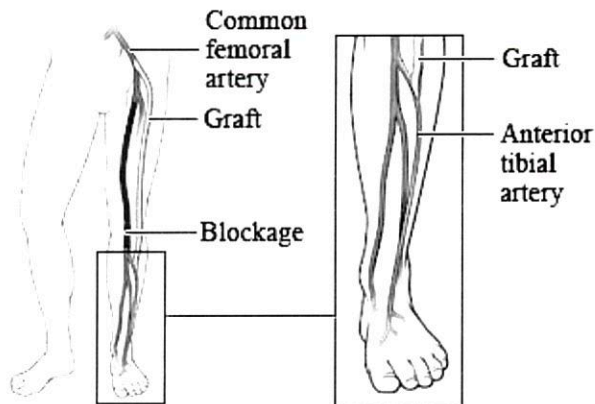


Femoral-Tibial Bypass Surgery: Before Your Surgery

What is a femoral-tibial bypass?



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Femoral-tibial bypass is a type of surgery. It redirects blood around blocked blood vessels in your lower leg or foot. It is often done if you have pain. Or it may be done if you have foot sores caused by circulation problems.

Your doctor will use something called a graft to make the blood go around (bypass) the blocked part of your blood vessel. Often the graft is a vein taken from another place in your leg. But sometimes it is a man-made blood vessel. The graft will carry blood from the femoral artery in your groin to the tibial artery in your lower leg or foot.

You will be asleep during the surgery. Or you will get medicine to numb your lower body and prevent pain. The doctor will make cuts in your skin above and below the blocked blood vessel. These cuts are called incisions. If one of your veins is being used for the graft, the doctor will make another incision in your leg to take out the vein.

Then the doctor will attach one end of the graft to the femoral artery and the other end to the tibial artery. After the graft is in place and blood is flowing through it, the doctor will use stitches or staples to close the incisions. You will have scars, but they will fade with time.

You may need to stay in the hospital for 3 to 5 days. It may take 6 to 12 weeks to fully recover.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

What happens before surgery?

Surgery can be stressful. This information will help you understand what you can expect. And it will help you safely prepare for surgery.

Preparing for surgery

- Understand exactly what surgery is planned, along with the risks, benefits, and other options.
- Tell your doctors ALL the medicines, vitamins, supplements, and herbal remedies you take. Some of these can increase the risk of bleeding or interact with anesthesia.
- If you take blood thinners, such as warfarin (Coumadin), clopidogrel (Plavix), or aspirin, be sure to talk to your doctor. He or she will tell you if you should stop taking these medicines before your surgery. Make sure that you understand exactly what your doctor wants you to do.
- Your doctor will tell you which medicines to take or stop before your surgery. You may need to stop taking certain medicines a week or more before surgery. So talk to your doctor as soon as you can.
- If you have an advance directive, let your doctor know. It may include a living will and a durable power of attorney for health care. Bring a copy to the hospital. If you don't have one, you may want to prepare one. It lets your doctor and loved ones know your health care wishes. Doctors advise that everyone prepare these papers before any type of surgery or procedure.

What happens on the day of surgery?

- Follow the instructions exactly about when to stop eating and drinking. If you don't, your surgery may be canceled. If your doctor told you to take your medicines on the day of surgery, take them with only a sip of water.
- Take a bath or shower before you come in for your surgery. Do not apply lotions, perfumes, deodorants, or nail polish.
- Do not shave the surgical site yourself.
- Take off all jewelry and piercings. And take out contact lenses, if you wear them.

At the hospital or surgery center

- Bring a picture ID.
- The area for surgery is often marked to make sure there are no errors.
- You will be kept comfortable and safe by your anesthesia provider. The anesthesia may make you sleep. Or it may just numb the area being worked on.

Going home

- Be sure you have someone to drive you home. Anesthesia and pain medicine make it unsafe for you to drive.
- You will be given more specific instructions about recovering from your surgery. They will cover things like diet, wound care, follow-up care, driving, and getting back to your normal routine.

When should you call your doctor?

- You have questions or concerns.
- You don't understand how to prepare for your surgery.
- You become ill before the surgery (such as fever, flu, or a cold).
- You need to reschedule or have changed your mind about having the surgery.

Where can you learn more?

Go to <http://www.healthwise.net/ed>

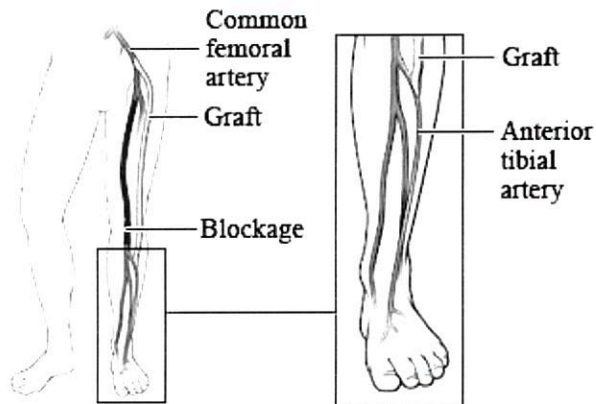
Enter **J345** in the search box to learn more about "**Femoral-Tibial Bypass Surgery: Before Your Surgery.**"

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Femoral-Tibial Bypass Surgery: What to Expect at Home

Your Recovery



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Femoral-tibial bypass is surgery to bypass diseased blood vessels in the lower leg or foot.

