will either come in on the morning of surgery at 7.30am to theatre direct admissions or to Ward 6a the afternoon before surgery, depending on individual circumstances.

You will need to attend a pre-operative assessment appointment prior to your surgery. You will be contacted by the John Radcliffe Hospital with a date and time.

What will happen after my operation?

- After your operation you will be given fluids by a drip in one of your veins until you are well enough to sit up and eat and drink as normal.
- The nurses and doctors will try and keep you free of pain. It is likely you will experience moderate bruising around the area.
- You will be given heparin injections to reduce the risk of clotting in your veins (venous thromboembolism – VTE).
- The physiotherapists will visit you after your operation. They will help you with your breathing to prevent you developing a chest infection and with your mobilisation to get you walking again.

- You may be given aspirin (or in some cases warfarin) to reduce the risk of your bypass blocking. This will usually be continued indefinitely.

What will happen after I am discharged?

Going back to work

Most people are back to work six weeks after the operation.

Please ask staff if you require a sickness certificate for your employer and this will be given to you before you leave hospital. If you require a longer time off work than is indicated on the certificate, your GP can provide you with an additional certificate.

You should be able to gradually resume normal activities when you feel well enough. Avoid heavy lifting and frequent stretching at first.

Wound care

If there is any swelling or discharge from the wound when you are at home, please contact your GP. Your stitches are dissolvable so don't need to be removed. An outpatient appointment will be sent to you to attend the Royal Berkshire Hospital in Reading.

Useful numbers

Royal Berkshire Hospital

Vascular Clinical Nurse Specialists, Tiina Winson and Ioanna Valera, 0118 322 8627.

Surgery Clinical Admin Team (CAT3), Royal Berkshire Hospital 0118 322 6890.

John Radcliffe

Ward 6a	01865 221802
Pre-operative assessment	01865 857635
Theatre direct admissions	01865 221055

National NHS Stop Smoking quit line on 0800 016 9169

Useful website addresses

http://www.nice.org.uk/guidance/ipg8/informationforpublic

http://www.nhs.uk/Conditions/Varicose-veins/Pages/Treatment.aspx

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Vascular Surgery, September 2024

Review due: September 2026