

What To Expect: Lower Extremity Arterial Bypass

East Texas Vascular Associates

Surgical Incision Care Instructions & Information

1. We use a combination of sutures and surgical clips on lower extremity bypass surgical incisions. Depending on the patient, these are often removed at your 2-week or 4-week post-operative appointment.
2. **INSPECT FOR INFECTION:** Check your incisions daily for redness, swelling, and drainage!
3. It is normal for your incisions to be sensitive and tender to touch. You may have burning, tingling and numbness on the inner thigh along the incisions and down the front of the calf. These sensations are due to the healing skin nerves that are cut at the time of surgery. These feelings are normal and are part of the healing process. This may continue for 6 - 12 months.
4. When you shower, gently wash your incisions with soap and water and pat dry. You may use your usual bath soap. Do not apply lotions, creams, ointments or powders to your incisions unless told to do so by your surgeon.
5. You will most likely leave the hospital with gauze dressings over your surgical incisions. It is not necessary to keep your surgical incisions covered. However, if your incisions begin to drain at home, you may cover them with a gauze dressing.

"My surgical leg is swollen!"

It can be normal to have swelling in your operative leg. We call this "revascularization edema." This may increase as you are up more at home, especially if you have incisions below the knee. To help reduce the amount of swelling, try the following:

1. Avoid sitting with your legs down for long periods of time. Keep your leg up when you are sitting in a chair.
2. You may need to elevate your leg so the heel is above the level of your heart for an hour in the morning

NOTE: If you have a warm, red, tender calf on either leg, please call the office. These can be signs of a more serious condition called deep venous thrombosis (DVT)

Returning to Daily Activities

General Activities: You will tire easily after surgery but this will slowly improve each week. Use common sense and rest when you are tired. Try to space your activities throughout the day and allow for rest periods.

Bathing: Avoid submerging in water (Ex: taking a bath, swimming, or going in the hot tub) until your sutures and surgical clips have both been removed.

Work: Some patients return to work sooner than others, but plan to be off for 6 weeks! At your 2-week post-op appointment, we will discuss your return to work plan.

Driving: You may begin driving again once you are no longer using pain medication and you have the ability to use your leg without pain.

Exercise: Walking is the best form of exercise after surgery. Start out slowly and gradually increase your walking distance until you are able to resume your regular activities. Avoid lifting objects heavier than 10lbs for 6 weeks!

Discomfort & Pain

Managing Pain and Discomfort:

- Please apply ice to the surgical incisions 30 minutes on / 30 minutes off while awake for the first 24-36 hours to help reduce pain and swelling
- Prescription: Please take your prescriptions as written (Typically Tylenol 3 or Ultram)
- OTC medications: Patients may also try alternating Tylenol (max 3g/day) and Ibuprofen every 4-6 hours instead of taking prescribed pain medications

ATTENTION

If you develop any of the following:

CALL 903-595-2636

- Fever (>100.4°F), chills, or excessive sweating
- Uncontrollable nausea/vomiting. Extreme abdominal pain
- Increased shortness of breath. Heaviness/pain in the chest!
- Difficulty urinating
- Bleeding, redness, swelling or thick drainage from your incisions.
- Sudden, worsening, unusual or severe pain in your leg!
- You have a pale, painful, cold and numb or you cannot move your foot or toes.
- Development of an open sore, crack in the skin or black or blue spots on your foot or toes that don't go away.
- Questions/concerns you develop after returning home!

Disclaimer: East Texas Vascular Associates, P.A. offers and maintains this handout to provide general information about lower extremity arterial bypass surgery. The information is provided with the understanding that East Texas Vascular Associates is not engaged in rendering surgical or medical advice or recommendations through this handout. Any information on this handout should not be considered a substitute for consultation with a board-certified surgeon. Individual facts and circumstances will determine the treatment that is most appropriate. .