Vascular Surgery

Bypass graft of the leg

Information for patients leaving hospital

Aim

This information is to help answer any questions you may have, also to help you know what to expect after your operation and in the first few weeks after you return home. Please feel free to ask any of your nurses or doctors if you have questions while in hospital.

You can find further information about vascular illnesses at www.circulationfoundation.org.uk

Should you have any concerns after your discharge from hospital please contact our vascular nurse specialists on 01223596382.

What happened during the operation?

Your surgeon will have explained what your operation involved before and after your operation, and you should have been provided with written information from your consent form.

Briefly, you have had a bypass graft operation to one (or more) of the arteries (blood vessels) in your leg. This was to bypass the narrowed/blockaded arteries, which were causing problems with the flow of blood to your leg including pain.

During the operation, an incision (cut) was made in your leg and a graft was connected above and below the blocked artery.

The graft may have been a piece of synthetic material, or a piece of vein taken from your leg or arm during the operation.

Signs of graft blockage

Pain
This is usually severe and sudden in its onset but may be milder and have a gradual onset. The pain will usually be in your leg, depending on where the graft is.

Coldness
The leg may become suddenly much colder than normal or again, this may be a more gradual onset.
Loss of pulse
If your graft is working you should usually be able to feel a pulse along the scar or in your foot. The vascular sister or doctor will show you if you ask. It is worth checking this on a daily basis. If you cannot feel it, it may be that your graft has blocked.

What to do
- Ring the Addenbrooke’s switchboard on 01223 245151 and ask for the vascular registrar to be paged or the vascular secretaries can be contacted.
- If the pain is particularly severe and you are unable to contact anyone contact your GP who may decide to admit you.

Do I have stitches?
For this operation, your surgeon may have used either sutures (stitches) or staples. Ask your doctor or nurse if you are unsure. Both sutures and staples are usually removed 12 to 14 days after your operation.
- **Dissolvable sutures**: your sutures might be dissolvable, in which case you will not be able to see them and do not need to have them removed.
- **Non-dissolvable sutures or staples**: if your sutures are non-dissolvable, they will either be removed before you leave hospital (on the ward) or we will arrange for your practice nurse to remove them after you return home.

Do I need to do anything to the wound dressing?
It is usual for these types of wounds to ooze a little for a few days. If your wound is still oozing when you go home, do not worry - the ward will arrange for a nurse to continue to dress your wound. We will also keep an eye on it when you return to the outpatient clinic.

When can I return to my normal activities?
In general, if you start returning to normal activities and it causes you pain, stop doing so and avoid that particular activity for another one to two weeks and then try again.
- **Exercise and mobility**: try taking a short walk at least once a day, and keep as mobile as you can by gentle activities around the house. This will help your recovery and your general health.
- **Strenuous activities**: you should avoid strenuous activities for about four to six weeks. We suggest you can resume sex after about six weeks, or when you feel comfortable to do so.
- **Driving**: you should avoid driving for about four to six weeks. For your safety, make sure you can safely carry out an emergency stop before you resume driving.
• **Returning to work or study**: please ask your doctor when it will be safe for you to return to your work/study. It will depend on what you do, how fast you are recovering and your general health.

**I am not sure about medicines after I leave the hospital**

Please continue taking your usual medications unless you have been told otherwise. You might have been given the following medicines to take after you leave hospital:

- **Antibiotics**: these are to prevent or treat infection. It is always very important that you complete the course of antibiotics. If you have problems taking them for any reason, contact your GP for advice.

- **Anti-platelet agents (aspirin/clopidogrel)/cholesterol lowering tablets (statins)**: These might have been prescribed for you by your hospital doctor or your GP. You might have started them while you were staying in hospital or after you left. They can help protect you from heart attacks and strokes and you should take them for as long as your doctor tells you, which may be for the rest of your life. If you have problems taking them, please contact your GP for advice and maybe alternatives.

- **Painkillers**: If we have given you strong painkillers to take home, please take them as directed. Most patients find that they can stop taking them soon after leaving hospital - maybe changing to their usual 'over the counter' tablets. If you are worried, please contact your GP for advice.

**I am feeling constipated, what can I do?**

A common side effect of 'stronger than usual' painkillers is constipation. In which case try to change to less strong ones as soon as you can.

To avoid becoming constipated, try to drink plenty of fluids (for example water), and eat as much fibre as you can, especially fruit and vegetables. It can also help if you keep active.

All of these will be good for your recovery and general health, but if this does not help your constipation, please contact your GP for advice.

**How about washing?**

You may take your usual shower or bath after a week if your wound is dry. However, do not soak your wound for a long period of time and try to avoid using perfumed soaps etc because they can irritate wounds.

Make sure that you dry the wound area carefully after washing.
What should I look out for after I return home?

If your leg suddenly becomes painful, goes white or feels cold, please come at once to the Emergency Department (A&E/casualty) at Addenbrooke’s. We can then see if we need to give you additional treatment. This applies to all patients who have had a vein or synthetic graft.

If you experience a gradual onset of pain when walking please see your GP.

If your wound becomes painful, red or inflamed you may have an infection. Please see your GP.

The skin of my leg feels numb or tinges, what should I do?

During your operation, it is common for the smallest nerves in your leg to have become damaged. This is nothing to worry about. It is also common to experience sensations in your leg such as numbness or tingling.

Because nerves are very slow to repair themselves, you may experience these sensations for up to six to twelve months.

You only need to worry if your leg suddenly becomes painful (see above) or if you think the pain might be caused by an infection, when you will usually notice redness and heat also.

My leg is very swollen, should I worry about it?

It is quite common for the leg operated on to become swollen for six to twelve months. This is because it takes time for your leg to become used to the increased blood supply. If you are concerned, ask your GP or ask at your next clinic visit.

I feel very tired after the surgery, should I be worried?

It is your body’s way of recovering. You have had a major operation, which has been stressful for your body. It will probably take one to three weeks before you feel as well as you did before this surgery. Rest when you feel tired.

Why do I need to return to your outpatient clinic?

If we used one of your veins as a graft for your artery, a doctor or specialist will observe it for at least a year.

At your clinic appointment, we will scan your leg to make sure it is working well.

Your appointments will usually be every three months for the first year after your operation. We may see you less often after that.
**Why have you told me to stop/cut down my smoking?**

Smoking is very bad for the health of your blood vessels. It damages the arterial lining which allows the build up of plaque that causes the blockage.

Giving up smoking (or cutting right down) is one of the best things you can do for your health.

**I am struggling to give up smoking, where can I get some help?**

There are many ways in which you can be helped to stop smoking. Please do not think you are on your own.

See the end of this information for useful contact numbers. Your GP practice is a very good place to start.

**Contacts for help to stop smoking:**

**Camquit** is a local 'stop smoking' specialist service; you can contact them directly or through your GP practice. Their telephone number is:

- Cambridge City and South Cambridgeshire 01223 723022
- East Cambridgeshire and Fenland 0800 018 4304
- Huntingdonshire 01480 418693
- Website: [www.camquit.nhs.uk](http://www.camquit.nhs.uk) If you wish we can refer you to them.
- There is also a national **NHS Stop Smoking Helpline**: 0800 169 0 169 (textphone: 0800 169 0 171) and website: [www.givingupsfocking.co.uk](http://www.givingupsfocking.co.uk)
- You can also pick up copies of the free 'Giving it up for life' booklet from the Information Centre at Addenbrooke's. This has a lot of useful advice, attractively presented.

**Privacy & Dignity**

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.
We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.
Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

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