Patient agreement to investigation or treatment

Axillo-Femoral / axillo-profunda bypass (to improve the blood flow in the leg)

Authors: Department of Vascular Surgery

- An axillo-femoral / axillo profunda bypass is an operation to improve blood flow to the arteries in the leg. The aim of the procedure is to improve blood flow in the leg.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital.

- You will be asked to read this form carefully and you and your doctor (or other appropriate health professional) will sign it to document your consent.
- All our consent forms (and guidance for health professionals) are available on the Addenbrooke's website: http://www.addenbrookes.org.uk/consent
- Remember, you can change your mind about having the procedure at any time.

For staff use:

Does the patient have any special requirements? (For example, interpreter or other communication method)

....

....

Axillo-femoral / axillo-profunda bypass

The two main arteries in the leg are the femoral and profunda arteries. If there is a blockage in the iliac arteries that get blood flowing into these two an alternative method of getting blood to the leg has to be found. The commonest bypass operations performed are either an axillo-bifemoral bypass or an axillo-profunda graft bypass. The precise name of your procedure depends on where the bypass starts and finishes. When one of the iliac arteries is blocked, usually due to atherosclerosis (hardening of the arteries), blood flow to the end of the leg is reduced. An X-ray or scan will usually show exactly where the blockage is, enabling treatment to be planned. If the leg is adjusting well to the reduced blood flow, it can be safe to leave the blockage alone, monitor any progress and prescribe some simple medicines to prevent further deterioration. However, the lack of blood flow can cause pain, ulceration and even gangrene in the foot, which will require surgical treatment to improve the blood flow. A balloon or stent can sometimes be used to open up blocked arteries. If this is not possible a bypass operation is usually required.

Before the procedure

- You will be seen at the pre-admission clinic by the house officer, nurse and surgeon.
- We will ask you for details of your medical history and carry out a clinical examination and any investigations.
- Please discuss any concerns about the operation with the staff present.
- Please tell the doctor if you are taking any tablets or other forms of medication.
- You will normally stay in hospital for seven to ten days.
- This procedure usually involves the use of general anaesthesia, which means you will not be conscious during the surgery. It can also be performed under sedation with regional anaesthesia (an injection in the spine) to numb the legs. Further information on your anaesthetic can be found on page three of this form.

During the procedure

During the operation a new route for the blood to flow is made to bypass the blockage. The new 'artery' is a Y-shaped artificial graft, with one end being sewn onto a blood vessel near the shoulder (axillary artery) and the other two ends sewn onto the blood vessel in each groin. The operation itself involves a cut over each artery and the graft is then pushed under the skin between the cuts on the shoulder and in the groin. This allows the blood to flow around the blockage and into the leg. Typically, this operation takes two to four hours to perform.

After the procedure

- After your operation, you will wake up in the recovery room. You might have an oxygen mask on your face to help you breathe. You might also wake up feeling sleepy.
- You will have a small, plastic tube in one of the veins in your arm. This might be attached to a bag of fluid (called a drip), which feeds your body with fluid until you are well enough to eat and drink by yourself. You will also have a small plastic tube in the bladder to help you pass water after the operation.
- While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. When you are well enough to be moved, you will be taken to a ward. Sometimes, people feel sick after an operation and might vomit. If you feel sick, please tell a nurse and you will be given medicine to stop the sickness/vomiting.

- Most of the wound drains and drips are removed in the first 48 hours.
- Your leg might swell up because of fluid collecting in the leg. To help prevent this, you will need to keep your leg elevated when you are not moving around.
- **Eating and drinking:** You will be able to eat and drink normally from the day after your operation.
- **Getting around and about:** We aim to gradually increase your mobility after the operation, when the pain and stiffness from the surgery settles down.
- It is normal to feel some discomfort over the cuts and to make you more comfortable you will be given pain-killing tablets.
- **When you can leave hospital**: Most patients find they need seven to ten days to recover enough mobility to go home. However, the actual time that you stay in hospital will depend on how quickly you recover from your operation, the type of operation, and your doctor's opinion.
- **When you can resume normal activities including work**:
- You can usually begin gentle work/study within 28 days, but you might need to wait a little longer before resuming more vigorous activity.
- **Check-ups and results**:You will be given a date to return to clinic for follow up after your surgery. Any further treatment, if recommended, will be discussed with you then.

