

A guide to Lower Extremity Bypass Vascular Surgery



This booklet will help you understand and prepare for your surgery.
Bring this booklet with you on the day of your surgery.

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This booklet was developed by the MUHC Surgical Recovery (SURE) working group.

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IMPORTANT

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional health care practitioner, or to substitute medical care. Contact a qualified health care practitioner if you have any questions concerning your care.

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PRET SURE
Parcours de rétablissement chirurgical du CUSM
MUHC Surgery Recovery Program

What is a care pathway?

When you go to the hospital for lower extremity bypass vascular surgery, you will be part of a **Care Pathway** program. The Care Pathway program helps you get better quickly and safely. Your health care team worked together to create this pathway.

This booklet will:

- Help you understand and prepare for your surgery.
- Explain what you can do to get better, faster.
- Give you goals for every day that you are in the hospital.
- Give you information for when you return home.

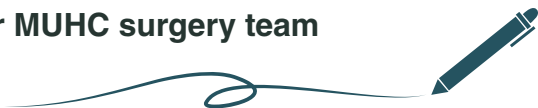
Research shows that you will recover faster if you do the things explained in this booklet. There are instructions about eating and drinking, physical activity, and controlling your pain. These things will help you feel better faster and go home sooner.

Bring this booklet with you on the day of your surgery. Use it as a guide during your hospital stay. Hospital staff will review it as you recover and before you go home.

Having surgery can be stressful for patients and their families. The good news is that you are not alone. We will support you each step of the way.

Please ask us if you have questions about your care.

Your MUHC surgery team



If you are not comfortable with French or English, try to have someone with you during your clinic visits and hospital stay who can help you understand.

What is the vascular system?

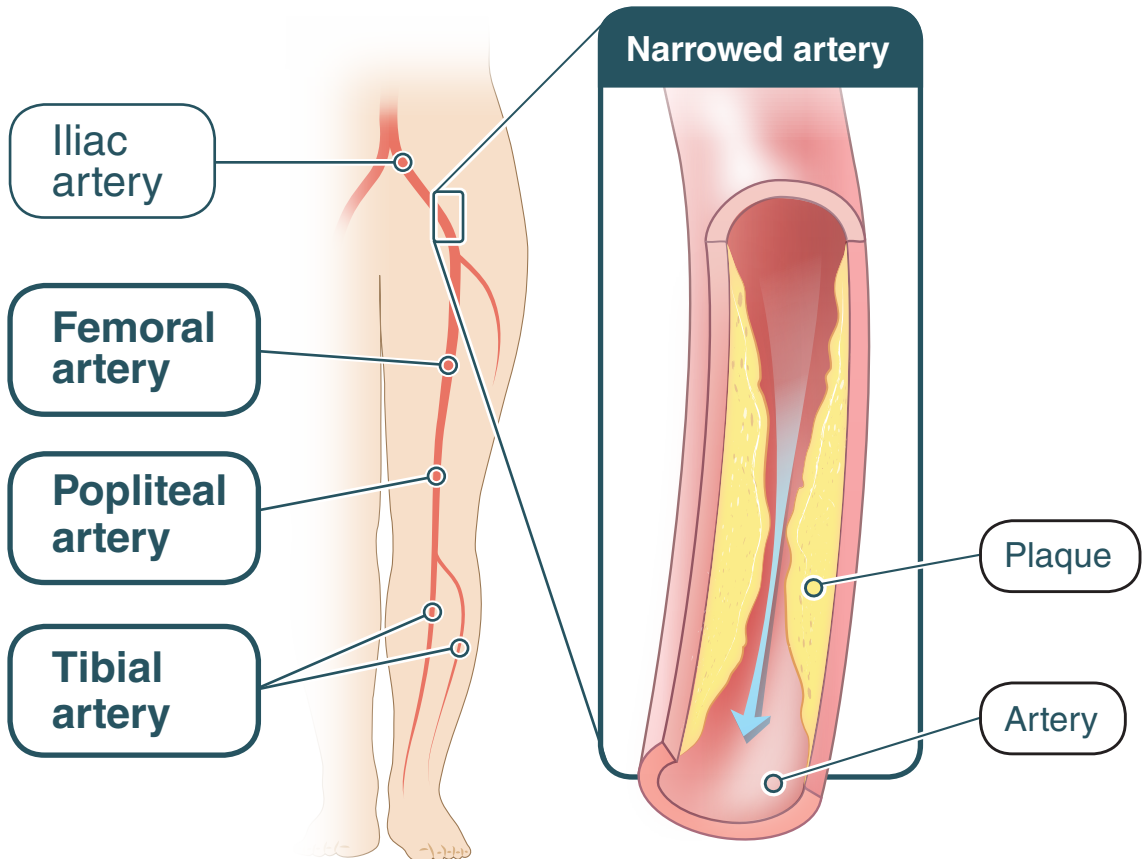
The vascular system is also called the circulatory system. It is responsible for moving blood throughout your body.

The vascular system is made up of arteries, veins and capillaries.

Arteries bring blood from your heart to all parts of your body. Each artery brings blood to a specific part of your body. Arteries are given different names based on where they go in the body. For example, when the artery brings blood to an area in the upper leg called the femur, this artery is called the **femoral artery**.

Veins return blood from all parts of the body to the heart.

Capillaries are tiny blood vessels that connect the arteries and veins.



What is lower extremity bypass vascular surgery?

A lower extremity vascular bypass surgery is necessary when an artery in the leg is blocked. The surgery will move blood along a new path around the blocked part of the artery. It is like a bridge. This surgery is also called “peripheral bypass surgery”.

Signs of a serious block in a leg artery are:

- Severe constant pain in your foot that stops you from sleeping.
- Skin ulcers (sores) or wounds on your leg that do not heal.
- Infection or gangrene in your leg.

A bypass can be done by using:

- A piece of vein taken from your leg.

or

- A synthetic tube.

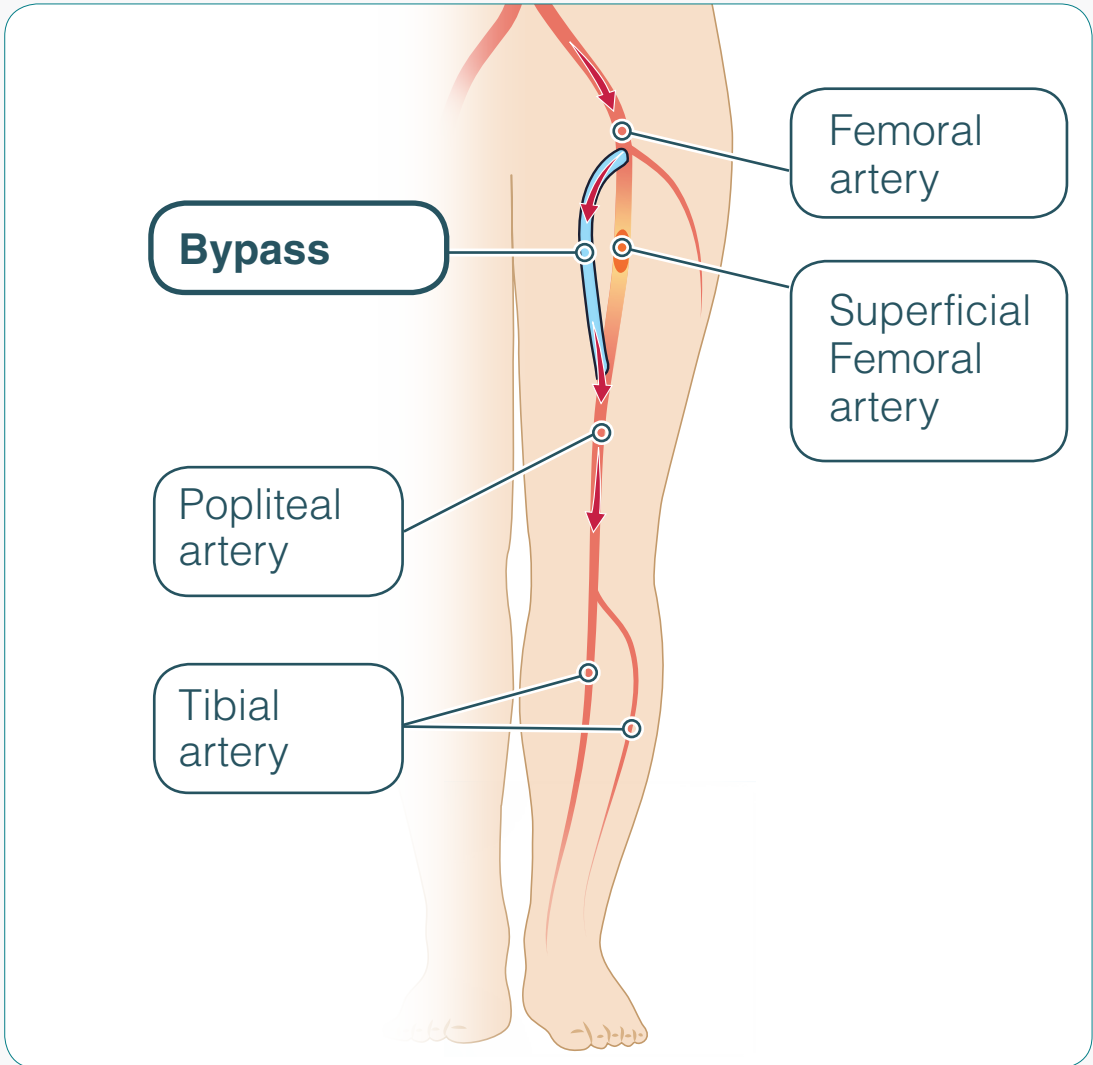
You and your surgeon have discussed what type of surgery you will have. The most important goal of the surgery is to improve your blood flow to your leg. This will make your pain less. It will also help you to move around more easily and prevent amputation.

