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Leg Bypass (Revascularization) Surgery

INTRODUCTION

You are scheduled to be admitted to NYU Hospitals Center for **Leg Bypass (Revascularization) Surgery**. Please read this handout which discusses how you can prepare for surgery, what you can expect during your hospital stay, and when you will go home. It describes how the members of the healthcare team - doctors, nurse practitioners, nurses, social workers, physical therapists, nutritionists, and others will assist you, the most important team member, in recovering from the surgery and in facilitating a smooth transition home. Please share this information with your family members and/or friends.

Bring this patient education packet to the hospital with you so the staff can review the information with you.

It is expected that **you will be ready for discharge 5-6 days after surgery** although this will vary depending on your specific needs. Many people are surprised at how quickly they can return home after surgery. To make your discharge as smooth as possible, the discharge plan will be discussed with you starting before you are admitted. The health care team will assist you in meeting all your discharge needs.



BEFORE SURGERY

MD OFFICE

You will be given a pre-admission packet in your doctor's office or Pre-Admission Testing containing information necessary to complete the admission process. This packet includes the following forms:

- Personal and insurance information for the admitting office
- Health care proxy
- Health history that you will need to complete and bring with you to Pre-Admission Testing. This history needs to include all medications that you are currently taking. Please fill out this form as thoroughly as possible.
- Sign a consent form giving your permission for the surgery after it has been explained to you.
- Discuss the need for blood transfusions with your surgeon. If transfusions are likely, he/she may recommend that you donate your own blood in advance. If this is not possible, family members or friends may be able to donate for you. Please read the information on blood donations.
- Discuss when to discontinue medication such as Ecotrin, Plavix, and Coumadin.

PRE-ADMISSION TESTING

Several days to a week before your surgery, you will be scheduled for an appointment at Pre-Admission Testing. At this visit you will:

- Have an interview and an assessment with a nurse and a nurse practitioner/resident from your surgeon's service.



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- Meet with an anesthesiologist who will explain the type of anesthesia you will have.
- Have blood tests and a chest x-ray and EKG. If you have had a chest x-ray in the last six months you can avoid another one by bringing the reports with you.
- Have additional tests if they are indicated.
- You may meet with a social worker to discuss your discharge needs.

ADDITIONAL PREPARATION

One Week Before Surgery

- Avoid aspirin, products containing aspirin and medications from the class known as non-steroidal anti-inflammatory agents, such as Ibuprofen or Naproxen for one week before surgery. However, if you are taking aspirin, Plavix, or other blood thinners for heart, vascular or neurological reasons, check with the doctor/nurse practitioner for specific instructions.
- Pack items you will need during your hospital stay. You only need to bring toiletries, slippers (with enclosed backs), and a robe to the hospital; your family can bring other items once you are assigned a room.
- Please do not bring any valuables, such as furs, jewelry, cash, or credit cards to the hospital. Leave rings and good watches at home.



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The Day and Night Before Surgery

- Take a Dulcolax suppository the day before surgery if you did not have a bowel movement.
- AVOID SMOKING/DRINKING ALCOHOL BEFORE SURGERY.
- Do not eat or drink anything after midnight the night before your surgery. Try to have a healthy dinner and limit fats and salt intake, as these will increase your thirst.
- Shower the night before or morning of surgery.

The Morning of Surgery

- Your physician, nurse practitioner, or anesthesiologist will specifically order any medications to be taken the morning of surgery. Take these medications with a sip of water. If you are taking diuretics (water pills) or diabetic medications, make sure you get specific instructions.
- Bring any x-rays or test results to the hospital with you.



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DAY OF SURGERY

You should report to the **Same Day Admission Unit**; 400 East 34th Street, 6th floor, at the time specified (take the “K” elevators). You will be admitted and final preparations for surgery will be completed.

- Immediately before you go to the Operating Room, you will need to change into a hospital gown and remove dentures and all jewelry, including your wedding ring. If possible, give them to a family member for safekeeping.
- You may be given a sedative to help you relax.
- The surgery generally takes 3-6 hours (preparation and actual surgery). You will spend additional time in the Post Anesthesia Care Unit (PACU) after surgery.
- Your visitors can wait in the Same Day Admission Unit (2 visitors maximum). It is advisable that one contact person let the surgeon’s office know where he/she can be reached after surgery. The surgeon may ask that your visitors wait at the Faculty Practice Office (FPO), Suite 6F.

Immediately after surgery, you will be taken to the PACU on the 6th floor until the effects of the anesthesia wear off. Your family will be able to visit you in the PACU, but visiting is limited. Generally, from the PACU you will be transferred to a postoperative unit on one of the surgical floors. A postoperative unit is a co-ed room with 4 beds and allows for close monitoring after surgery.