Intended benefits of the procedure

- The purpose of the procedure is to improve blood flow to your leg/foot. This should reduce any pain, help any ulcers heal (and to stop gangrene spreading). If successful, the operation reduces the chances of needing to have an amputation. Those patients who experienced pain in the calves on walking (claudication) will usually find they can walk further before the pain begins.

Who will perform my procedure?

- This procedure will be performed by the consultant vascular surgeon and the vascular surgical registrar.

Alternative procedures that are available

- Surgery is usually only undertaken when other non-surgical and X-ray based treatments have not succeeded or are not possible. The decision is then taken to either undertake surgery now or monitor the leg to see if it gradually improves on its own. Some limited improvement usually occurs on its own in about a third of cases.
- If the leg deteriorates further, then amputation might be necessary.

Serious or frequently occurring risks

The bypass graft can block and stop working:-

- This occurs early after the operation in one in ten patients. This blockage can be cleared successfully in some cases, but if this is not possible then there is a risk of losing the leg as a result of the operation.
- Later on, in the months after the bypass, the graft can also block. Overall about six out

of ten of the grafts keep working for three to five years.

Other complications that are specific to this surgery are:-

- Bleeding from the graft;
- Infection of the wounds and/or graft, and deep vein thrombosis (DVT) in the leg. These occur in one out of 20 patients. Infection of the graft is difficult to treat and often ends with the graft being removed and if this happens there is a risk of amputation.

More general complications related to the anaesthetic and the stress of surgery include:-

- Pneumonia (chest infection);
- Myocardial infarction (heart attack);
- Major organ failure (for example, heart, kidney, lung). Again these affect approximately one in 20 patients.
- The operation does carry some serious risks and there is approximately a one in twenty five chance of dying form the operation. This figure will vary depending on how well patients are prior to the operation.

Information and support

Additional information will be given to you in the form of patient information leaflets. Do feel free to contact the vascular surgery, Nurse Practitioner 01223 245151 ext 6382 if you have any questions or anxieties.

Further information

The Vascular Society Website: www.vssgbi.org/

Your anaesthesia

General Anaesthesia

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation.

Before your operation

Before your operation your anaesthetist will visit you in the ward, although occasionally this will happen in a pre-anaesthetic assessment clinic. If you are a day case patient it may not be until just before your operation. The anaesthetist who looks after you on the day of your operation is the one who is responsible for making the final decisions about your anaesthetic. He or she will need to understand about your general health, any medication that you are taking and any past health problems that you have had. Your anaesthetist will want to know whether or not you are a smoker, whether you have had any abnormal reactions to any of the drugs or if you have any allergies. They will also want to know about your teeth, whether you wear dentures, have caps or a plate. Your anaesthetist needs to know all these things so that he or she can assess how to look after you in this vital period. Your anaesthetist may examine your heart and lungs and may also prescribe medication that you will be given shortly before your operation, the pre-medication or 'pre-med'.

Pre-medication is the name given to medication (drugs) given to you some hours before

your operation. These drugs may be given as tablets, injections or liquids (to children). They relax you and may send you to sleep. They are not always given.
Do not worry if you do not have a pre-med, your anaesthetist has to take many factors into account in making this decision and will take account of your views on the topic if possible. Do not be worried about your anaesthetic. When your anaesthetist visits you before your operation, this is the time to ask all the questions that you may have, so that you can forget your fears and worries.

Before your operation you will usually be changed into a gown and wheeled to the operating suite into an anaesthetic room. This is an ante-room outside the theatre. The anaesthetist, his or her assistant and nurses are likely to be present. An intravenous line (drip) may be inserted. Monitoring devices may be attached to you, such as a blood pressure cuff or a pulse oximeter. A pulse oximeter is usually a little red light in a small box, which is taped to your finger. It shows how much oxygen you have in your blood and is one of the vital monitors that an anaesthetist uses during your operation to ensure that you remain in the best of health. You may be given some oxygen to breathe. It is common practice nowadays to allow a parent into the anaesthetic room with children: as the child goes unconscious, the parent will usually be asked to leave.

During your operation

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you in the correct level of unconsciousness for the period of the surgery. Your anaesthetist is constantly aware of your condition and trained to respond. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement. If you have any other medical conditions, your anaesthetist will know of these from your pre-operative assessment and be able to treat them during surgery.

