

Femoral endarterectomy

Introduction

This leaflet tells you about the procedure known as femoral endarterectomy. It explains what is involved the benefits and possible risks. It is not meant to replace discussion between you and the vascular team, but can act as a starting point for discussion.

What is a femoral endarterectomy?

Atherosclerosis is the build up of fatty deposits (called atheroma) within the wall of the arteries within the body. When this occurs in the arteries in the legs, it is called peripheral arterial disease. The narrowing or even blockage of the arteries in the legs can cause a variety of problems depending on how severe it is. Some patients have no symptoms whilst others suffer pain on exercise (called intermittent claudication). If the circulation to the legs gets even worse, then persistent pain may be felt in the foot and gangrene may occur.

One way to improve the circulation to the legs is to perform an operation called femoral endarterectomy to surgically remove the narrowing or blockage within the artery. This operation works best when the length of the narrowing or blockage is quite short and is most commonly performed upon the femoral artery in the groin.

There may be other short narrowing or blockages of the arteries within the thigh or pelvis. These may be dilated by balloon angioplasty shortly before the operation on the groin.

What happens during the operation?

You will either be put to sleep (general anaesthetic) or you will have a tube inserted into your back through which painkillers can be given to numb the lower half of your body (a spinal or regional anaesthetic). This will be discussed with you prior to your operation. Sometimes, you will have this as well as a general anaesthetic to provide pain relief following your operation.

The surgeon will make a cut into the skin in your groin of the affected leg. In some patients it may be on both sides. The relevant arteries are exposed, and the arteries clamped. The diseased artery is then opened and the occluding (blocking) plaque is removed. A patch may be inserted to widen the artery.

The artery clamps are then removed and the surgeon will close the wound and cover it with a sterile dressing.

What are benefits – why should I have a femoral endarterectomy?

This operation should allow you to walk further and without pain.

What are the risks?

Although a femoral endarterectomy is a smaller operation than major bypass surgery it is still significant surgery and a small number of patients develop complications. The actual risk varies from patient to patient and largely depends on the presence of other medical problems such as heart, lung and kidney diseases. Possible complications include:

- Haematoma and bleeding – some blood can collect under the skin after the procedure. As long as there is no ongoing bleeding this can often just be monitored without treatment. Rarely, persistent and extensive bleeding occurs and requires urgent surgery.
- Leg swelling – leg swelling occurs in some patients after the operation. This usually resolves itself but may take months to settle. Elevating the leg whilst sitting in a chair, and walking will reduce the swelling.
- Skin numbness – some areas of skin numbness may occur due to the inevitable cutting of nerves when the incision is made to perform the surgery. At first this can be very noticeable but often fades with time. In the longer term it is not normally a problem for the vast majority of patients.
- Wound infection – should wound infection occur, it usually only requires antibiotics to treat it. Occasionally the wound needs to be cleaned out under anaesthetic.
- Loss of blood supply to the legs – this may occur due to the blockage of the artery in the groin or pelvis or from dislodged loose material within the arteries that then passes down into the legs. This is rare but may require further surgery. Very rarely, amputation may be required.
- As with any major operation there is a risk of you having a medical complication.

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, in the afternoon, to Ward 6a 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 with times and a date.

What happens after the procedure?

After the operation you will be transferred to the recovery room where you'll be monitored until you are awake enough to be transferred to the ward.

You will be given fluids by a drip in one of your veins until you feel well enough to sit up and take fluids and food by mouth.

Your mobility will be checked by a physiotherapist the morning after your operation and you can expect to be in hospital for two days. You will be given aspirin, which thins the blood. You usually need to take aspirin for the rest of your life if you are not already on a medication such as this.

What do I need to do after I go home?

Your dressing will also usually be removed before you leave hospital. If you still need a dressing when you go home, we will arrange for a practice nurse at your GP surgery or district nurse to change it regularly. It is fine to have a shower when you go home.

You should be able to gradually resume normal activities as you feel well enough. Avoid heavy lifting and frequent stretching at first.

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.

What can I do to help myself?

Smoking: If you are a smoker the single most important thing you can do to help yourself is to give up smoking. Stopping smoking will also help to protect all of your arteries making it less likely that you will suffer from heart attacks or strokes. Giving up is not easy but there is a smoking cessation service and support groups that can help. Your vascular specialist nurse or GP practice nurse can advise you about these. You can contact the free NHS SmokeFree National Helpline on 0300 123 1044, Smokefreelife Berkshire on 0800 622 6360 or the Knowledge & Information Centre (KIC) (details below) who will give you details of our support services.

Inactivity: Gentle exercise such as walking and cycling are recommended to help improve your overall level of fitness. Exercise helps your body to produce healthy cholesterol and this helps to protect your arteries against bad cholesterol.

High blood pressure: It is very important that you have your blood pressure checked regularly - at least every six months. If you have been prescribed medications for high blood pressure, you must make sure that you take it according to the instructions given.

Diabetes: If you have diabetes it is important that your blood sugar levels are well controlled.

High blood cholesterol levels (fatty substance in your blood): You should eat a healthy balanced diet and try to reduce any excess weight. It is important to reduce the level of cholesterol in your blood. Your vascular nurse can refer you to a dietitian if needed. You may be prescribed medication to help lower your cholesterol level (e.g. a statin) and low-dose aspirin to help prevent blood clots from forming.

Useful numbers

Royal Berkshire Hospital

Denise Alston, Vascular Nurse Specialist 0118 322 8627

Clinical Admin Team (CAT 3) 0118 322 1883

John Radcliffe

Ward 6a 01865 221802

Pre-operative Assessment 01865 857635

Theatre Direct Admissions 01865 221055

National NHS SmokeFree Helpline 0300 123 1044

Smokefreelife Berkshire 0800 622 6360

Useful website addresses

www.royalberkshire.nhs.uk

www.vascularsociety.org.uk

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

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

This document can be made available in other languages and formats upon request.

Denise Alston, July 2018

Review due: July 2020