

Artery Bypass Surgery – Lower Body

Royal Columbian Hospital

Your surgery and recovery at home

This booklet belongs to: _____

I am having:

- Aortic Bi-iliac Bypass or Aortic Bifemoral Bypass
- Femoral-Popliteal Bypass
- Femoral-Tibial Bypass
- Femoral-Femoral Bypass
- Femoral Endarterectomy

We also give you '**Preparing for Your Surgery**' booklet.

Read both booklets carefully.

Bring both booklets to every hospital visit before your surgery.

Artery Bypass Surgery – Lower Body

You are having surgery (an operation) on an artery in your lower body.

Your aorta is the main artery that carries blood from your heart to the rest of your body. The smaller arteries that carry blood from your aorta out to your arms and legs are called 'peripheral' arteries.

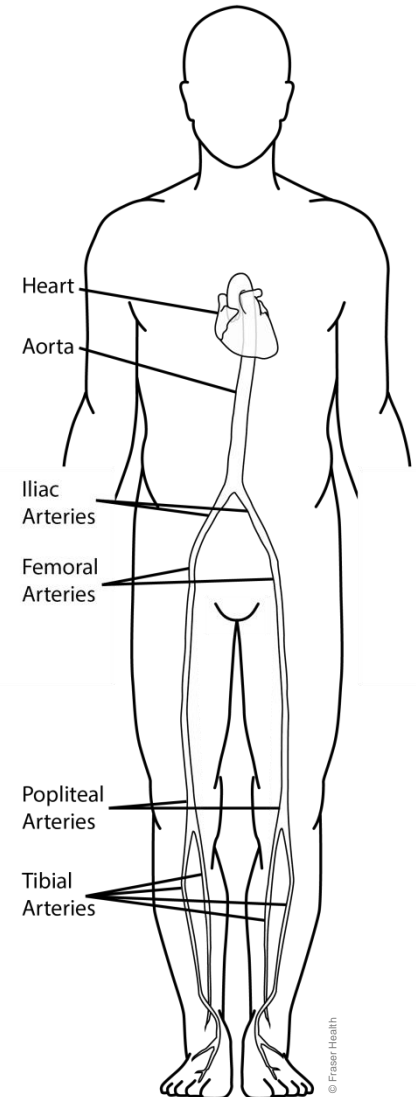
You have four major arteries in your lower body – one set for each side.

- Iliac arteries
- Femoral arteries
- Popliteal arteries
- Tibial arteries

Plaque can buildup in an artery, narrowing the artery and reducing blood flow. If the artery gets too blocked, tissues do not get enough oxygen and nutrients. This surgery repairs the block and restores blood flow.

The surgeon might remove the block, reroute blood flow around a block, or both. The blocked artery is might be left in place. When blood flow is rerouted, we call it 'bypass' surgery. When a block is removed, we call it an 'endarterectomy' (say *en-dart-er-eck-toe-mee*).

To do the bypass, the surgeon attaches a new 'artery' (called a graft) using either one of your veins or a man-made (synthetic) one.



Plaque (say 'plak')
Made up of fat, cholesterol, calcium, and other substances

Depending on where the block is, the surgeon makes cuts (incisions) in your groin, abdomen, and/or along parts of your leg.

The surgery usually takes about 3 to 4 hours.

Types of surgeries:

- Aortic Bi-iliac Bypass or Aortic Bifemoral Bypass – surgery to bypass narrowed or blocked arteries in the abdomen and pelvis
- Femoral-Popliteal Bypass - surgery to bypass a narrowed or blocked part of the femoral artery to the popliteal artery
- Femoral-Tibial Bypass – surgery to bypass narrowed or blocked arteries of the lower leg
- Femoral-Femoral Bypass – surgery to bypass the blocked femoral artery in one leg by rerouting blood flow from the other femoral artery
- Femoral Endarterectomy – surgery to clear a blockage from the femoral artery

While a surgery of this kind corrects the blood flow problem, **it does not cure the cause of the block – the reason plaque formed**. You will still need to take actions to keep plaque from forming in the future. Lifestyle changes are important in keeping your graft healthy. Future blocks could lead to needing an amputation.

Controlling your weight, doing regular exercise, and controlling your stress are all important parts of a healthy lifestyle.

One of the most important things you can do if you are a smoker: Stop smoking.

To learn more about lifestyle changes to reduce plaque forming, talk to your family practitioner, surgeon, and care team.

Family Practitioner:
Refers to either a family doctor or nurse practitioner

Read '**Preparing for Your Surgery**' booklet for instructions on how to prepare for your surgery.

Path to Home Guide: Artery Bypass Surgery – Lower Body

This gives you an example of a person's recovery in hospital after surgery.

