

Patient information factsheet

Femoral endarterectomy

The femoral arteries run from the groin to the thigh delivering blood to your legs. When there is a narrowing or blockage in these arteries, the blood supply to the legs is reduced, which can cause pain in your calf on exercise. This is known as intermittent claudication.

In severe cases reduced blood supply can cause constant pain in the foot (rest pain). Poor blood flow can also mean that minor injuries do not heal and can form ulcers, or toes turn black after minor knocks (tissue loss). When this happens surgery is required to relieve symptoms and save the leg.

The surgery

One way to improve the circulation to the legs is to surgically remove the narrowing or blockage in the artery. This operation, called femoral endarterectomy, works best when the length of the narrowing or blockage is quite short.

There may be other short narrowing or blockages in the thigh or pelvis, which can be stretched by balloon angioplasty either shortly before, or during the operation on the groin.

The surgery can be performed under a general or spinal anaesthetic depending on the amount of heart and lung disease you have. Your anaesthetist will discuss the best options for you and the differences between them.

The operation consists of a 5-10cm cut in the groin. The surgeon controls and opens the artery. The disease is then removed allowing the blood to flow more freely. The surgeon then closes the artery and, at this stage, a synthetic patch may be sutured onto the artery to prevent it from narrowing again. The wound is then closed with dissolvable stitches.

Any decision on treatment will be carefully considered by your vascular multidisciplinary team (MDT) and discussed in detail with you. Surgery should improve your symptoms and allow any wound or ulcer to heal.

What are the risks of treatment?

As with any operation there are risks involved which vary according to your health but typically include:

- **Limb swelling (common).** It is normal for the leg to swell temporarily, but this may occasionally continue. Raising the leg on a pillow after the operation will help to reduce this risk.
- **Numbness (common).** You may have patches of numbness around the wound or lower down the leg which is where the small nerves to the skin will have been cut. This usually gets better within a few months but can occasionally be permanent.
- **Bruising/bleeding (uncommon).** Some bruising can occur after the procedure. There is a rare risk of persistent bleeding, which would require urgent surgery.

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- **Wound infection (uncommon).** If a wound infection occurs it usually only requires antibiotic treatment. Occasionally the wound needs to be cleaned out under anaesthetic.
- **Infection of the synthetic patch (very rare).** Occasionally the patch can become infected and we would need to remove it and repair the artery with an operation.
- **Loss of blood supply to the legs (extremely rare).** This may happen when there's a blockage in the groin or pelvis, or if loose material is dislodged in the arteries during surgery and passes into the legs. This is an extremely rare complication which may require further surgery and, in the worst case scenario, can lead to amputation.
- **Risk to life (extremely rare).** As with any major operation there is always a risk to life. This is usually extremely small but is partially dependent on your age, weight and general health.

We will be happy to discuss these risks with you, or answer any questions that you may have.

Are there any alternatives to this treatment?

Depending on the location of blockage it is sometimes possible to perform an angioplasty. This is where a wire is passed into the artery so it can be stretched and, if needed, a small wire tube (stent) placed to keep the artery open. This may not be successful or may not be a suitable option.

If you don't receive any treatment, your symptoms will not improve and are likely to worsen. In some cases amputation is required if the blood supply to the leg is completely blocked.

Consent

We must seek your consent for any procedure or treatment before it can go ahead. Your medical team will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you're unsure about any aspect of the procedure or treatment proposed, please do not hesitate to ask for more information.

Before your surgery

Preparing for your operation

Smoking is a major risk for arterial disease, increases the chances of getting a chest infection and slows your recovery. So if you're smoker, you need to stop. The NHS Quitters service is available to help support you. You can contact them on 0300 123 3791 or visit www.solenthealthyliving.nhs.uk. You can also talk to your GP who can prescribe nicotine replacement for you. Exercise can boost your immune system and help your recovery so try gentle exercise, such as walking and cycling.

Thinking about your return home

Before your operation, it's a good idea to start thinking about how you will manage at home after your surgery. We encourage patients to stay with family or friends or to have a relative staying with them if possible. If you live alone or require additional support then we may need to help you make plans for a short period before you go home. The sooner we know this, the sooner we can start arranging something for you. Talk to your close family, friends and GP to see what options you have.

You will need to be collected from hospital on the day you are discharged so, before you come into hospital, you should arrange who will collect you. It's also worth asking someone to get you fresh food so you have something at home when you leave hospital.

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Pre-assessment

Before you are admitted for surgery you will be seen by a specialist nurse and possibly an anaesthetist in clinic. We'll take a detailed medical history, as well as perform blood tests, a physical examination, blood pressure checks and a heart trace (ECG). The anaesthetist will talk to you about your anaesthetic and how your pain will be controlled.

You should bring in a list of the medications you take and when you take them. We'll let you know if you need to make any changes to your medication for your surgery.

