

**Patient
Information**

Femoral endarterectomy

Introduction

This leaflet gives you information about having an operation on your femoral artery (the artery in the groin) to improve a narrowing or blockage in the blood vessels.

It should answer some of the commonly asked questions about hospital admission, the operation and discharge home.

Why do I need this operation?

The femoral arteries run from the groin to the thigh delivering blood to your legs. When there is a narrowing or blockage in these arteries, the blood supply to the legs is reduced. This can cause pain in your calf when exercising and is known as intermittent claudication. In severe cases reduced blood supply can cause constant pain in the foot and the leg or pain when lying in bed. It can also cause tissue loss, ulceration or gangrene to the lower leg, foot or toes.

Benefits of the operation

- To improve the circulation (blood flow) to your leg
- To prevent your symptoms becoming worse
- To reduce any symptoms that you currently have such as pain or tissue loss

About the operation

One way to improve the circulation to the legs is to surgically remove the narrowing or blockage in the artery. This operation is called femoral endarterectomy. The surgery can be performed under a general or spinal anaesthetic depending on your health and fitness.

Your anaesthetist will talk to you about the best option for you and explain the differences between them.

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Department

Vascular

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The operation will involve a cut in the groin. The surgeon opens the artery then the narrowing or blockage will be removed allowing more blood to flow to the leg. The surgeon will then close the artery and, at this stage, a synthetic patch may be stitched onto the artery to prevent it from narrowing again. The wound will then be closed, usually with dissolvable stitches.

Hybrid procedure

As well as a narrowing or blockage in the femoral artery, there may also be other short narrowings or blockages in the blood vessels in the thigh or pelvis. These can sometimes be stretched at the same time as the femoral endarterectomy, using a procedure called an angioplasty – the whole procedure (endarterectomy and angioplasty) is known as a hybrid procedure.

After the femoral endarterectomy procedure has been completed, a small wire and plastic tube (catheter) will be passed into the artery in the groin and fed along to the narrowed section. A balloon will then be inflated to stretch open the area. Sometimes it is necessary to use a stent (small wire tube placed inside the artery) to keep the stretched area open.

Risks and complications

As with any operation there are risks involved. These will vary according to your health but may include:

- Leg swelling. It is normal for your leg to swell temporarily, but occasionally this may continue.
- Numbness. You may have patches of numbness around the wound or lower down the leg if the small nerves to the skin have been cut.
- Bruising and bleeding. Some bruising can happen after the procedure. There is a rare risk of bleeding which does not stop; this would require urgent surgery.
- Wound infection. There is a small risk of wound infection. If this happens it usually requires antibiotic treatment. Sometimes the wound needs to be cleaned out while you are under a general anaesthetic (asleep).
- Infected patch. Sometimes the patch stitched to the artery, can become infected and would need to be removed and repaired with an operation.

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- Loss of blood supply to the leg. Plaque inside the arteries may break free and flow to other parts of the leg, causing other blockages, tissue death, and can potentially lead to amputation of the leg.
- As with any major operation there is always a risk of death. This is usually extremely small and is partially dependent on your health.

What to expect

You will be admitted to hospital usually on the day of your operation and you can expect to be in hospital for 3 to 5 days.

Following your operation, you will be taken to a surgical ward for the rest of your hospital stay.

Going home

After you leave the hospital, it is important that you have periods of rest and slowly build up your normal activities each day.

It is advisable when you are resting that you raise your leg so that it is level with your heart. You should avoid long periods with your leg down to help reduce any swelling.

Recovery can take several months and you may feel very tired for weeks or months after your operation.

Most people are able to go back to work after 6 weeks. If you need further time off, discuss with your GP.

You can begin driving again once you can perform an emergency stop comfortably and without hesitation.

Follow up

You will be seen in the outpatient clinic about 4 to 6 weeks after your discharge. If you have had stents inserted, we will arrange for you to have a scan to monitor these, usually in 3 months.

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Contact information

Gloucestershire Hospitals Switchboard

Tel: 0300 422 2222

When prompted, ask for the operator then for your consultant's secretary.

Ward 2A

Tel: 0300 422 6776

Department of Critical Care

Gloucestershire Royal Hospital

Tel: 0300 422 6178

Cheltenham General Hospital

Tel: 0300 422 4013

Vascular Advanced Nurse Practitioner

Tel: 0300 422 2897

Monday to Friday, 8:00am to 5:30pm

Further information

Gloucestershire Hospitals NHS Foundation Trust

This website gives ward information, maps of the hospital and access to patient information.

Website: www.gloshospitals.nhs.uk

Royal College of Anaesthetists

The following website will give you information about how to prepare yourself before your operation to enable a better recovery.

Website: www.rcoa.ac.uk/fitterbettersooner

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