What is lower extremity bypass vascular surgery?

There are different types of lower extremity bypass surgeries. These are the most common:

- **Femoral popliteal bypass surgery:**

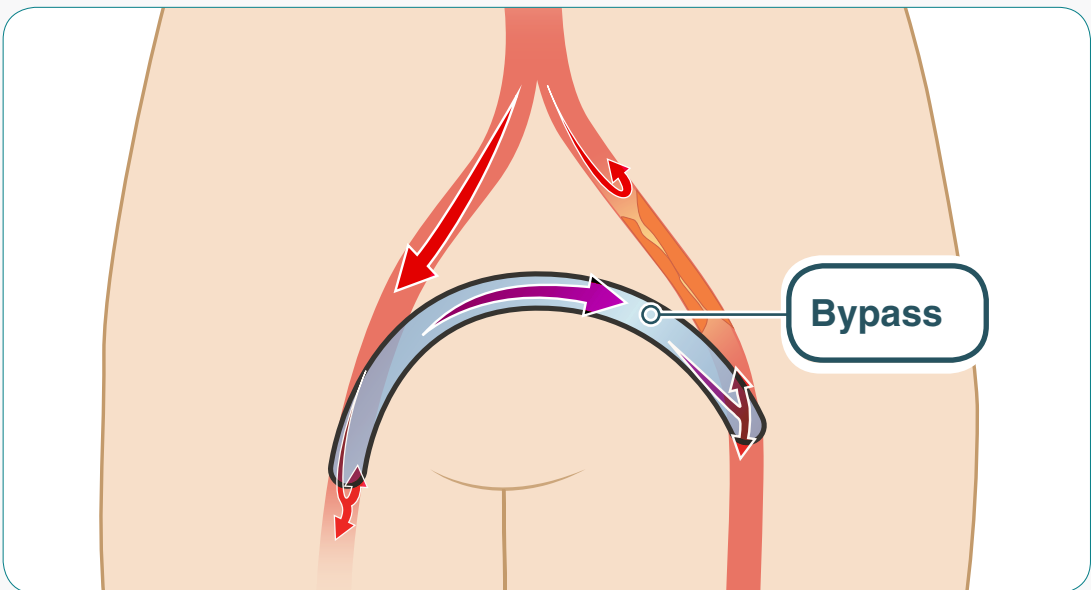
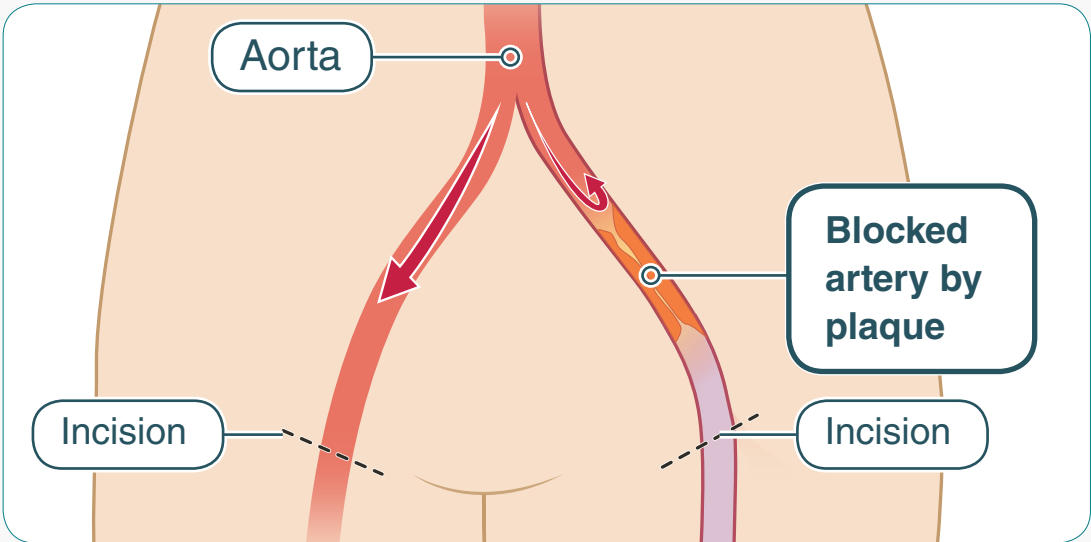
A new path is made from the femoral artery to the popliteal artery



What is lower extremity bypass vascular surgery?

- Femoral femoral bypass surgery:**

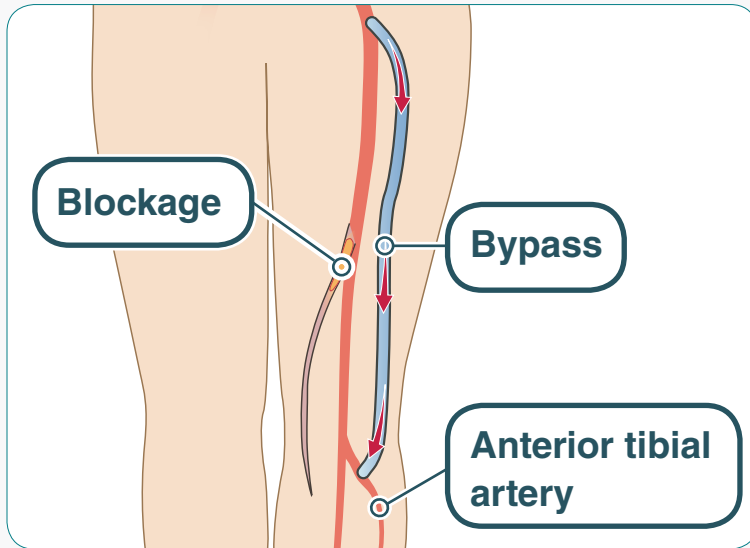
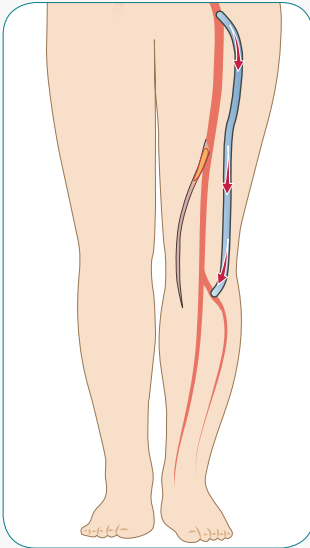
A new path is made from the femoral artery on one side to the femoral artery on the other side.



