

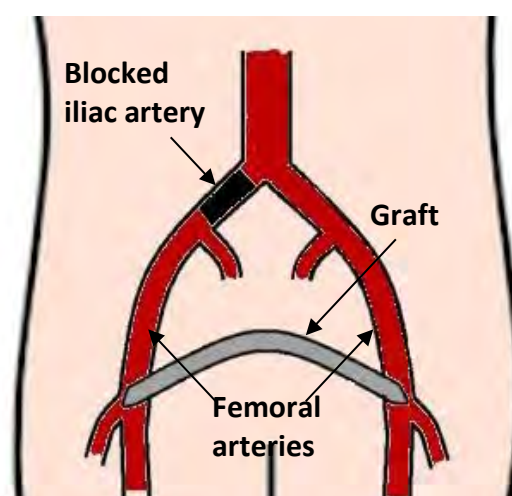


Femoral to femoral crossover surgery

This leaflet will explain what will happen when you come to the hospital for your operation and answer some of the questions that you may have. It is important that you understand what to expect and feel able to take an active role in your treatment.

Why do I need the operation?

Because you have a blockage or a narrowing of the arteries in the pelvic area supplying your legs, the circulation to your legs is reduced. This becomes particularly noticeable when your muscles require more blood during walking and causes pain. Any further reduction in the flow of blood may lead to constant pain with the risk of developing ulcers or gangrene. This operation is to bypass the blocked arteries in your pelvis that supply your leg, so that the blood supply is improved. You will already have had scans of the abdomen or x-rays of the arteries (arteriogram), which will have confirmed that you have a blockage.



Is there an alternative to surgery?

You and your doctor may have already tried exercise, lifestyle change and/or medication in an attempt to improve your circulation. Medical management has not improved symptoms, and symptoms may have worsened and begun to interfere with lifestyle and/or ability to work.

What are the possible risks or complications of this surgery?

- The main complication with this sort of operation is blood clotting within the bypass graft causing a block, and if this occurs, another operation may be necessary. If your leg is in danger because of its poor blood supply prior to surgery, there is a risk of you ending up with an amputation if the graft blocks.
- Chest infections can occur following this type of surgery, particularly in smokers. A chest infection will require treatment with antibiotics and physiotherapy.
- Slight discomfort and twinges of pain in your wound are normal for several weeks following surgery.
- Sometimes, you may experience numbness or tingling around the wound or lower down in the legs afterwards. This is due to damage to the small nerves in the skin. It can be permanent but usually gets better within a few months.

- Wounds can sometimes become infected and these can usually be successfully treated with antibiotics.
- The graft itself may become infected. This is uncommon but a serious complication, which may require further surgery to remove the graft.
- Rarely the wound in your groin can fill with fluid called lymph that may discharge between the stitches but this usually settles down in time.
- As with any major operation such as this there is a small risk of having medical complications such as a heart attack, but the doctors and nurses will try to prevent these complications and to deal with them rapidly if they occur.

Where will I have my operation?

- You will have your surgery at the John Radcliffe Hospital in Oxford. You will either come in on the morning of surgery at 7.30am to Theatre Direct Admissions, or to Ward 6a the afternoon before surgery depending on individual circumstances.
- You will need to attend a pre-operative assessment appointment prior to your surgery. You will be contacted by the John Radcliffe Hospital and a date and time.

What will happen in theatre?

The operation may be carried out under a general anaesthetic (you will be asleep), or occasionally a spinal/epidural anaesthesia may be used.

You will be taken initially to the anaesthetic room, where you will be given your anaesthetic, and from there you will be taken into the operating theatre. Before the anaesthetic, you may have a small tube placed in your back (epidural) to help with pain relief following surgery.

You will usually have two cuts, one in each side of the groin, or one cut in the groin and another in the lower part of your tummy. An artificial blood vessel (graft) made of coated plastic or coated polyester or similar material, will be inserted to carry blood from your main artery going to your good leg, to the main artery in your other leg bypassing the blocked arteries. The artery to your good leg will supply both legs with blood.

What will happen after my operation?

- After your operation you will be given fluids by a drip in one of your veins until you are well enough to sit up and eat and drink as normal.
- The nurses and doctors will try and keep you free of pain. It is likely you will experience moderate bruising around the area.
- You will be given heparin injections to reduce the risk of clotting in your veins (venous thromboembolism – VTE).
- The physiotherapists will visit you after your operation. They will help you with your breathing to prevent you developing a chest infection and with your mobilisation to get you walking again.
- You may be given aspirin (or in some cases warfarin) to reduce the risk of your bypass blocking. This will usually be continued indefinitely.

What will happen after I am discharged?

If dissolvable stitches have been used, these do not need to be removed.

If your stitches or clips are the type that needs to be removed and this is not done while you are still in hospital, arrangements will be made for your GP practice or district nurse to remove them and check your wound.

You may take a bath or shower once your wound is dry.

You may feel tired for a few weeks after the operation but this should gradually improve as time goes by. Regular exercise such as a short walk combined with rest is recommended for the first few weeks following surgery followed by a gradual return to your normal activity. You should avoid heavy lifting for a month after the operation.

You may resume sexual relations as soon as this feels comfortable.

It is advisable not to drive for at least two weeks after surgery, usually if you can get in and out of a bath without any discomfort and/or requiring any assistance you should be safe to drive. However, please check with your motor insurance company, as policies vary with individual companies.

Going back to work

Most people are back to work 3-4 weeks after the operation.

Please ask staff if you require a sickness certificate for your employer and this will be given to you before you leave hospital. If you require a longer time off work than is indicated on the certificate, your GP can provide you with an additional certificate.

Wound care

If there is any swelling or discharge from the wound when you are at home, please contact your GP.

An outpatient appointment will be sent to you to attend the Royal Berkshire Hospital, or West Berkshire Community Hospital.

Useful numbers

Royal Berkshire Hospital

Vascular Clinical Nurse Specialists, Tiina Winson and Ioana Valera, 0118 322 8627.

Surgery Clinical Admin Team (CAT3), Royal Berkshire Hospital 0118 322 6890.

John Radcliffe Hospital

Ward 6a	01865 221802
Pre-operative assessment	01865 857635
Theatre direct admissions	01865 221055

National NHS Stop Smoking quit line on 0800 016 9169

Useful website addresses

www.vascularsociety.org.uk

www.bhf.org.uk – British Heart Foundation Website

Circulation Foundation Tel: 020 7304 4779 www.circulationfoundation.org.uk

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Vascular Surgery, September 2026.

Review due: September 2028.