This booklet will give you information about what you can expect following your lower limb bypass surgery. We hope it will answer many of your questions. Please speak with a member of the rehabilitation team if you need any more information. We are here to help you.
Who will be involved in my care?

There are many professionals who work together to provide the care and support that you need, both during your hospital stay and after you are discharged from hospital.

**DOCTORS**

You will be under the care of a consultant surgeon while you are on the ward, who will have a team of doctors helping them. They will see you regularly while you are in hospital, to monitor your recovery and manage any medical issues that you may have. When you are discharged from hospital you are likely to see your consultant as an outpatient. They will hand over your day to day medical care to your GP.

**NURSES**

The nurses will take care of you from the day you are admitted until the day that you leave hospital. They will be there to help and advise you with personal hygiene, wound care and monitoring the condition of your skin. They are also your link with other staff involved in your care.

**PHYSIOTHERAPIST**

The physiotherapist will help you regain your strength and confidence following surgery. You will be given an exercise programme to help you regain movement and strength in your legs. Your physiotherapist will give you advice about suitable walking aids and increasing your activity after your operation.

**PODIATRIST**

This member of the team can advise you on the treatment and care of your feet. This is especially important if you are diabetic.

You may also meet the Occupational Therapist, pharmacist, dietitian and other specialist teams who can give advice on particular aspects of your care.
What to expect after your surgery

After your operation you may feel a bit sleepy and disorientated. This is an effect of the anaesthetic. You will be monitored closely for the first few hours after surgery. You will have an oxygen mask over your mouth and nose, to help you recover from the anaesthetic. You may also notice some drips and tubes attached to you. You may have:

- a drip in your arm for fluids and medications
- pain relief, either as thin tube into a vein in your arm or hand as patient controlled analgesia (PCA), or a thin epidural tube in your back
- a tube into your bladder (catheter) so that your urine can drain into a bag. This will be removed as soon as possible, usually when you are moving more freely in bed.
- wound dressings.

Pain control

It is normal to experience some pain or discomfort in the early days after surgery, usually around the site of your wound. Some bruising and swelling of your leg is to be expected. This will improve as your healing progresses.

You will be given painkillers to help keep you comfortable. It is important that you let us know if you are in pain. Good pain control will help you to move more freely, helping you to recover more quickly.
When will I start getting out of bed?

You are allowed to bend your leg as far as it is comfortable, but when resting you should keep your leg straight. You may have a leg support to relieve any pressure on your heel.

As soon as you are feeling well and your pain is well controlled, staff will help you move safely to sit in a chair. This is usually on the first or the second day after your operation. When you are sat in a chair raise your leg on a footstool to help reduce any swelling. The footstool should support behind your knee and calf, leaving your heel free from pressure.

When you are ready to try walking, you will be allowed to put your full weight on your leg, but you may need to use a walking frame to start with, for your comfort. Staff will help you with walking until you feel safe to walk on your own.

What exercises will I be given?

The physiotherapist will visit you after your operation to teach you the following simple exercises. These will help you to regain your strength in your leg and reduce the risk of stiffness in the joints. They can also give you advice about increasing your activity ready for when you go home.

The following exercises should be practiced four times a day. Try to stretch each movement as far as is comfortable. It is normal to feel some stretching of the wound. It may feel uncomfortable to start with, but will get easier with practice.

You will make better progress by practicing these exercises after taking your painkillers. Continue doing these exercises every day until your movement is fully restored and you are comfortable.
Knee extensor strengthening without weights

Position yourself lying on your back with a rolled towel under your knee.

Start with your knee bent slightly over the rolled up towel.

Straighten your knee, lifting your foot clear from the bed.

Hold for 5 seconds and lower your leg back to the starting position.

Repeat 10 times.

**Always remove the towel after completing the exercise.**

Ankle dorsiflexor/plantarflexor strengthening without weights

Position yourself lying on your back.

Pump your feet up and down, stretching your ankles as far as comfortable.

You will feel a stretch in your calf muscles.

Repeat 10 times.
Knee extensor strengthening without weights

Sit on the side of your bed or chair.

Starting with your knee bent, straighten your knee by lifting your foot from the ground.

Hold for 5 seconds and lower your foot to the floor.

Repeat 10 times.

Knee flexor strengthening without weights

Position yourself standing with your hands resting on a stable surface e.g. windowsill or kitchen counter.

Starting with your knee straight, bend your knee by lifting your foot up towards your buttocks.

Lower your foot slowly to the floor.

Repeat 10 times.

Diagrams © PhysioTherapy eXercises
Walking

Walking is the best exercise you can do in the early days of your recovery. You will need to build up the distance you walk gradually, aiming for a short distance every couple of hours during the day – think about standing to march on the spot, walking around the bed space or to the toilet. This is the best way to gain your balance and confidence in preparation for returning home.

Once you are back at home you should walk around your home frequently and should start practicing walking outside each day. Start with a short distance, staying close to home. Use street furniture, such as street lights, to mark your progress and try to increase the distance you go a little each day. Think about your normal walking habit and build on that.

Stairs

If you were previously able to manage stairs, you are unlikely to have a problem after your operation. Most people manage with a hand rail for support. Take it slowly and use one step at a time. Lead with your ‘good’ leg going upstairs, and lead with your ‘operated leg ‘on the way down.

The physiotherapists can help you to practice stairs before you go home. Please let us know if you are concerned and would like any help.
Preparing to go home

The whole team will work closely with you as you recover from the operation and plan for your discharge from the hospital. We are here to make sure that you have the right information and support you as you recover. If you or your family have any concerns about your care or discharge plans please do speak to one of the team.