Category	After Surgery			
	Surgery Day	Day 1	Day 2	Day 3 to Home
Nutrition	No fluids or foods*	No fluids or foods*	Clear fluids*	Full fluids to diet as tolerated
	* Might progress to fluids then to diet as tolerated as directed by your surgeon			
Activity	Bed rest lying flat Might have head of bed up to 30 degrees for meals Leg exercises**	Bed rest then progress to walking Lie flat when in bed Might have head of bed up to 30 degrees for meals Walk at least 2 times Might sit in chair*** Leg exercises**	Lie flat when in bed Might have head of bed up to 30 degrees for meals Walk 3 or more times Might sit in chair for short periods*** Leg exercises**	Walk 3 or more times Leg exercises** Getting ready to go home
	** If you have incisions on your legs, we tell you what leg exercises you are allowed to do. *** You might not be allowed to sit in a chair for a few days depending on the type of surgery, the type of graft, and your surgeon's instructions.			
Deep Breathing Exercises	10 times every hour	10 times every hour	10 times every hour	10 times every hour
Pain Control	Medicine by epidural or intravenous (♦PCA) Pain at a level comfortable for you	Pills Pain at a level comfortable for you	Pills Pain at a level comfortable for you	Pills Pain at a level comfortable for you
Tubes and lines	Intravenous Urinary catheter	Intravenous capped Urinary catheter taken out	Intravenous taken out	

♦ PCA Patient Controlled Analgesia is a pump connected to your intravenous that lets you give yourself pain medicine when you need it.

After Your Surgery

Going home

How long you stay in the hospital depends on:

- your health before the surgery
- the type of surgery
- how you recover from the surgery

Most people can go home 4 to 7 days after surgery.

You are ready to go when:

- ✓ You are eating and drinking regular food and drinks.
- ✓ Your bowels are working.
- ✓ Your incision is healing.
- ✓ Your pain is controlled with pills.
- ✓ You can move around safely.

Going home checklist

- You know what medications (including new ones) you are taking, how to take them, and why you need them.
- You have prescription(s) for your medications, if needed.
- You have a ride home from the hospital.
- You have arranged for some help at home for the first few days, if needed.

Caring for Yourself at Home

Managing pain

It is normal to have some discomfort or pain when you return home. This should steadily improve but might last for a few days to a couple of weeks.

The level of pain and type of pain medication you need depends on:

- The type of surgery you had
- How the surgery was done (open or laparoscopy)
- If you were taking pain medicine before surgery

Your pain should be at a comfortable level that allows you to move, deep breathe, cough, and to do every day activities.

When you are ready to go home, your surgeon will give you instructions to take pain medicine. This might include a prescription for an opioid (narcotic).



Questions about medicines?

Call your local pharmacy and ask to speak to the pharmacist.

For after-hours help, call 8-1-1. Ask to speak to a pharmacist.

For the first few days:

If your pain is at an uncomfortable level, take your pain medicine regularly as directed. As your pain improves, take your pain medicine less often and/or a smaller amount until you have little or no pain, then stop.

At first, you might have to take a prescription medication. After a short time and as your pain improves, a non-prescription pain medicine should be enough to manage your pain.

Non-prescription pain medicines (also called 'over-the-counter' medicines) are ones you can buy at the pharmacy without a prescription. You might only need to take this type of medicine if you don't have much pain after surgery.

Examples of non-prescription medicines (and brand names):

- acetaminophen (Tylenol®)
- ibuprofen (Advil®, Motrin®) ★
- naproxen (Naprosyn, Aleve®) ★

★ **Note:** These non-prescription medicines are called **non-steroidal anti-inflammatory (NSAIDs)**.

NSAIDs are not for everyone after surgery. If you have (or have had) health problems such as stomach ulcers, kidney disease, or a heart condition, check with your surgeon or family practitioner before using NSAIDs.

Opioid (narcotic) pain medications are only meant to be taken for a short time, if needed, to manage pain after surgery.

Do not drive or drink alcohol if you are taking opioid medications.

Examples of opioids:

- Tramacet[®] (tramadol and acetaminophen) ★
- Tylenol #3[®] (codeine and acetaminophen) ★
- Oxycocet[®] / Percocet[®] (oxycodone and acetaminophen) ★
- tramadol, hydromorphone, morphine, oxycodone

★ **Note:** These medications also have 300 to 325mg acetaminophen in each tablet. It is important to know because you should not take more than 4000mg of acetaminophen in a day from all sources (too much can harm your liver).

Always read the label and/or information from the pharmacist for how to safely take medication.

Remember

You can do other things to help ease your pain or distract you from the pain:

- ✓ Slow breathing
- ✓ Listen to music
- ✓ Watch T.V.

Drinking and eating

Return to your normal diet when you get home.

To heal, your body needs extra calories and nutrients.

- Eat foods high in protein such as meat, poultry, fish, eggs, dairy, peanut butter, tofu, or legumes – unless you have specific diet needs.

You can get constipated because you are less active, eating less fibre, or taking opioid pain medication.

To prevent constipation:

- Drink at least 6 to 8 glasses of liquid each day (unless you have been told differently because of a medical condition).
- Eat high fibre foods such as bran, prunes, whole grains, vegetables, and fruit.
- Increase your activity.

If you continue to be constipated, talk with a pharmacist or family practitioner about taking a laxative.



Need help with food choices?