WHILE IN THE HOSPITAL

The following is an overview of what to expect during your hospital stay. Your “Patient Pathway” is a day-by-day plan of what to expect and what you should do to assist your recovery.

Assessment

- The nursing staff will be checking your blood pressure, pulse, respirations, the dressing over your incision for bleeding, and the operated leg for color, pulse, temperature, sensation, and movement.
- Any tubes (such as a Foley catheter to drain your bladder or an intravenous tube (IV) to give you fluids) which were inserted during surgery will be removed as soon as indicated.

Diet

- Fluids will be given IV until you are able to eat.
- At first, you will be given liquids and then advanced to your usual diet.

Activity

On the day of your surgery:

- You must stay in bed.
- The nursing staff will help you turn side to side and show you how to use the incentive spirometer and do coughing, deep breathing, and ankle pump exercises.



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On the day after surgery:

- You will be seen by the physical therapist who will begin gentle leg exercises on the operated leg.
- Men can stand to urinate; however, **no** sitting is permitted.

On the 2nd day after surgery:

You will start walking with a walker. Make sure you have white socks and slippers with enclosed backs. You must have slippers to be out of bed.

On the 3rd day after surgery:

- You may begin sitting in a chair for 15-30 minutes for meals only. The amount of time you can sit is limited until discharge.
- Swelling of the operated leg is to be expected. When not walking, recline in bed and elevate your leg above your heart if swelling has occurred.
- You may be given a special boot (called a vascular boot) to wear on the affected foot.

COUGHING/DEEP BREATHING

- Your nurse will show you how to do some simple deep breathing and coughing exercises.
- In addition, you will be shown how to use the Incentive Spirometer, or Inspiron. You should use it 10 times every hour while you are awake in order to prevent lung problems after surgery. You should breathe in slowly and deeply to achieve maximum benefit.



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Medication

- Pain medications will be given to relieve discomfort. Taking pain medication will help you to sleep, increase your activity, and do coughing, deep breathing, and leg exercises.
- Pain medications may be given through epidural catheter, an IV catheter, or by mouth. You will be asked to rate your pain, using a scale from 0-10, before and after taking your medication to make sure you are comfortable (0 means no pain and 10 is unbearable pain).
- Other medications you took before surgery may be resumed the day after surgery.
- The day after surgery you may begin to take Ecotrin (coated aspirin) unless Coumadin or another anticoagulant (“blood thinner”) or antiplatelet drug is prescribed.
- Do not take any vitamins or over-the-counter medications before checking with your doctor or the nurse practitioner.

Care of Your Incision

- Right after surgery, a dressing will cover your incision. Generally, the surgeon will remove your dressing on the second day after surgery.
- After this, the incision is left uncovered. However, if the incision is draining and needs a dressing, the nurse will change it. A gauze dressing, however, will usually be placed over a groin incision to keep the area dry.
- Look at your incision before you go home so that you can report any changes to your surgeon.



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- Your nurse will discuss any special instructions regarding the care for your incision.
- The nurse practitioner or doctor will tell you when you can shower. Have someone help you the first few times. Soap and water on sutures or staples is **NOT** harmful and will help the skin to heal. Wash the incision with a mild soap; rinse the soap off well and pat the skin dry.

Discharge Information

- Many patients are ready for discharge 5-6 days after surgery.
- You may be discharged with the stitches or staples in place.
- If you have questions or concerns about your discharge plan, speak with your doctor, nurse, or social worker.
- Specific instructions about going home will be given to you by the nurse practitioner before you return home.
- A home health nurse may be necessary for help with wound and incisional care, medication teaching, and/or for continued physical therapy.
- Your physical therapist will teach you and your family a home exercise program.
- Expect to be **discharged by 10:00 a.m.**



GENERAL DISCHARGE INSTRUCTIONS

The following are general guidelines. Individuals vary in their return to their usual activity.

Activity

- Limit the amount of time you sit (at most, 1 hour at a time for meals).
- Sit up straight for meals and when going to the bathroom only. Recline at all other times.
- Walking short distances every day is advised. Use a walker and wear the vascular boot provided for you during your hospital stay. Stop when you have pain. Take pain medication as needed to relieve discomfort and enable you to walk.
- You may climb stairs. Remember the good leg should be first going up the stairs and the operated leg first going down the stairs. Climb a few steps and rest between them as needed.
- Swelling of the operated leg often occurs, especially if you have been walking or sitting. If your leg swells, elevate it in bed so that the leg is above the level of your heart.
- When not walking, recline. Make sure there is no pressure on your heels.
- Do not drive until after the first post-operative visit, which is usually 1 to 2 weeks after discharge. Short rides in the car as a passenger are permitted.
- Discuss plans for extended travel or return to work the first time you see your doctor after discharge. When traveling or at work, stop every hour to exercise your leg. When traveling in a car, sit in the back seat and keep the operated leg up on the seat if possible.



