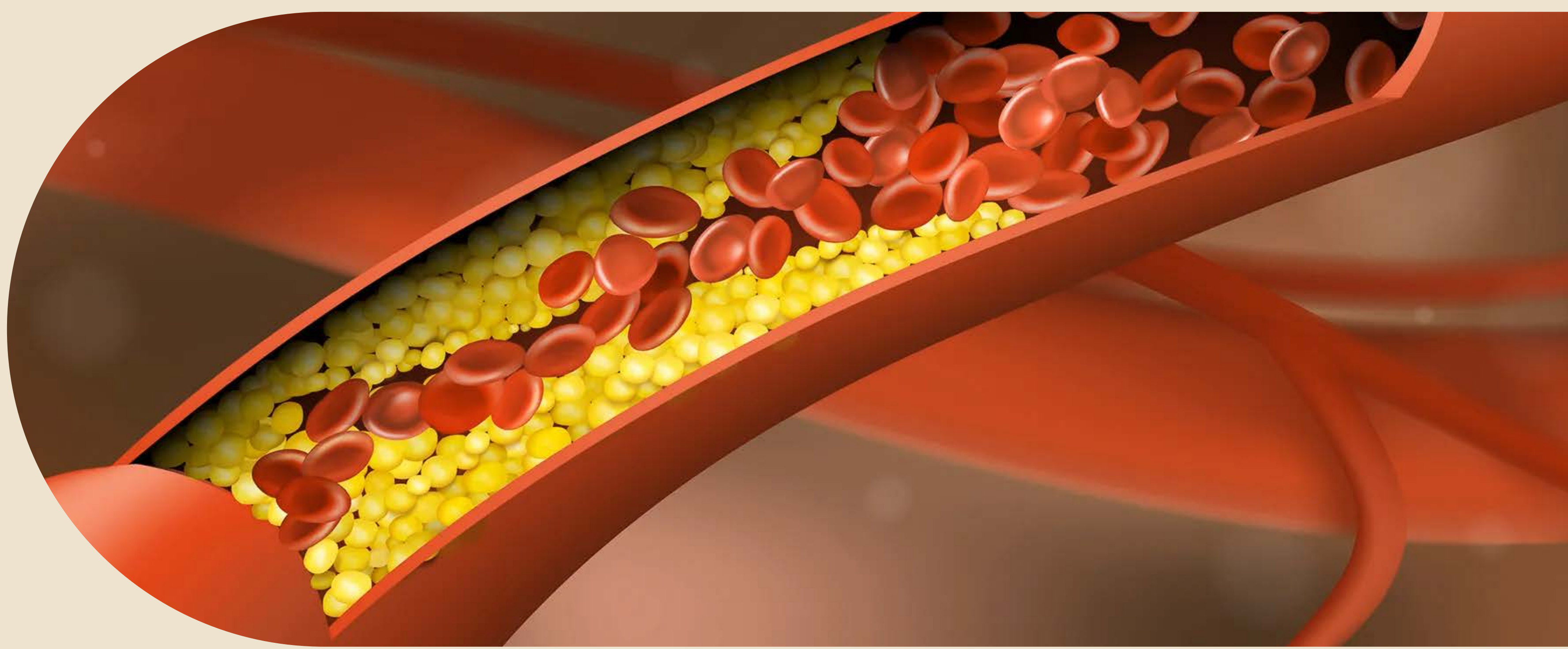


# Aortic Bifemoral Bypass Guide



## What is hardening of the arteries?

The aorta is the main artery leading from your heart. By means of an extensive network of branches, it supplies blood to your organs and your limbs. Normal arteries are smooth with no obstruction to blood flow. As people age, the blood flow can be blocked due to build up of fatty substances called plaque. Often blood flow is reduced to a trickle requiring an operation to bypass a blocked area.

## The Operation

The operation is done while you are asleep. The surgeon makes a cut down the middle of your abdomen. The goal of the surgeon is to bypass the blocked area in your aorta with an artificial graft extending from the aorta to the femoral arteries, the main blood vessels in your legs. This will restore the blood supply to your legs. During the aorta bifemoral bypass, the surgeon will also make a cut in each groin in order to attach each leg of the artificial graft to your femoral artery.

## Before the operation

**The following tests would have been performed:**

- Chest x-ray
- Blood tests
- Electrocardiogram (ECG)
- Urine test
- You will be seen by the anesthetist

**Medications**

You should continue taking your normal medications. Please consult your doctor for advice if you are taking WARFARIN or HORMONE REPLACEMENT.

**Belongings and valuables**

Please bring your own toiletries and pajamas. Leave any valuables at home.

**The day before the procedure**

You will be admitted to the ward for bowel preparation. This will involve drinking fluids only and you will also be given an enema. Nothing is to be taken orally from 10 pm at night. You will also be given lung physiotherapy.



## After the operation

You will be admitted to the Intensive Care ward. You will have a tube in your mouth connecting you to a ventilator and a tube in your nose for drainage of your stomach. Over the next few days these tubes will be removed. You will be connected to a machine that will monitor your heart rate and rhythm and your blood pressure. You will have a catheter (a tube) in your bladder to measure your urine output. You will have a drip or epidural catheter that contains medication for pain.

You will receive daily physiotherapy.

**DIET AND FLUIDS**

You will not be able to eat or drink anything until your doctor gives you permission to. Activity You will be resting in bed for at least three days. On day 3 the nurse will assist you to the shower. You will be encouraged to walk with the physiotherapist or nurse. By day seven or ten you will be discharged.

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