What is lower extremity bypass vascular surgery?

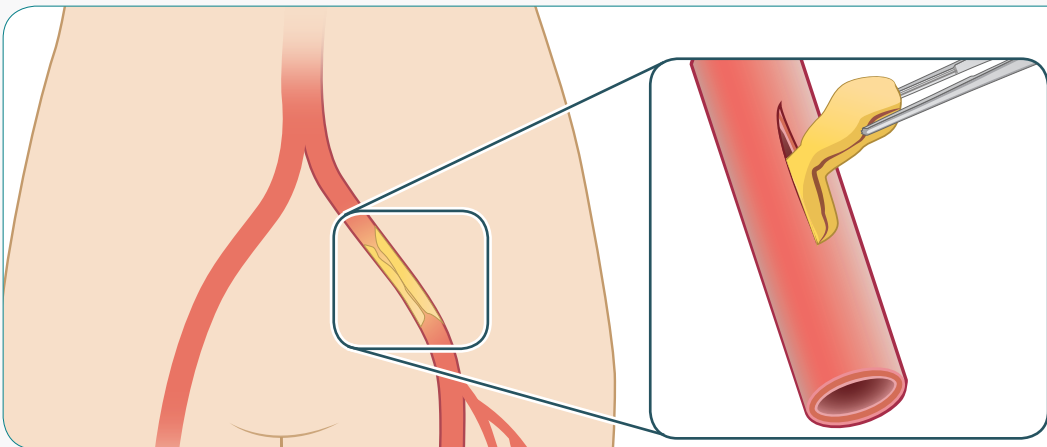
- **Femoral tibial bypass surgery:**

A new path from the femoral artery to the tibial artery.



- **Femoral endarterectomy**

This is when the block in the femoral artery can be removed. The block is caused by a build-up of fat and calcium, called a **plaque**.



Preparing for your surgery

Be active

You should exercise every day. Your fitness level before surgery can make a big difference in how you recover. Keep your weight under control. If you are already exercising, keep up the good work. If you are not, start slowly adding exercise into your day. Exercise does not need to be hard to make a difference. A 10-minute walk is a good start.



Stop smoking

You should quit smoking before your surgery. Quitting before surgery can help you recover faster. Quitting is possible even if you are a long time heavy smoker and have tried many times in the past.

It is never too late to stop.

Your doctor can help you stop smoking. Speak with your doctor about the different ways to stop.

See page 38 to learn more.



Restrict alcohol

Do not drink alcohol for 24 hours before surgery. Alcohol can change the way some medications work. This could affect how you recover. Tell us if you need help cutting down on your alcohol use.



Preparing for your surgery

Plan ahead

You might need some help at home after your surgery. Ask your family and friends for help with meals, bathing, laundry, or cleaning. Make sure you have food in the fridge or freezer that is easy to prepare.

If you don't think that you can manage at home after your surgery, talk with your local CLSC. They might offer services such as housekeeping or meals on wheels.



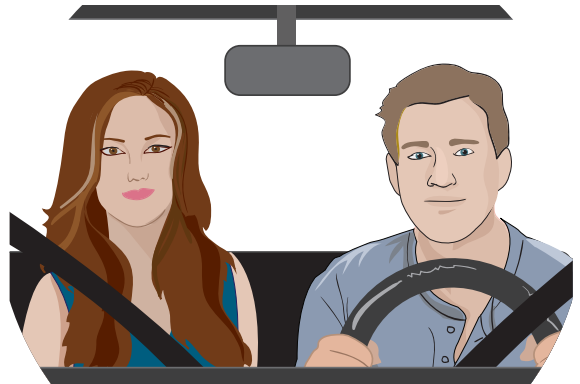
Arrange transportation

The day of surgery is called Day 0. You should be able to go home from the hospital between Day 1 and Day 3 after your surgery. Your surgeon will let you know when to expect to go home.

Tell your nurse if you are worried about going home.

Remember to plan a ride back home.

See pages 39 for information on parking rates.



Pre-operative Clinic visit

The reason for this visit is to check your health, plan your care and make sure you are ready for surgery.

During your Pre-operative Clinic visit, you will meet with a nurse and a doctor.

They will:

- Ask you about your health and any medical problems you have.
- Ask you about any medication that you are taking.
- Tell you how to get ready for your surgery, for example, what activities to do and what to eat.
- Tell you what to expect while you are in the hospital and what to expect after your surgery.

If you have medical problems, you might have to see another doctor (a specialist) before surgery.

You might also:

- Have an electrocardiogram (ECG) to check how your heart is working.
- Have blood tests.
- Need to stop taking some medications and natural products before surgery.



The Pre-operative Clinic doctor will tell you which medications you should stop and which ones you should keep taking.



If you have any questions, call the Pre-operative Clinic nurses:

Phone: 514-934-1934, ext. 34916

Days: Monday to Friday

Hours: 7 a.m. to 3 p.m.

Pre-operative Clinic: This clinic is located near the cafeteria on DS1.2428 (Block D, level S1).

Phone call from Admitting

The day before your surgery, the Admitting Department will call to tell you when to come to the hospital. If your surgery is scheduled on a Monday, the hospital staff will call the Friday before.

They will ask you to come 2 or 3 hours before your surgery. The time of surgery is not exact. It can happen earlier or later than planned.

Exception: If your surgery is planned for 7:30 a.m., we will ask you to arrive at 6:30 a.m.



Date of surgery:

**Time of arrival
at the hospital:**

Room: Surgery Registration, Block C, level 3 (C03.7055).

Enter the building through the Royal Victoria Hospital main entrance. Take the first set of elevators (North), these are the elevators you will see and go to the 3rd floor.



If you do not get a call by 2 p.m. the day before your surgery, call the Admitting Department at 514-934-1934 ext. 31557.

Cancelling your surgery

If you are sick, pregnant, or for any reason you cannot come to the hospital for your surgery, call as soon as possible to tell us.

You should call both:

- The surgeon's office
- and**
- The Central Operating Room Booking (CORB)
at 514-934-4488 (between 9 a.m. – 11 a.m. and 1 p.m. – 3 p.m.).

If you call after 3 p.m., leave a message on the answering machine stating:

- Your full name.
- Date of surgery.
- Your telephone number.
- Your hospital card number.
- The surgeon's name.
- The reason you are cancelling your surgery.
- For how long you will not be available to have the surgery.

If you need to cancel your surgery the day before, after 3 p.m.:

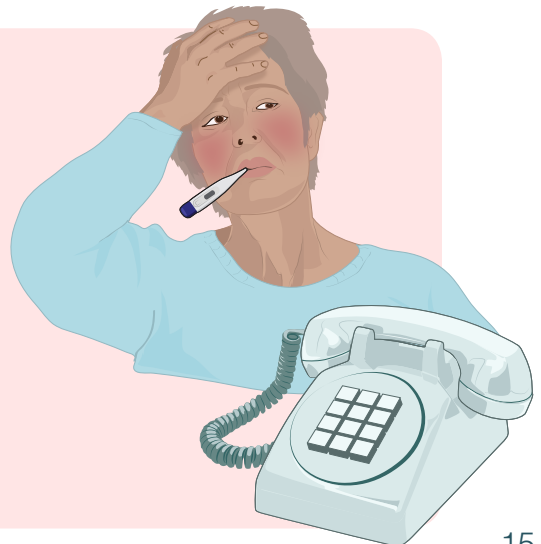
- Call the Admitting Department at 514-934-1934 ext. 31557.



The Royal Victoria Hospital is a Transplant and Cardiac Centre.

This means that your surgery might need to be delayed or cancelled because of an emergency.

Your surgeon will reschedule you as soon as possible.



Diet


The Pre-op Clinic nurse will explain what to eat and drink before your surgery.


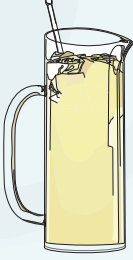








Remember: Some people should not drink at all on the day of their surgery. Your nurse will tell you if you need to stop drinking at midnight.