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Incision Care

- Showering over stitches or staples is permitted. Wash with soap, rinse well, and pat dry.
- Do not wear anything tight around the leg.
- Do not apply creams, lotions, ointments, or powders to the incision.
- Report any signs of possible problems such as redness, swelling, drainage, or opening of edges of incision to your surgeon.
- Cover groin wound with gauze until closures are removed. Hold the gauze in place with your underwear or paper tape. Change daily.

Medications

- Ecotrin (coated aspirin) or other anti-platelet agents are usually ordered for an indefinite period of time. Ecotrin helps prevent clotting of the bypass graft. If you are taking Coumadin, do not take Ecotrin or any other aspirin containing products unless instructed otherwise at time of discharge.
- Do not take any other medication that contains aspirin or “thins the blood” unless specifically ordered by your doctor. Tylenol is advised for incision pain.
- Prescriptions for medications ordered this admission will be given to you before discharge by the Vascular Nurse Practitioner. Resume your previous medications unless specifically instructed not to do so by the doctor or nurse practitioner.



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Foot Care

- Wash your feet daily. Wash between toes and around the nails using lukewarm water and mild soap (e.g., unscented Dove) and pat dry. Avoid deodorant or perfumed soaps.
- Look at your entire foot every day. Especially check heels and between the toes for blisters, cracks, cuts, redness, discoloration, wetness, swelling, tenderness, or pain. If you experience any of these symptoms, notify the nurse practitioner or surgeon no matter how small or insignificant they may seem.
- Lubricate feet and lower legs with moisturizing lotion. Do not put lubricates on ulcers, black or crusted areas, or on the soles of your feet.
- Separate toes with thin gauze pads.
- Wear a clean, soft, white, or light colored sock.
- Never walk without proper foot wear. Always wear slippers or soft roomy shoes that cover entire foot. Avoid slip-on slippers or shoes.
- Specific instructions on treatment of ulcerations will be given at time of discharge.

Dental Work

- If you require dental work or other procedures associated with bleeding during the first year after surgery, notify the dentist that you have prosthetic material. The doctor will usually follow prescribed guidelines for giving antibiotics before procedures.



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GOOD HEALTH PRACTICES

Smoking Cessation

- **AVOID smoking.**
- Research has proven that smoking contributes to the progression of vascular disease and may contribute to the closing of the bypass graft. Discuss ways to stop smoking with the nurse practitioner or social worker. In addition, call the Cardiac Rehab Unit at 212-263-6129 for information on programs to help you stop smoking.

Cholesterol Management

- Follow a well-balanced diet, which includes a moderate restriction of salt and fat. A copy of the Prudent diet that is recommended by the American Heart Association is included in this packet. Though not proven to prevent atherosclerosis, following this diet may reduce the risk of the condition progressing. Ask to speak to the nutritionist if you want more information on this diet.
- It is important to maintain a normal blood cholesterol level to help prevent progression of your vascular disease. See your Internist or Cardiologist for optimal control of your cholesterol.

Diabetes Management

- If you have diabetes, it is important to maintain your blood sugar under good control. This chronic disease also contributes to the progression of vascular disease.
- Check your blood sugar at home as recommended by your doctor.
- Follow dietary guidelines recommended by the nutritionist.
- If you have diabetes, it is very important that you perform the recommended daily foot care. Follow the guidelines included in this packet.



WHEN SHOULD I CALL THE SURGEON?

Call the surgeon immediately for the following symptoms (**possible danger signs**):

- Any change in the color, sensation or temperature, or movement in the feet or legs
- Increased redness, tenderness, or pain in the incision
- Increased drainage from incision
- Opening of incision
- ◆ Fever over 100.4° F orally on two or more occasions during the first 1-3 weeks after surgery. For a reliable temperature reading, do not take aspirin, acetaminophen (Tylenol), or ibuprofen for 3-4 hours before checking your temperature. Hot liquids should not be taken immediately before checking your temperature.
- An unexplained rise in blood sugar, if you have diabetes.
- Prolonged or unusual fatigue, disorientation, confusion, and depression
- Signs of a bladder infection such as burning, pain, bleeding, hesitancy, or frequency in urinating. If a bladder infection is suspected, a urinalysis must be done. A course of antibiotics will generally resolve the problem.