

Source: Healthwise Incorporated

Why is This Operation necessary ?

The narrowing or blockage of superficial femoral artery causes a severe lack of blood supply to the lower limb. 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.

What Is a Femoral-Popliteal Bypass?

The large arteries in the groin and either above or below the knee are exposed through small incisions. A tunnel is made deep in the leg between these two incisions, and a new bypass graft, usually your own vein but sometimes synthetic material, is passes through the tunnel. The ends of the bypass are then joined to the arteries, so bringing blood from the groin to the lower leg where it is required.

Are there any 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.

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?

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 related to this procedure?

Major complications occur in approximately 5-8% of cases. The commonest local complications after surgery are thrombosis leading to blockage of the new graft, bleeding, infection, and wound problems.

Wound infection requires antibiotics, and – occasionally – an operation to drain an abscess. Graft blockages require operation to remove the clot and restore flow.

Swelling of the leg after an operation is fairly common. If very severe, an ultrasound scan will be performed to exclude a deep vein thrombosis. Swelling is managed by elevating the leg when sitting or lying and wearing a compression stocking.

Later complications include blockages or graft infection, and these may require further surgery.

Pre-Admission and Registration

Before 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 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. 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.

What do I need to do before the operation?

You will be referred to a Specialist Physician prior to your operation, and will have various blood tests, an ECG and chest X-Ray performed. This is usually done before the operation has been booked.

Your surgeon may want you to stop certain medication such as clopidogrel, warfarin, Xarelto or other blood thinning medicines 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

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

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 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.

Visit By The Anaesthetist

The anaesthetist who will be giving your anaesthetic will ask about chest and heart troubles, dental treatment, and any previous anaesthetics before examining you. The anaesthetic procedure and the risks associated with anaesthesia will be explained. You will require a general anaesthetic or a regional anaesthetic (spinal) for this procedure.

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.

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.

How Long Does the Operation Take?

Approximately 2-3 hours

What Happens When I Wake Up?

If you had a general anaesthetic, you will be conscious a minute or two after the operation ends but you are unlikely to remember anything until you are back in your bed in the high care unit.

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.

There may be a small drain in the wound for 24 hrs to drain any ooze from the wound bed.

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?

The next morning

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 5 to 7 days. You will be given an appointment for a check-up 1 to 2 weeks after discharge.

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 pain medication and will 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.

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. 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 3-4 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.