

Risks and complications

Like any major operation there are risks related to the anaesthetic and to the operation itself.

These operations will put considerable strain on the heart and most patients will have some sort of cardiac testing before operation to make sure the heart is strong enough.

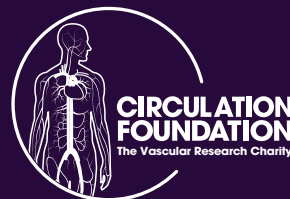
As a result, the most serious complication is heart attack, a proportion of which will be fatal. The overall mortality of the operation is about 3% but can vary widely depending on your preoperative fitness, and your surgeon should be able to give you a better personal risk level as well as for the local death rate for this operation.

Other less serious complications can occur such as strain on the kidneys, chest or wound infection, postoperative bleeding, deep vein thrombosis or graft thrombosis which could eventually lead to loss of the leg.

The graft can rarely get infected or blocked, which may require prolonged antibiotics or further surgery.

Younger men should discuss with their surgeon the possible impact of the operation on their sex life.

These complications may extend your stay in hospital but should not have any long term consequences on your activities.

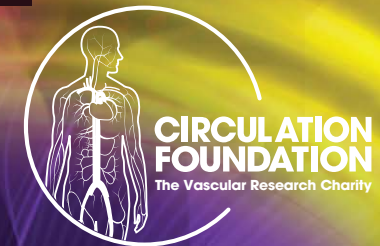


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AORTOBIFEMORAL & AXILLOBIFEMORAL BYPASS

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Vascular disease is as common as both cancer and heart disease and accounts for **40% of deaths in the UK**, many of which are preventable.

SAVING LIVES AND LIMBS

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If you have been recommended these procedures, you will have been diagnosed with peripheral arterial disease (PAD) and you have significant narrowing of the circulation to the legs located in the main arteries in your abdomen.

In the legs the usual symptoms are of muscle ache when you exercise known as claudication, which gets better on resting but some patients may get a constant icy burning pain in their feet, known as rest pain.

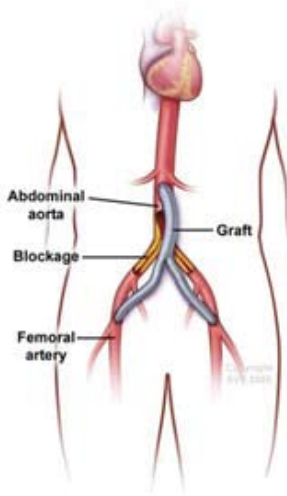
In the most severe cases, patients may develop skin ulcers or black toes due to the restriction of blood flow. After a dye test (arteriogram) to show the extent of disease, an operation to improve the blood flow to the legs may be appropriate.

What operation will be performed?

Aortobifemoral Bypass

This is the best operation as it recreates the normal anatomy of your aorta and femoral arteries. A fabric tube in the shape of a pair of trousers is sewn into the existing blood vessels and bypasses the blockages, known as aortobifemoral grafting.

This involves an incision in the abdomen to reach the aorta, and also in the groins to reach the femoral arteries. The graft is then sewn into the arteries to connect them and restore blood flow to the legs.



This surgery is not compatible for all patients. Before the operation you will be required to undergo preoperative tests. If the results of these tests suggest that you are at particularly high risk, either from the anaesthetic due to lung problems, or from the surgery due to heart problems, then an alternative operation known as axillo-bifemoral bypass may be considered

Axillobifemoral Bypass

This operation links your axillary artery in your shoulder to your femoral arteries in your legs using a flexible plastic tube called a graft. This restores the blood supply to your legs.

The stress of this operation on the heart is less as it avoids opening the abdomen but the graft is more prone to complications, such as blockage and infection, as it is narrower and not well buried in the tissues.

Your surgeon should be able to discuss the risks of operation in your particular case. You should discuss it with your family, friends and GP. We would advise taking someone to the clinic with you, and have a list of questions ready as people often forget some of their anxieties.

The operation

Before going into hospital you should consult your GP and consultant about the medications you are currently taking as it may be necessary to stop taking them before the operation.

You will either have an aortobifemoral or axillobifemoral bypass as detailed above.

These procedures can be carried out under regional or general anaesthetic. It is most likely that you will need to be put to sleep, your anaesthetist and surgeon will give you further advice about this.

Recovery and aftercare

In general, you will be sent back to the high dependency unit overnight where you will be monitored to make sure everything is alright.

You will be given something to eat and drink after the operation and will probably return to the ward the following day.

You will have a tube in your bladder for a day or so until, you are mobile. You can expect to be allowed home around a week after surgery.