

Why is the operation necessary?

A femoral endarterectomy is done to remove fatty build-up (plaque) from the femoral artery. This is a large blood vessel in the leg at the level of the groin.

When plaque builds up in the artery, it can make it hard for blood to flow in your leg.

What is the procedure?

A cut is made in the groin or upper thigh to expose the artery. The artery is clamped above and below so there is no blood flowing through the area. The artery is then opened, and the plaque is removed. The artery is closed with a fabric patch to keep it wide open.

Are there any alternative treatments available?

The long-term results of surgery to remove the plaque when it is localised to the femoral artery have been better than angioplasty. However, in certain patient's not suitable for surgery, and with improving technology, angioplasty and/or stenting is being used more frequently.

Your vascular surgical team will decide which is the best approach for you.

Is the operation safe?

Before you agree to the procedure, you should consider the risks that may be involved. Your procedure will be performed by a team of highly qualified and skilled professionals who will take all steps necessary to ensure a safe procedure and a successful

result. However, there are risks involved with all procedures, even if these risks may be small.

What are the General Risks related to this procedure?

The risk of complications such as chest problems (pneumonia (1.6%), partial collapse of the lung), heart problems (heart attacks 0.6%), stroke etc are related to any underlying medical problems you may have and are often unpredictable.

What are the specific risks related to this procedure?

There are complications specifically related to this procedure. Despite the surgeon's best care, these are unavoidable, and we cannot say in advance which patient will suffer from them.

1. Swelling of the groin is usual but occasionally so much blood may accumulate that it needs to be drained out.
2. Wound complications can occur in up to 8% of patients. This includes infection and breakdown of the wound
3. A thrombosis of the veins of the leg (DVT) is an occasional complication (0.8%).
4. Numbness of the skin of the thigh is common but only lasts for a short time.
5. Lymphatic vessels can be disrupted resulting in swelling of the leg and leakage of clear fluid from the wound. This usually sorts itself out over time.

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.

What do I need to do before the operation?

If you are on a medical aid you will need to get pre-authorization for the procedure. Our staff will be able to assist you with the necessary details.

Please ask your surgeon if you need to stop certain medication such as Xarelto, warfarin, clopidogrel or other medicines before the operation. This may need to be done up to a week before the operation.

What happens when I get to the hospital?

Please report to the hospital reception on time for your admission. Bring along all the documents that may be required such as your medical aid card,

ID and contact details. 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.

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.

You will be taken on your bed to the operating suite by the staff. You will be wearing a

Before you agree to the procedure make sure you know:

- The name of the procedure
- The reason you are having the procedure
- What results to expect and what they mean
- The risks and benefits of the procedure
- What the possible side effects or complications are
- When and where you are to have the procedure
- Who will do procedure and what that person's qualifications are
- What would happen if you did not have the procedure
- Any alternative procedures to think about
- Who to call after the procedure if you have questions or problems
- How much will you have to pay for the procedure

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.

When Should I Stop Eating?

You can have your usual diet (solids) up until 6 hours before the operation. From then till 3 hours before the operation you are allowed to drink clear fluids like water and apple juice, after which you will be asked to take nothing by mouth. This will allow your stomach to empty to prevent vomiting during the operation.

What Time will My Operation Be?

The timing of your operation is pre-arranged, and 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 must be accommodated, and the time taken for the operations can be unpredictable.

We occasionally need to change the scheduling of cases on a particular day, but your operation will always be done on the day that it is scheduled. You may have to wait longer than we had hoped for reasons that are beyond our control.

How Long Does the Operation Take?

Approximately 2 hours

The Operation

The operation will be performed as discussed with you beforehand. Occasionally

the findings during surgery are unexpected, and the procedure must be modified. The surgeon will then complete the procedure as he sees fit, using his specialist expertise and experience to optimise your safety.

What Happens When I Wake Up?

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.

You will be transferred back to the ward, or sometimes to High-Care, especially if there has been any problem during the surgery, or if specific problems were found before the operation.

Will I Have Pain?

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.

How Soon After the Operation Can I Eat?

You can eat and drink as soon as you recover from the anaesthetic.

How Soon After the Operation Can I Get Out of Bed?

Usually the next day after the operation.

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.

How Long Will I Stay in The Hospital?

Usually, you will feel fit enough to leave hospital after 3 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 a script for medication for pain, and you may also need to take antibiotics for a few days after you go home.

You will also get an appointment for your follow-up in the surgeon's rooms for 1-2 weeks post discharge.

You should ask for a sick certificate if you need this for your employer.

How Do I Manage the Wound?

The wound has a dressing, which may show some staining with old blood in the first 24 hours. The dressing will 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, dry and replace.

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.

What Should I Be Aware of When I Get Home?

There are very few problems that arise after this type of surgery that only become apparent after you go home.

Wound pain or redness, or any significant bleeding or drainage of excessive clear fluid from the wound should be reported. If you are unsure, then phone the doctor's rooms for advice.

Wear your compression stocking during the day, keep the leg elevated when sitting or lying down.

How Soon Can I Start Exercise?


Maintaining activity and gentle walking soon after the operation is important. Start slowly and gradually build up.

Formal exercise is allowed when the wound has healed, and the pain and bruising has subsided. This may take 3-4 weeks.

How Soon Can I Drive a Car?

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.

How Long Will I Be Off Work?

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. 

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 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. Although accounts may be submitted to the medical aid, the patient is responsible for payment.