The evening before surgery:

- Eat and drink normally until midnight.
- Drink 1 carbohydrate drink (clear juice) in the evening (see list below).
- Drink it within 10 minutes.
- **After midnight, do not have any food, dairy products, or juice with pulp.**



 **No sugar-free drinks.**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				
Commercial iced tea 1100 mL	Lemonade without pulp 1000 mL	Orange juice without pulp 1000 mL	Apple juice 850 mL	Cranberry cocktail 650 mL
				

Diet



The morning of surgery:

- **Do not eat any food.**
- Drink 1 carbohydrate drink (clear juice) 2 hours before your surgery (see list below).
- Drink it within 10 minutes.
- **Do not have any dairy products or juice with pulp.**
- Stop drinking 2 hours before your surgery. This is usually the same time that you will come to the hospital.

Exception: If you are asked to arrive around 6:30 a.m. Stop drinking at 5:30 a.m.



No sugar-free drinks.



Commercial iced tea
550 mL



Lemonade without pulp
500 mL



Orange juice without pulp
500 mL



Apple juice
450 mL



Cranberry cocktail
325 mL

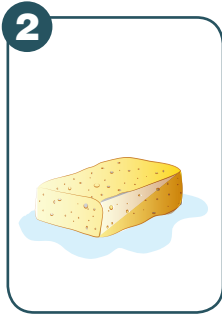


Washing

The night before surgery:



Use regular soap and shampoo for your face and hair.



Take a shower with 1 of the sponges.



Wash your body from the neck down, including your belly button and your genital area.

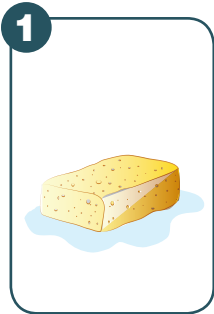


Do not shave the area where the surgery will be done.



Wear clean clothes to bed.

The morning of surgery:



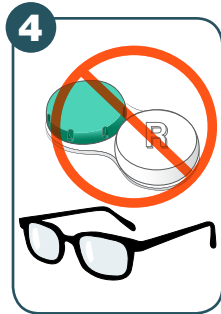
Take a shower with the 2nd sponge.



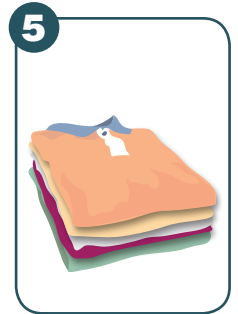
Do not apply lotion, perfume, makeup, nail polish and do not wear jewelry or piercings.



Do not shave the area where the surgery will be done.



If you wear contact lenses, wear your glasses instead.



Put on clean and comfortable clothes.

What to bring to the hospital

- This booklet.
- Medicare card.
- List of all the medications that you take (ask your pharmacist to give you one).
- Non-slip slippers or shoes, bathrobe and loose comfortable clothing.
- Toothbrush, toothpaste, mouthwash, comb, deodorant, soap, and tissues.

If needed

- Your glasses, contact lenses, hearing aids, and/or dentures with their storage containers labeled with your name.
- Your cane, crutches, or walker labeled with your name.
- Your CPAP machine if you have sleep apnea.

Bring these items in a small bag with your name on it. There is very little storage space.



Do not bring anything of value, including credit cards and jewelry. The hospital is not responsible for lost or stolen items.

Note: To rent a TV in your hospital room you will need to pay by either using a credit card or cash.

Ask someone to take the credit card home after paying or have them arrange the payment for you.



At the hospital

Admitting area

Go to the **Surgery Registration**, Block C, level 3 (C03.7055) at the time given.

Enter the building through the Royal Victoria Hospital main entrance. Take the first set of elevators on your right or left (North) and go to the 3rd floor.

In the Preoperative admitting area, your nurse will:

- Ask you to change into a hospital gown.
- Fill out a preoperative checklist with you.
- Make sure your personal items are in a safe place.



In the operating room

A patient attendant (orderly) will take you to the Operating Room.

In the Operating Room, you will meet your surgical team and the anesthesiologist. The anesthesiologist is the doctor who will give you medication so you will be asleep and pain-free during your surgery.

At the hospital

Waiting room

Family and friends can wait for you in the waiting room located in **C03.7158 (Block C, level 3)**. The space is small so please limit the number of people you bring with you.

Internet access

There is free WiFi available at the hospital.

Connect to:

Network: CUSM-MUHC-PUBLIC

Username: public

Password: wifi



Other resources

- **Cafeteria:** Located in the Adult Atrium on the S1 level
- **Vending machines:** Block C, S1 level
- **Stores:** Galleria, RC (Ground floor) level and Atrium, level S1
- **Bank machines:** Blocks C, D & RC (Ground floor) level
- **McConnell Centre (patient library):** Block B, RC (Ground floor) level, BRC.0078
- **Prayer and meditation room:** Block C, level 2, room C02.0310.4

Recovery Room

After your surgery, you will wake up in the **Recovery Room**. This is also called the **Post-Anesthesia Care Unit (PACU)**. You will stay here for a few hours before being moved to your hospital room.

There are no visitors allowed in the Recovery Room.

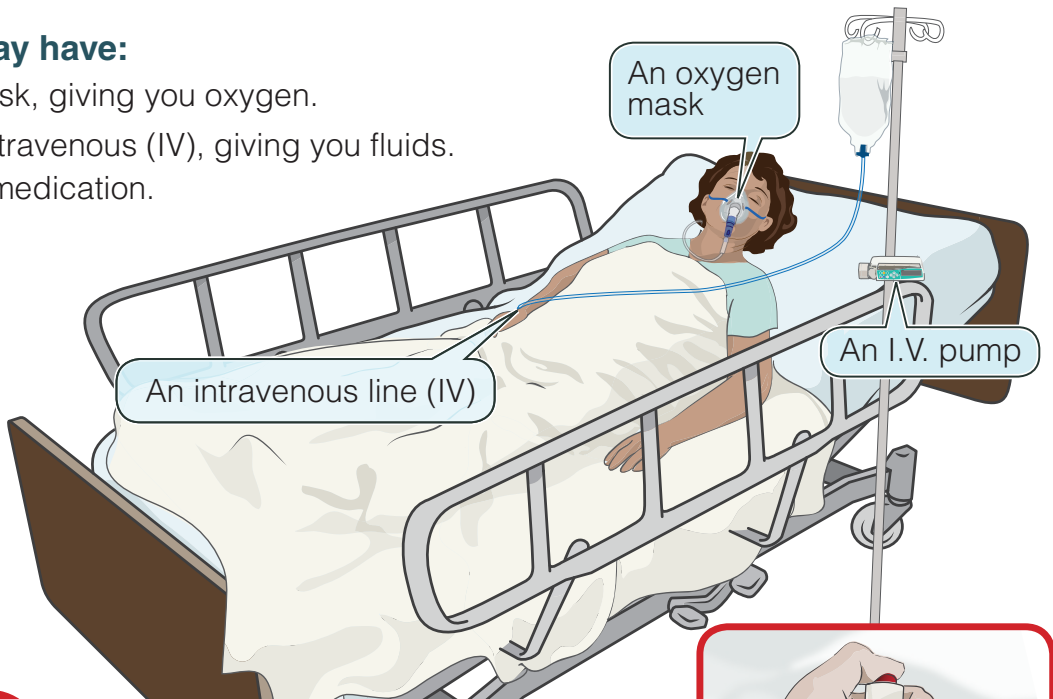
After your surgery, a nurse will call the family member or friend you have chosen to tell them how you are doing. Your family can visit you when you are in your room.

Your nurse will:

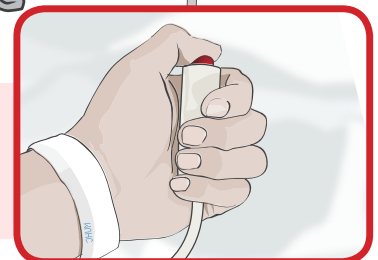
- Check your pulse and blood pressure.
- Check your bandage(s).
- Ask you if you have pain.
- Make sure you are comfortable.

You may have:

- A mask, giving you oxygen.
- An intravenous (IV), giving you fluids and medication.