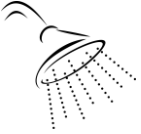
Call 8-1-1.
Ask to speak to a dietitian.



Caring for your incision

Always wash your hands before and after touching around your incision site(s).

Before you leave the hospital, your nurse will teach you how to care for your incision(s).



Showering:

- You can start taking showers on the 3rd day after surgery, **if** your incision is closed and dry.
- Continue to only take showers until your incision(s) is well healed.
- You can let the water run over the incision area. Do not scrub your incision.
- Dry the area completely afterwards by gently patting it.

For at least the next 2 weeks or until the incision is healed:

- ✘ No soaking in a bath tub or hot tub.
- ✘ No swimming.
- ✘ No creams, lotions, or ointments on your incision, unless directed by your surgeon.

Doing any of these things could delay healing.



Getting rest

It is very common in the first few weeks to feel tired and have low energy. Rest and sleep help you heal.

Try to get at least 8 hours of sleep each night. Take rest breaks and short naps during the day, as needed. Try not to nap longer than 30 minutes. Long naps can make it hard to sleep at night.

If you have trouble sleeping, talk to your family practitioner.

Managing moods and emotions

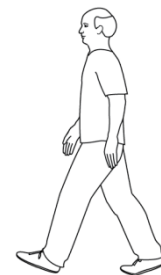
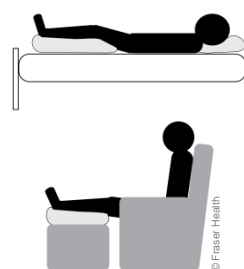
After major surgery, it is quite common to have a low mood or changeable mood at times. If you find your mood is staying low or is getting worse, contact your family practitioner.

Being active

Activity and exercise help build and maintain your muscle strength, give you more energy, and help with recovery. You need to find a balance between rest and activity. Pace yourself for the first few weeks.

Some leg swelling is normal. To reduce the swelling:

- When lying down, place a pillow under the lower leg(s).
- When sitting, place your leg(s) up on a stool or sit in a recliner with the foot part up.
- Walk and be active instead of sitting or lying all day.



Slowly increase how much you do each day (your activity level).

Increase the distance and time you walk. Walking helps improve blood flow and keep your graft healthy.

If you are still having pain, exercise 30 minutes after you have taken your pain medication.

Your surgeon will tell you when you can increase your activities at your follow-up appointment.

For the next 12 weeks, limit heavy activities:

- ✘ **Limit** lifting, pushing, or pulling anything over 4 to 5 kilograms (10 pounds). This includes carrying children and groceries.
- ✘ **Limit** vacuuming, raking leaves, painting walls, reaching for things in high places, or any other reaching activity.

Ask your surgeon or family practitioner about when it is okay to:

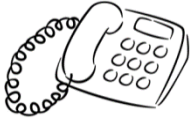
- return to **sexual activity**
- return to driving (**Do not drive** until told it is okay.)



Informing Others

If your surgeon used a man-made graft for your bypass, it is important to tell other doctors, dentists, and podiatrists that you have a graft in place. You might need to take antibiotics before certain procedures.

When to get help



Call your surgeon or family practitioner if:

- Your legs or feet feel different:
 - You have new or increasing pain in either leg.
 - One or both legs are cold to touch.
 - Your leg turns from normal skin colour to shades of blue.
 - You have a new numbness or tingling feeling in either leg.
 - You notice a weakness in either leg.
- You have a fever over 38°C (101°F).
- Your incision(s) is warm, red, swollen, or has blood or pus (yellow/green fluid) draining from it.
- You have a cough that is new or continues to get worse.
- You notice stinging, burning, or pain when you urinate (go pee).
- You have redness, tenderness, or pain in your calf or lower leg.
- Your pain stops you from moving and recovering, and does not ease with pain medicine.
- You are throwing up often.
- You have diarrhea that is severe or continues for more than 2 days.
- You feel increasingly tired or dizzy.

Available in 130 languages.

For an interpreter, say your language in English. Wait until an interpreter comes on the phone.

Cannot contact the surgeon or family practitioner?

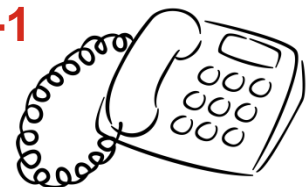
Have any questions about your recovery?

Call **8-1-1** (HealthLinkBC) to speak to a registered nurse any time - day or night.

Call 9-1-1 if you have any of the following:

- trouble breathing or shortness of breath
- chest pain
- sudden, severe pain

9-1-1



Appointments after surgery

Arrange to have your staples or sutures (stitches) removed 7 to 14 days after the surgery.

I have an appointment with: _____

My appointment is on: _____

See your family practitioner 7 to 10 days after going home from the hospital.

My appointment is on: _____

See your surgeon _____ weeks after going home from the hospital.

My appointment is on: _____

Questions you might have:

Examples: 'When can I go back to work?' 'When will I be able to return to my regular activities?' 'When can I return to my sports?'



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This information does not replace the advice given to you by your healthcare provider.

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To order: patienteduc.fraserhealth.ca