You will have some pain from the cuts (incisions) the doctor made. The pain usually gets better after about 1 week. Your doctor will give you pain medicine. You can expect your leg to be swollen at first. This is a normal part of recovery and may last 2 or 3 months.

You may need to stay in the hospital for 3 to 5 days.

You will need to take it easy for 2 to 6 weeks at home. It may take 6 to 12 weeks to fully recover.

You will need to have regular checkups with your doctor to make sure the graft is working.

This care sheet gives you a general idea about how long it will take for you to recover. But each person recovers at a different pace. Follow the steps below to get better as quickly as possible.

How can you care for yourself at home?

Activity

- Rest when you feel tired. Getting enough sleep will help you recover.
- Try to walk each day or as often as your doctor tells you. Start by walking a little more than you did the day before. Bit by bit, increase the amount you walk. Walking boosts blood flow and helps prevent pneumonia and constipation.
- Avoid strenuous activities, such as bicycle riding, jogging, weight lifting, or aerobic exercise. Your doctor will tell you when it's okay to do strenuous activity.
- Ask your doctor when you can drive again.

- You will probably need to take 2 to 6 weeks off from work. It depends on the type of work you do and how you feel.
- You may shower, if your doctor okays it. Do not take a bath for the first 2 weeks, or until your doctor tells you it is okay.

Diet

- You can eat your normal diet. If your stomach is upset, try bland, low-fat foods like plain rice, broiled chicken, toast, and yogurt.
- Drink plenty of fluids (unless your doctor tells you not to).
- You may notice that your bowel movements are not regular right after your surgery. This is common. You may want to take a fiber supplement every day. If you have not had a bowel movement after a couple of days, ask your doctor about taking a mild laxative.

Medicines

- Your doctor will tell you if and when you can restart your medicines. He or she will also give you instructions about taking any new medicines.
- If you take blood thinners, such as warfarin (Coumadin), clopidogrel (Plavix), or aspirin, be sure to talk to your doctor. He or she will tell you if and when to start taking those medicines again. Make sure that you understand exactly what your doctor wants you to do.
- Take your medicines exactly as prescribed. Call your doctor if you think you are having a problem with your medicine.
- Your doctor may prescribe a blood thinner, such as aspirin, when you go home. This helps prevent blood clots.
- Be safe with medicines. Take pain medicines exactly as directed.
 - If the doctor gave you a prescription medicine for pain, take it as prescribed.
 - If you are not taking a prescription pain medicine, ask your doctor if you can take an over-the-counter medicine.
- If you think your pain medicine is making you sick to your stomach:
 - Take your medicine after meals (unless your doctor has told you not to).
 - Ask your doctor for a different pain medicine.
- If your doctor prescribed antibiotics, take them as directed. Do not stop taking them just because you feel better. You need to take the full course of antibiotics.

Incision care

- If you have bandages on the incisions, follow your doctor's instructions about changing them.
- If you have strips of tape on the cut (incision) the doctor made, leave the tape on for a week or until it falls off.
- Wash the area daily with water and pat it dry. Don't use hydrogen peroxide or alcohol, which can slow healing. You may cover the area with a gauze bandage if it weeps or rubs against clothing. Change the bandage every day.

Elevation

- Prop up your leg on a pillow anytime you sit or lie down during the next 3 days. Try to keep it above the level of your heart. This will help reduce swelling.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

When should you call for help?

Call 911 anytime you think you may need emergency care. For example, call if:

- You passed out (lost consciousness).
- You have severe trouble breathing.
- You have sudden chest pain and shortness of breath, or you cough up blood.
- You have symptoms of a heart attack. These may include:
 - Chest pain or pressure, or a strange feeling in the chest.
 - Sweating.
 - Shortness of breath.
 - Nausea or vomiting.
 - Pain, pressure, or a strange feeling in the back, neck, jaw, or upper belly or in one or both shoulders or arms.
 - Lightheadedness or sudden weakness.
 - A fast or irregular heartbeat.

After you call 911, the operator may tell you to chew 1 adult-strength or 2 to 4 low-dose aspirin. Wait for an ambulance. Do not try to drive yourself.

Call your doctor now or seek immediate medical care if:

- You have severe pain in your leg, or it becomes cold, pale, blue, tingly, or numb.
- You have pain that does not get better after you take pain medicine.
- You have loose stitches, or your incisions come open.
- You are bleeding a lot from the incisions.
- You have signs of infection, such as:
 - Increased pain, swelling, warmth, or redness.
 - Red streaks leading from the incision.
 - Pus draining from the incision.
 - Swollen lymph nodes in your neck, armpits, or groin.
 - A fever.
- You are sick to your stomach or cannot keep fluids down.

Watch closely for any changes in your health, and be sure to contact your doctor if:

- You do not have a bowel movement after taking a laxative.

Where can you learn more?

Go to <http://www.healthwise.net/ed>

Enter **H742** in the search box to learn more about "**Femoral-Tibial Bypass Surgery: What to Expect at Home.**"

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