Always have your call bell at your side when in bed or sitting in a chair.



Pain control

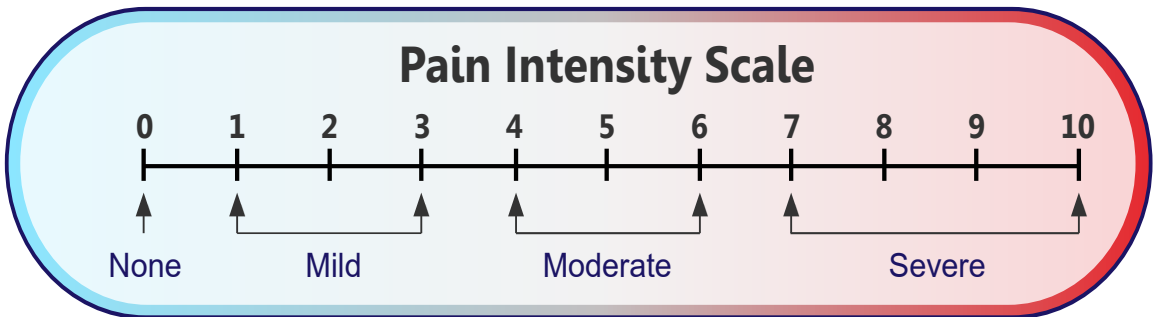
Our goal is to keep your pain low so you can:

- Breathe better.
- Sleep better.
- Recover faster.
- Move better.
- Eat better.

Pain intensity scale:

Your nurse will ask you to rate your pain on a scale from 0 to 10.

0 means no pain and 10 is the worst pain you can imagine. This will help your nurse decide how to best manage your pain.



Do not wait until the pain is too strong. Having pain can make you not want to move around. This can slow down your recovery.

Pills

We will give you pain medication pills to keep you comfortable and able to move around.



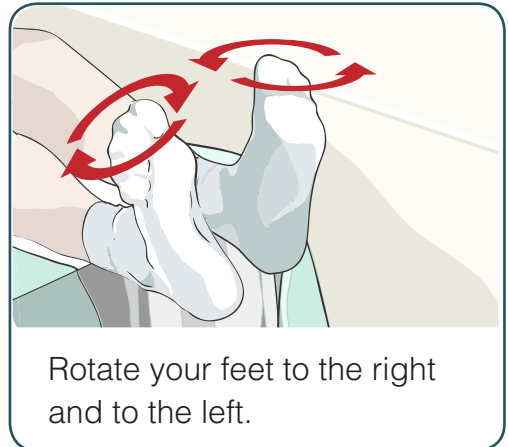
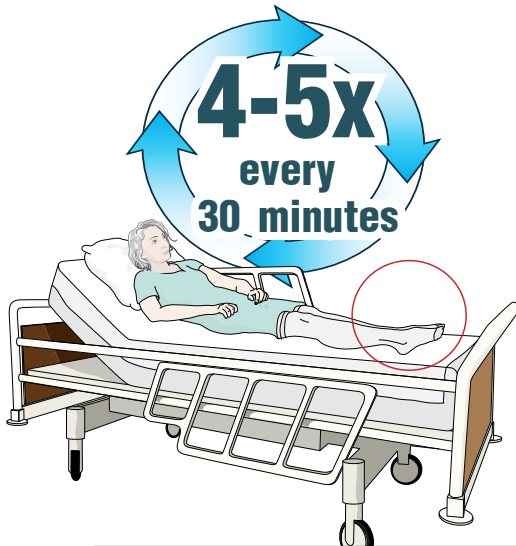
Exercises

You must move around after surgery. This will help prevent blood clots, muscle weakness and lung problems like pneumonia.

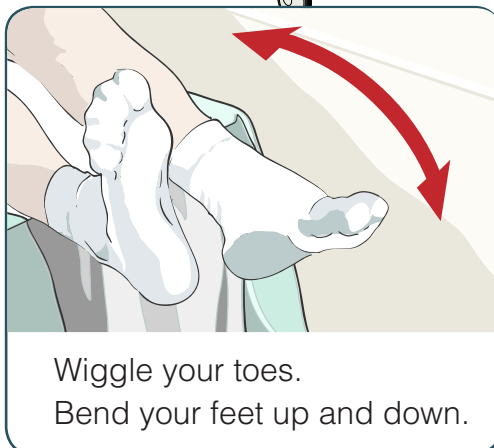
Start these exercises when you wake up. Continue them while you are in the hospital. A physiotherapist will help you with the exercises. You will slowly get back to moving around like before.

Leg exercises

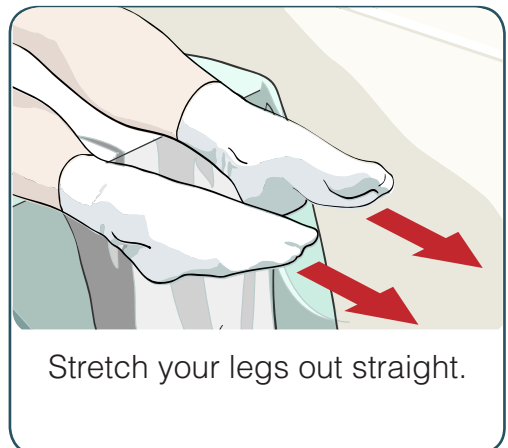
These exercises help your blood to move in your legs. Repeat each exercise 4 to 5 times every 30 minutes while you are awake.



Rotate your feet to the right and to the left.



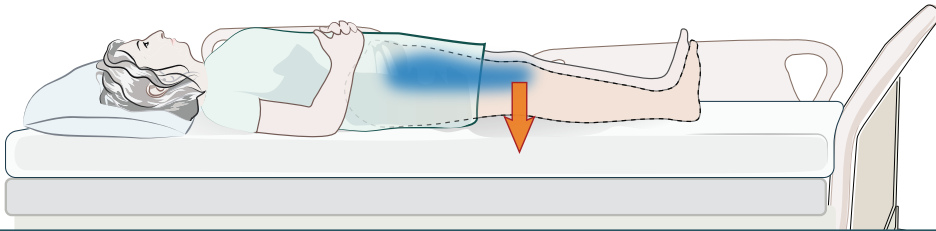
Wiggle your toes.
Bend your feet up and down.



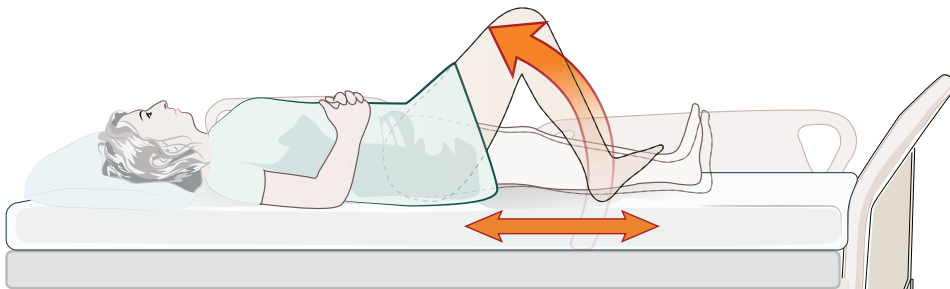
Stretch your legs out straight.

Exercises

Squeeze your thigh by pushing the back of your knee into the bed. Hold 5 seconds then relax.



Bend your knee by sliding your heel along the bed and then slowly straightening it out.



After your surgery, your legs may become swollen. This can last for few weeks to a few months.

To lower the swelling in your legs:

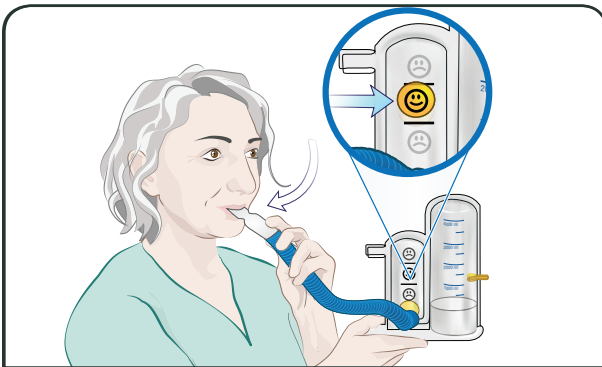
- Walk every day.
- When sitting in a chair, rest your legs on a stool/chair.
- Do not cross your legs.

