EURACARE

PATIENT INFORMATION FORM

COMMON FEMORAL ENDARTERECTOMY

What is a common femoral endarterectomy?
The common femoral artery is in the groin. An endarterectomy is the surgical removal of the lining of the artery to remove atheroma (plaque) which is causing a narrowing or blockage of the artery. Narrowing or blockage of the artery reduces blood flow to the leg causing pain on walking. In severe cases the pain can be constant and can also be accompanied by ulcers or gangrene of the lower leg.

Why do I need this operation?
Your artery will either be severely narrowed or blocked, causing you to have the symptoms mentioned previously. The operation will remove the blockage or narrowing, helping to improve the blood flow to your lower leg. All the risks and benefits of the procedure will be fully explained to you before any decision is made to go ahead with treatment.

What happens before the operation?
You will already have undergone scans to assess the circulation in your leg. Other routine tests may also have been carried out, such as blood tests and a heart tracing called an ECG. You will usually come into hospital the day before your operation. The surgeon will see you before the operation and answer any questions you may have about the procedure. You will be required to stop eating and drinking for at least six hours before the operation.

What happens during the operation?
The anaesthetist will see you before you go to theatre to discuss which the best type of anaesthetic is for you. Most people have a general anaesthetic which means you are put to sleep. Some people have the operation carried out under a spinal anaesthetic, which means you will be awake but you are numb from the waist down so you will not be able to feel anything. A small needle will be put into the back of your hand or your arm so you can be given intravenous fluids and pain relief during the operation. The surgeon will make a cut in your groin to allow him to get to the artery which is blocked or narrowed. The artery will then be cut open and the plaque will be removed. The artery will then be closed again using a patch which is either a synthetic patch made from a material called Dacron, or a patch is made from one of your veins. If a vein is used you will have a further small cut, usually on your lower leg.

What happens after the operation?
When you return to the ward you will be monitored closely by the nursing staff. You will have your temperature and blood pressure taken regularly. They will also check your groin for any bleeding and will monitor the temperature of your foot to check the blood supply to your leg is okay. Once you have fully recovered from the anaesthetic you can eat and drink normally. It is best that you do not mobilise (walk around) until the following day to avoid putting pressure on the wound. The dressing to your wound will usually remain in place for at least 48 hours. The surgeons usually use stitches which dissolve over time, so these do not need to be removed. You will be in hospital for around five days depending on your recovery.

What are the risks with this procedure?
There is a risk of bleeding because the surgeon must open one of your arteries. There is a risk you may get an infection in the wound and this will need to be treated with antibiotics. If you are a smoker then you put yourself at more risk of developing a chest infection after a general anaesthetic. Sometimes people get leakage of fluid (sometimes blood stained) from the groin wound. This usually settles down without any intervention but can continue for a few weeks. There are many nerves located around the artery in the groin. Sometimes these can be damaged leading to numbness around the area. In a small number of cases this can be permanent. A lot of patients get swelling of their leg after the operation; this is usually nothing to worry about and normally lasts a few weeks. There is no guarantee that all your symptoms will resolve after the operation and some people still experience pain on walking. In rare cases the artery can rupture (burst) after the operation. If this occurs it is a life-threatening situation and emergency surgery will be needed. If this happens a small number of patients must have the leg amputated due to the loss of blood supply to the leg, but this is extremely rare.

What happens when I go home?
You will be referred to the district nurses who will monitor your wound when you leave hospital. You will need to take things slowly for the first couple of weeks and walking should be increased gradually. If you work, you should be able to return after approximately four to six weeks. You can resume driving after four weeks. You may resume sexual activity as soon as you feel able to do so. You will be reviewed in the outpatient clinic approximately eight weeks after you leave hospital. An appointment will be sent to you at home.

What can I do to help myself?
If you smoke, then you should stop. Smoking is known to increase the rate at which plaque forms in the arteries. If you are diabetic, then good blood glucose control is essential. If your blood sugar levels are high this can slow down the healing rate of wounds. Try to keep walking as much as possible, even if you must stop regularly.

When to seek help
If your wound is red and painful then contact your GP as this may indicate an infection. If you have any severe pain in your leg or notice any fluid leaking from your wound, then please contact the hospital on the numbers below.

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

Finally:
Some of your questions should have been answered by this leaflet but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure.

Giving my consent (permission). The staff caring for you will ask your permission to perform the procedure. You will be asked to sign a consent form that says you have agreed to the procedure and that you understand the benefits, risks, and alternatives.