You are likely to be discharged home approximately 3-5 days after your operation, provided that:

- your wound is healed enough to be managed at home. The hospital nursing staff will give you a leaflet that will explain how to care for your wound at home. The district nurse or your GP’s practice nurse may be able to help you if needed.

- you are walking well enough to manage essential activities at home, e.g. washing and dressing, using the toilet,

- you can manage your medications at home.

Your recovery will continue at home. It is normal to feel tired for several weeks after your operation. This will gradually improve; most people take about 6 weeks to recover fully.

Will I be able to drive?

You will be able to drive when you can safely perform an emergency stop. If you are not able to stamp your foot on the ground without pain you are not ready to return to driving. You need to have full, pain free movement of your leg and be confident that you are able to concentrate fully. This is normally between 2-4 weeks after surgery.

Different rules apply for Group 2 license holders. Please contact the DVLA for further advice.
Staying healthy

Skin care

If you have problems with your circulation your skin can become very dry. It is important to ensure that your skin is moisturised, as dry skin can crack. This increases the risk of infection.

Use a simple moisturising cream in gentle downward strokes in the same direction as your body hair. Avoid any broken skin and do not moisturise between your toes (this can cause problems with the skin being too ‘wet’). You can moisturise your wound when it is fully healed. Avoid using perfumed moisturisers, as these can irritate your skin. Nursing staff can help advise you on which cream will be suitable.

Soap is very drying to your skin. Consider washing with a soap substitute, using warm water. Test the temperature of the water with your elbow before immersing your limbs. Dry thoroughly but gently, taking care between your toes. Do not force your toes apart. Pat your skin dry rather than rubbing, as this can be too rough on sensitive or dry skin.

Inspect your feet daily. You can use a long handled mirror, or ask someone else to help you. Seek advice from your GP, district nurse or podiatrist if you find any cuts, blisters or inflamed areas.

Check your footwear regularly for rough edges or sharp areas. When buying new footwear, check they fit well, with plenty of room for your toes. Check that socks or stockings are not too tight around your ankle or calf and that they do not leave a mark on your skin. Seek advice from a podiatrist on how best to cut your toe nails. Never treat corns or calluses yourself.
Are there any complications I should be aware of?

Most people recover from their surgery without any complications. However, with any surgery, problems can sometimes occur. If you have any concerns whilst you are in hospital please seek advice from a member of staff.

If you have any concerns when you are at home speak to your GP or call NHS 111 for advice (dial 111 free from any landline or mobile).

**Wound infection**

If your wound becomes infected this will slow down the healing process. Signs of wound infection are:

- swelling
- increased redness around the wound
- pus or bleeding from the wound
- the wound feeling warm
- an unpleasant smell from the wound
- increasing pain
- a high temperature (fever).

**Failure of the bypass graft**

If the graft becomes blocked you may need further surgery to clear the blockage. Rarely, the graft cannot be unblocked and this can result in amputation of your leg.

If you develop sudden pain or numbness in your leg which does not get better within a few hours, contact your GP or Ward 6A at the John Radcliffe Hospital immediately.

Tel: 01865 221 802 or 01865 221 804
Swelling in the groin (seroma)
Following surgery, fluid can collect beneath your wound. This usually gets better on its own but can take several months to clear. Occasionally it may need a further operation to drain the swelling.

Swelling of the leg
It is normal to have some swelling following surgery. Continue with the exercises and raise your leg when resting at home, to help reduce the swelling. If you notice a sudden increase in swelling please seek medical advice from your GP or Ward 6A (see page 13 for contact number).

Skin sensation
It is common to have some numbness over your wound and in the lower part of your leg, due to unavoidable damage to small nerves during the surgery. This can be permanent but often improves slowly over 2-3 months.

Bleeding
If you have any bleeding from your wound apply firm pressure to the area that is bleeding and seek medical advice immediately from your GP or ring ward 6A (see page 13 for contact number).

Smoking
It is very important that you stop smoking. Smoking is a major cause of circulation problems, because it damages your blood vessels. Continuing to smoke can delay healing of your wound and increases the chance of you needing further surgery. Speak to a member of the team, who can direct you to one of the smoking cessation nurses to provide you with specialist support.
How to contact us

Ward 6A
Tel: 01865 221 802 or 01865 221 804
(24 hours)

Physiotherapy
Tel: 01865 741 166 and ask for bleep 1758
(8.00am to 4.00pm, Monday to Friday)
Useful contacts

**Here for Health – Health Improvement Advice Centre**
Oxford University Hospital drop-in centre for advice and support on healthy living, including physical activity, diet, smoking, alcohol and emotional wellbeing.

Tel: **01865 221 429**
(9.00am to 5.00pm, Monday to Friday)
Email: hereforhealth@ouh.nhs.uk
Website: www.ouh.nhs.uk/HereforHealth

**Smokefree**
For advice on giving up smoking, including how to find your local support group.
Tel: **0300 123 1044**
Website: www.nhs.uk/smokefree

**British Red Cross**
Help with independent living, transport and mobility aids.
Tel: **0844 871 11 11**
Website: www.redcross.org.uk

**DVLA – Driving and medical issues**
Tel: **0845 850 0095**
Website: www.gov.uk/contact-the-dvla

**Circulation foundation**
Tel: **0207 869 6938**
Website: www.circulationfoundation.org.uk/

**NHS 111**
Tel: **111** (Freephone from mobiles and landlines)
If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call 01865 221 473 or email PALSJR@ouh.nhs.uk