Exercises

Deep breathing and coughing exercises

An inspirimeter is a machine that helps you breathe deeply. It helps prevent pneumonia.

To use your inspirimeter:



Put your lips around the mouthpiece.
Breathe in deeply. Try to hold the yellow ball where you see the happy face (☺).



Remove the mouthpiece and breathe out. Rest for a few seconds.



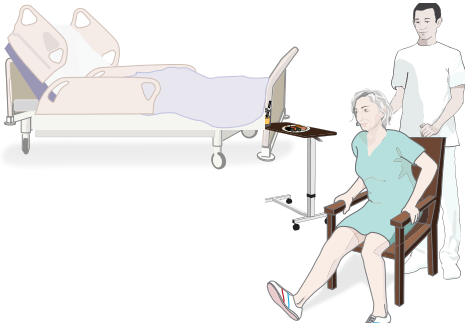
Repeat this exercise 10 times every hour while you are awake.



Take a deep breath and cough. If you have some secretions, cough them up.

Goals for Day 0: Day of surgery

Activities

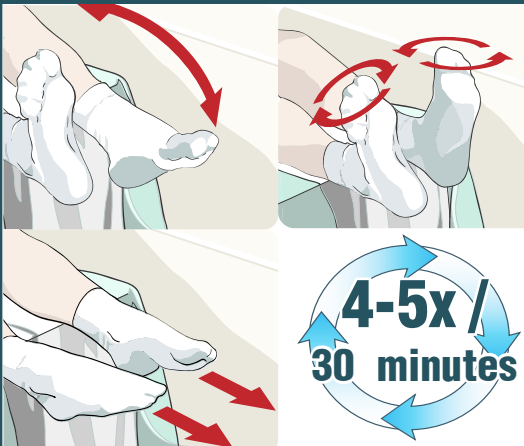


- Get out of bed. Sit in a chair or go for a walk with your nurse's help (in the evening). You can walk as often as you like. Staying in bed and not moving is not good after surgery.

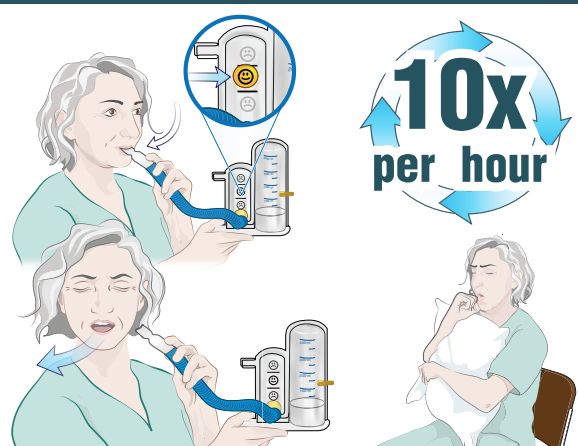
Diet



- Eat regular food (unless your doctor tells you not to) and include your protein drink with your meal.
- You should always have your meals outside of bed while sitting in a chair.



- Do your leg exercises (see pages 24-25).



- Do your breathing exercises (see page 26).

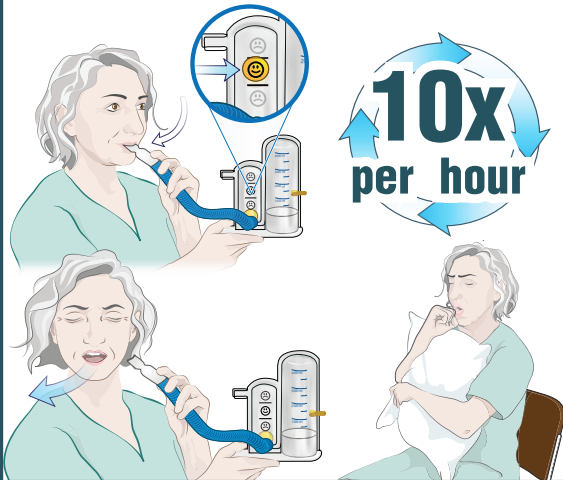


Always have your call bell at your side when in bed or sitting in a chair.

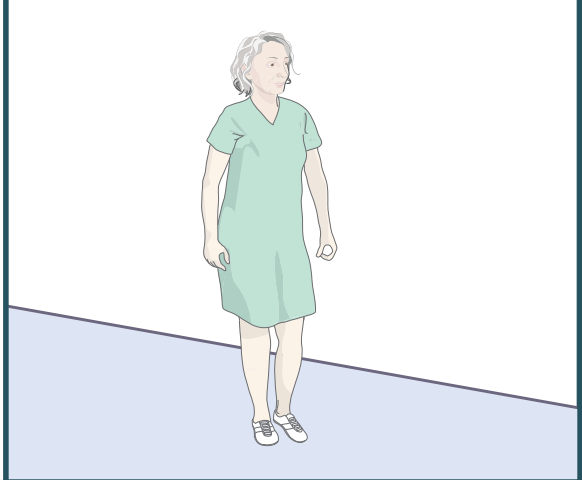


Goals for Days 1-2-3

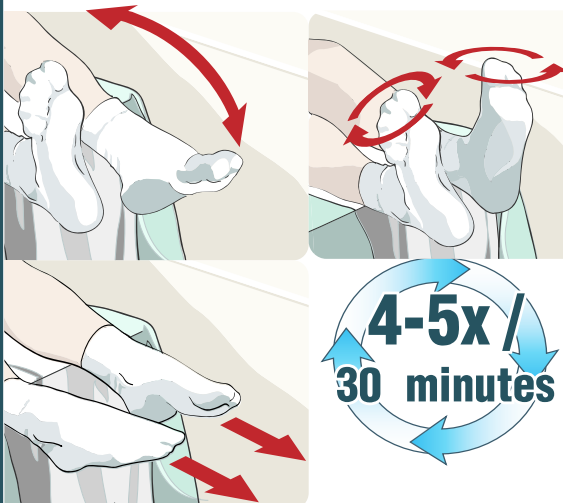
Activities



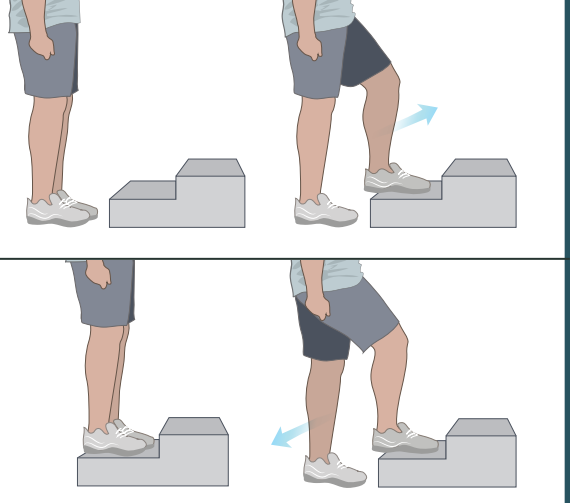
- Continue your breathing exercises (see page 26).



- Walk in the hallway. Follow your physiotherapist's advice.



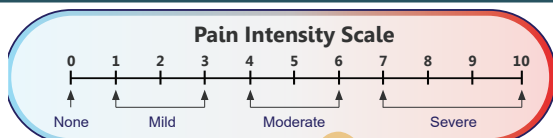
- When in bed, do your leg exercises (see pages 24-25).



- Practice climbing stairs with the physiotherapist.

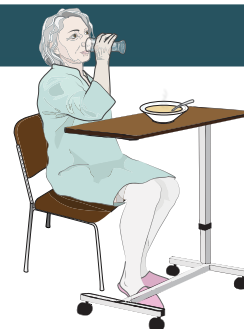
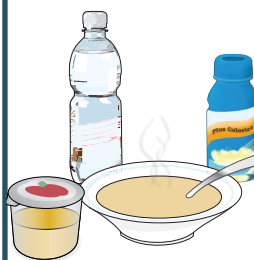
Goals for Days 1-2-3

Pain Control



- Tell your nurse if your pain greater or equal to 4 out of 10 on the pain scale.