After your operation

After your operation your anaesthetist continues to monitor your condition carefully. You will probably be transferred to a recovery ward where specially trained nurses, under the direction of anaesthetists, will look after you. Your anaesthetist and the recovery nurses will ensure that all the anaesthetic effects are reversed and that you are closely monitored as you return to full consciousness. You may be given some oxygen to breathe in the recovery area, and may find that intravenous drips have been inserted whilst you are unconscious in theatre and that these will be replacing fluids that you might require. You will be given medication for any pain that you might feel, and systems, such as Patient Controlled Anaesthesia (PCA) may be set up to continue pain control on the ward.

You are likely to feel drowsy and sleepy at this stage. Some patients feel sick, others may have a sore throat related to the insertion of the breathing tube during surgery. During this time it is important that you relax as much as you can, breathe deeply, do not be afraid to cough, and do not hesitate to ask the nursing staff for any pain relief, and about any queries you may have. You are likely to have hazy memories of this time and some patients experience vivid dreams. Once you are fully awake you will be returned to the ward, and if you are a day patient will be allowed to go to the waiting area to fully recover before you are accompanied home. Do not expect to feel completely normal immediately!

What are the risks of general anaesthesia?

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on; whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or done in an emergency. Please discuss any pre-existing medical condition with your anaesthetist.

- Very common and common side effects (1 in 10 or 1 in 100 people)
  Feeling sick and vomiting after surgery, sore throat, dizziness, blurred vision, headache, itching, aches, pains and backache, pain during injection of drugs, bruising and soreness, confusion or memory loss.

- Uncommon side effects and complications (1 in 1000 people)
  Chest infection, bladder problems, muscle pains, slow breathing (depressed respiration), damage to teeth, lips or tongue, an existing medical condition getting worse, awareness (becoming conscious during your operation).

- Rare or very rare complications (1 in 10,000 or 1 in 100,000)
  Damage to the eyes, serious allergy to drugs, nerve damage, death, equipment failure.

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Potete chiedere di ottenere queste informazioni in altre lingue, in stampato grande o in audiocassette.

Italian

若你需要本信息的繁體中文、大字體或音訊格式的版本，請要求索取。

Cantonese

તમને આ માહિતી બીજી ભાષાઓમાં, મોટા અક્ષરોમાં અથવા સાંભળી શકાય એવા માધ્યમ (ઓડીઓ ફોર્મેટ)માં જોઇતી હોય તો કૃપા કરીને પૂછો.

Gujarati

تکایه پرسیار بکه ئەگەر ئەو زانیاریەت دەوێ بە زمانێکی تر ، بە پیتی گەورە یانیش بە شێوەی دەنگ

Kurdish

اگر آپ کو یہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پر درکار ہوں تو برائے مہربانی اس کیلئے درخواست کریں۔

Urdu

Addenbrooke's is smoke-free. Please do not smoke anywhere on the site.
For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Document history

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Addenbrooke's Hospital

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Patient agreement to investigation or treatment

Responsible health professional/job title

❑ Special requirements ....
(For example, other language/other communication method)

Name of proposed procedure or course of treatment

Axillo-femoral / axillo-profunda bypass

Axillary side (left/right) ……………..

Groin incision (left/right/bilateral)………………

Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- The intended benefits of the procedure ....

....

....

- Any serious or frequently occurring risks from the procedures including those specific to the patient ....

....

....

- Any extra procedures that might become necessary during the procedure

❑ Blood transfusion ❑ Other procedure (please specify) ....

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided: ....

Version/Date/Ref: ....

This procedure will involve:
❑ General and/or regional anaesthesia ❑ Local anaesthesia ❑ Sedation

Health professional's signature: ....Date: ....

Name (PRINT): .... Job title: ....

Contact details (if patient wishes to discuss details later)

❑ I have offered the patient information about the procedure but s/he has declined information.

Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature... Date: ....

Name (PRINT): ....

Important notes: (tick if applicable)

❑ The patient has withdrawn consent (ask patient to sign/date here) ....

❑ See also advance directive/living will (eg Jehovah's Witness form)

Copy accepted by patient: yes / no (please circle)

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.** Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please read the following:

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out**.

I understand that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

I understand that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

I understand that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

Please tick boxes to indicate you either agree/disagree to the three points below.	**Yes**	**No**
I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research. If you wish** to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.	☐	☐
I agree to the use of photography for the purpose of diagnosis and treatment.	☐	☐
I agree to anonymised photographs being used for medical teaching.	☐	☐

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Patient's signature:.. Date: ....

Name (PRINT): ....

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness' signature: .... Date: ....

Name (PRINT): ....

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance) On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature Date: ....

Name (PRINT): .... Job Title: ....