You may also be asked to fill in a questionnaire for the therapy team to help identify if you may need any help or support after the operation. If you do then a member of the therapy team may contact you before you come into hospital. You will also be given information on local services which may be useful to you.

Coming into hospital

What to bring

When you come into hospital there are a few items that you should bring:

- All your medications (including insulins and inhalers)
- Nightwear and changes of clothes
- Toiletries
- Dentures, glasses and hearing aids if you have them

Bring them in a small bag labelled with your name. There isn't much storage space on the ward so it should only be a small bag.

We recommend that you leave valuable items at home; especially as you'll be asked to remove jewellery prior to surgery. The ward cannot accept responsibility for items left on the ward and not handed to the cashiers for safe keeping.

What to expect during your stay in hospital

Prior to surgery you will be assessed to ensure nothing has changed. You may need to have further blood tests. A drip (cannula) will be inserted into your arm to allow for medications or fluids to be given.

On the day of surgery you will be taken to theatre where your details will be checked before you're taken to the anaesthetic room and then into surgery.

After theatre you will usually return to the ward. If you require observation you will be taken to the high dependency unit (HDU). Your anaesthetist will tell you if this is necessary.

Pain

The wound in your leg is likely to be uncomfortable at first so you'll be offered pain relief. The pain should improve, but you may get twinges and aches for between three to four weeks. It's important your pain is controlled so that you can move about.

Eating and drinking

Once you're awake you will be allowed to eat and drink. You may find you're not very hungry at first but it's important to eat regularly to help your recovery.

Moving around

Moving around soon after surgery will help speed up your recovery and prevent complications.

Deep breathing and coughing exercises help to prevent chest infections so it's important that you do these. The ward staff will help you to regain your normal mobility. Moving around will not cause any damage to the surgical site.

You will be encouraged to maintain as much independence as possible with your personal care and toileting during your recovery.

Changes to medication

You'll be given aspirin (or an alternative) and a cholesterol lowering drug, if you're not already on one. You will usually have to take these for the rest of your life.

Your wound

There will be a dry dressing over your wound. Special dissolvable stitches are usually used to close the wound. Non-dissolving stitches are used occasionally which will need to be removed around 8-10 days after the operation. Your nursing staff will let you know if this is the case. You'll probably be back home before your stitches need to come out, so the ward will ask for them to be removed by your practice nurse at your GP surgery.

The wound will appear to have healed within two weeks or so, but the underlying tissues can take several months to heal completely and you may find the scar and wound are lumpy and quite hard for several months

If your wound becomes red, sore or is oozing please let your GP know, as this could be a sign of an infection.

Frequently asked questions

How long will I have to stay in hospital?

You will usually be discharged the day after your surgery. Recovery times vary and it can take several weeks to feel 'back to normal'. It also depends on your health and activity before surgery.

Can I shower/have a bath?

Once your wound is dry you will be able to bathe and shower as normal.

Can I exercise?

Exercising after your operation will aid your recovery and help you to return to normal daily life more quickly. It's important to start slowly. Initially you should not lift heavy objects, or do any strenuous activities or sports.

Walking is an excellent form of exercise not only for your muscles but also for your heart and lungs. Take it easy at first. You will tire easily and will need to rest but do not stay in bed. Some days you will feel better than others. Go for short walks and build up over time with a gradual return to normal activity.

You will be able to manage light work around the house, in the garden and at work when you feel fit and able. Excessive activity will cause pain rather than actual damage. Don't try to do too much, too quickly.

When can I return to work?

Most people are able to go back to work after six weeks. If you need further time off, talk to your GP.

Can I drive after the operation?

You can start driving again when you are able to do an emergency stop. You can practice doing this in the car without the engine on. If you drive a manual car you need to be able to lift both legs at the same time to push down on the brake and clutch, quickly and forcefully. If this causes you pain, then you're not ready to drive yet. Sometimes this can take four weeks. If in doubt, you should check with your GP and insurance company.

Can I fly?

There aren't any cases that we know of where flying after treatment has been harmful. You may need to advise your insurance company of any recent illness or treatment you are receiving prior to travelling.

Storing your personal information

Vascular surgeons record information about surgical interventions on the National Vascular Database (NVD). This is a secure database that is used to help monitor and improve vascular services throughout the country. Strict data governance and confidentiality rules mean that personal details on the NVD can only be accessed by staff directly involved in your treatment. If you have any questions or concerns regarding this please speak to your surgeon.

Who should I contact if I have any queries?

If you need any further information about your surgery or anything covered in the booklet, you can contact the vascular nurse specialists between 9am and 5pm, Monday to Friday, on **023 8120 6039**. This number has an answerphone.

Information about general health conditions can be found at www.nhs.uk

This information is intended as a guide only. Everyone is different and treatment and recovery may vary from one person to the next.

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If you need a translation of this document, an interpreter or a version in large print, Braille or on audiotape, please telephone 023 8120 4688 for help.