Diet



- Eat regular food. Include foods with fiber (fruits, vegetables, whole grains). Follow the advice of your nutritionist and medical team.
- Continue to drink liquids, including your protein drinks.
- Always have your meals outside of bed while sitting in a chair.

Tubes



- Your IV fluids will be stopped when you are drinking well.

Teaching



- Read the “At home” section from pages 31 to 35.

Discharge home

Your surgical team will let you know can go home. **Remember to arrange your ride.** Tell your nurse if you are concerned about going home.

Going home

Plan to go home before 11 a.m. You must arrange to have a ride home since you cannot drive.



Before leaving the hospital, make sure you have information for your follow-up appointment with your surgeon and a prescription for your medication. Tell your nurse if you have any concerns about going home.

Read the next section of the booklet called “At home”. Ask any questions you have before you leave the hospital.

Pain

Your surgeon will prescribe pain medication for you. This is to help you heal and get back to your activities as quickly as possible. These medications may include Acetaminophen (Tylenol®) for mild to moderate pain.

If the Tylenol® pills do not control your pain well, then we can prescribe a stronger pain medication called an opioid or a narcotic. You must follow the instructions on the bottle. It is important to understand the risks and benefits of using an opioid.

If you have questions about pain medications, speak with your pharmacist or your surgeon. Not sure what questions to ask? Want to know about how to use pain medication safely when you get home?

Visit this link: www.ismp-canada.org/download/MedRec/MedSafety_5_questions_to_ask_poster.pdf



If you have severe pain that is not helped by the medications you have been prescribed, call your Surgeon's Office or go to the Emergency Room.



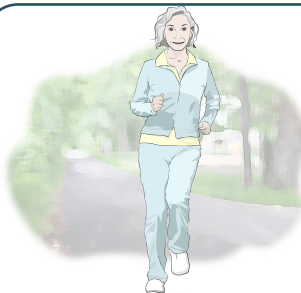
**Did you know that pain medication can cause constipation?
To help your bowels stay regular:**



Drink more liquids.



Eat more whole grains, fruits and vegetables.



Get regular exercise (a 10-minute walk every day is a good start).



Take stool softeners if your doctor prescribes one.

Incisions

Your incision(s) (cut(s)) may be slightly red and uncomfortable for 1-2 weeks after surgery.

You can take a shower:

3 days after surgery.

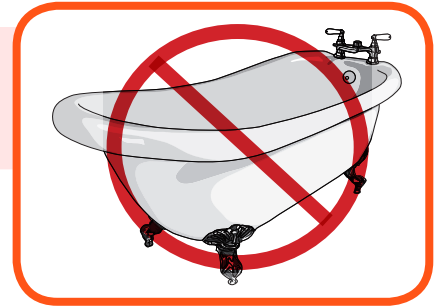
Let the water run softly over your incision(s) and wash the area gently.



Do not scrub.



Do not take a bath until your surgeon appointment.

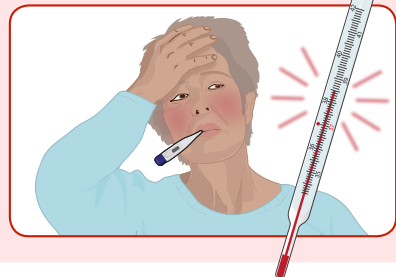
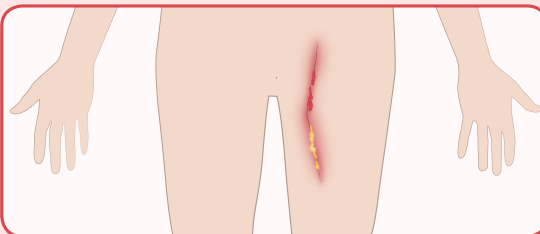


Your nurse will arrange for the CLSC to remove your clips or stitches about 10-21 days after your surgery. The CLSC will contact you at home.



Contact your surgeon if:

- Your incision becomes warm, red, and hard.
- You see pus or drainage coming from it.
- You have a fever higher than 38 °C/100.4 °F.



Diet

Your health care team may ask you to follow some diet restrictions. For example, you may need to eat less salt, eat fewer calories, or follow a diabetic diet.

We suggest you:

- Include foods that have protein to help your body heal. Meat, fish, eggs, poultry, and dairy products are a good source of protein.
- Choose foods low in total fat and saturated fat. Too much fat and cholesterol may damage the wall of your arteries.
- Eat plenty of fruits and vegetables and drink fluids.
- Cut down on beverages and foods with added sugars.
- Choose foods with less salt. Use less salt or no salt when preparing foods.

If you find it hard to eat enough calories, try eating smaller amounts at each meal. Try high protein, high calorie shakes or commercial supplement drinks.



If you have nausea or if you vomit, call your surgeon's office.

Exercises and activities

- Continue with the exercises your physiotherapist gave you.
- Continue to walk several times each day. Gradually increase the distance until you reach your usual level of activity.
- Take your time doing your daily activities at home (i.e. washing, dressing). You can always do these activities in a sitting position if it is easier for you. It is normal to feel tired after your surgery, so remember to rest between activities.
- Ask your surgeon when you can go back to work. This will depend on your recovery and your type of work.
- When you are pain-free, you can restart most activities, including sexual activities.



Do not drive while you are taking narcotic pain medication.



Ask your family and friends for help with:

- Transportation.
- Meal preparation.
- Laundry.
- Grocery shopping.
- House cleaning.

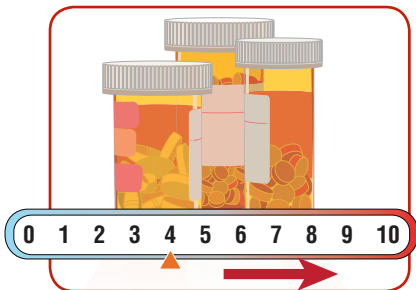


Quitting smoking

- It's important that you do not smoke after your surgery. If you are having trouble quitting smoking, ask for help from your nurse or doctor.

When to call your surgeon

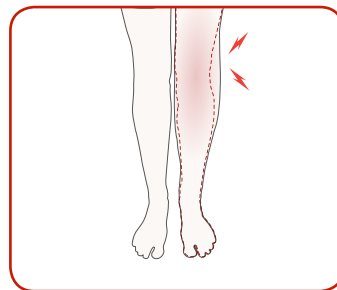
Phone your surgeon's office or go to the Emergency Room if any of these happen:



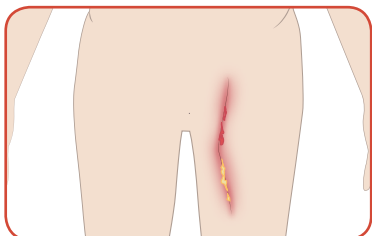
You have more pain and your pain medicine does not help.



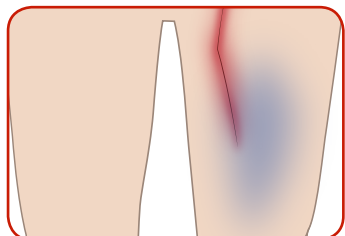
You have a fever higher than 38 °C/100.4 °F.



You have redness, swelling, warmth, or pain in either leg.



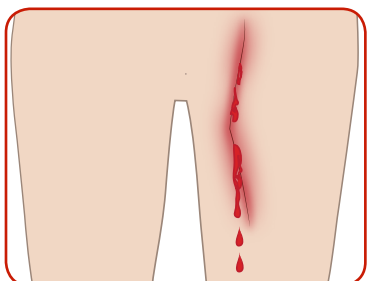
Your incision(s) is warm, red and hard, or if you see pus or liquid coming out.



You have a change in skin color (pale, blue or black) below your incision.



You pee more than usual, have a burning sensation, or pain when you pee, or feel like you need to pee right away.



You are bleeding from the incision even after putting pressure on it for 10 minutes.



If you cannot reach your surgeon, go to the nearest Emergency Department.



Follow up

You will get a follow-up appointment or you will be asked to make your own follow-up appointment with your surgeon.

If you have any questions, phone us

Name of your surgeon:

Phone number of your surgeon: 514-934-1934 ext. 36891

Cardiovascular Clinic

Phone: 514-843-1524

Room: CRC. 2017 (Block C, level RC) at the Royal Victoria Hospital at the Glen site

Other phone numbers:

MUHC Appointment and Referral Centre:

514-934-8488

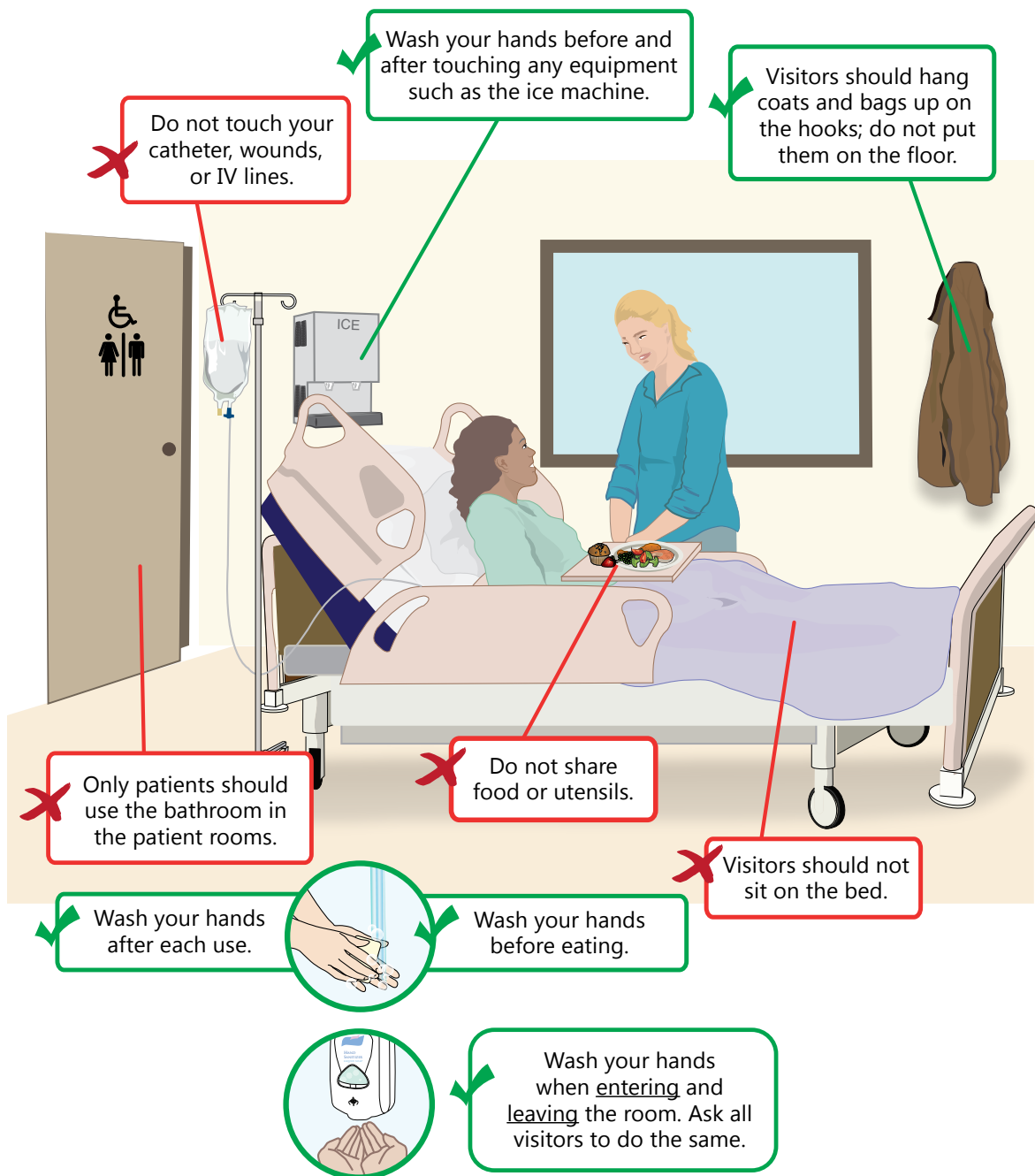
(Monday to Friday from 8 a.m. to 5 p.m.)

Info-Santé: 811

(Contact a nurse for non-urgent health issue, 24 hours a day, and 365 days a year)



Tips for preventing infection in the hospital room



Websites of interest

Resources to help you stop smoking

- **Quit line** : 1-866-527-7383 (free) or www.iquitnow.qc.ca
- **Quit Smoking Centers, ask your CLSC for information**
- **The Quebec Lung Association:** 1-888-768-6669 (free)
or: www.pq.lung.ca
- **Smoking cessation clinic at the MUHC: send the consultation by fax:** 514-934-8488 (requires referral from your doctor).



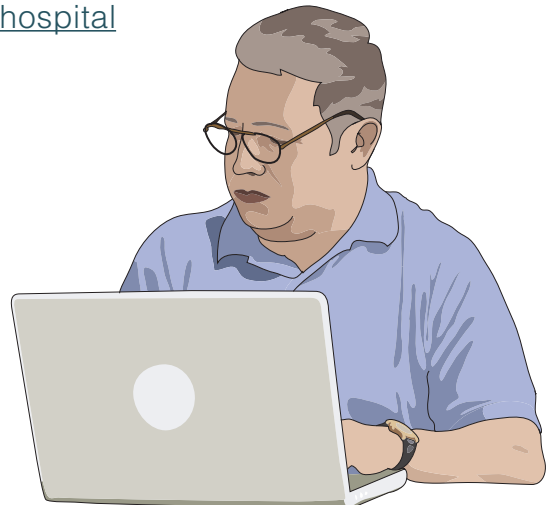
Looking for more information on your surgery

For more about anesthesia:

www.cas.ca/english/patient-information

RVH parking information at the Glen site:

www.muhc.ca/glen/handbook/parking-hospital



RVH Parking Information at the Glen site

Note: These rates are from May 2018. It is possible that the rates may have changed since the printing of this booklet. Please visit the link on page 38 for any updated information.






MINIMUM AND MAXIMUM 24H RATES

0-30 minutes	FREE	
4-24 hours	FLAT RATE	\$24
EXPRESS PARKING 4-24 hours	FLAT RATE	\$30



REDUCED PARKING RATE PASSES

WEEKLY PASS	7 DAYS	\$60	Unlimited entry and exit at the hospital where the pass was purchased	Available at payment machines
	14 DAYS	\$85		
LONG-TERM PASS	30 DAYS	\$70	Certain conditions apply	Available at the Customer Service Parking Office
FLEXI-PASS	7 VISITS	\$100	1 entry 1 exit per visit No expiry date	Available at the Customer Service Parking Office

WHERE TO PAY

	Cash or by credit card Visa or MasterCard	Automated payment machines on each P level
	By debit card or credit card	Customer Service Parking Office on RC level
	By credit card Visa or MasterCard	Barrier gate at exit (hourly parking only)

CONTACT US

	Monday to Friday 8 a.m. to 12 p.m. 1 p.m. to 4 p.m.	Customer Service Parking Office Royal Victoria Hospital Main Entrance D RC.1000 514 934-1934, 32330 Montreal Children's Hospital Main Entrance A RC.1000 514 412-4400, 23427
	If you encounter a problem or have a payment question, please use the intercom located on the automated payment machines. Assistance is available 24 hours a day, 7 days a week.	

Map of Royal Victoria Hospital - Glen site

Cafeteria:
 Located off the Atrium
 on the S1 level

Surgery Registration:
 C03.7055 (Block C, level 3)

RVH Pre-operative Clinic:
 Located near the cafeteria
 on DS1. 2428 (Block D, level S1)

514-934-1934, ext. 34916
 Monday to Friday,
 7:00 a.m. to 3:00 p.m.

