

**Procedure:**

# Aorto-femoral bypass/stent. Fem-pop

bypass/stent/endarterectomy, femofemoral bypass.

**Indication:**

Claudication, limb ischemia, non-healing ulcers,

**Description:**

(Fem-pop): Femoral access is gained. Saphenous vein is harvested or a prosthetic is used and the occluded portion of artery is bypassed. Bypass can occur above the knee, below, or through the joint area as well. Femoral access is then closed. Stent and endarterectomy procedures are generally the same except instead of bypass, a stent is placed or endarterectomy is performed at the location of the occlusion.

**Post-op Implications:****Complications:**

Bleeding: Usually seen at femoral access sites, apply firm downward pressure on femoral artery for 15minutes. Check ptt lab values.

Graft thrombosis/distal emboli: Keep legs straight and monitor pulses per protocol.

Graft infection: Usually necessitates removal of graft.

Compartment syndrome: swelling around fascial compartments the of leg, seen as intense pain and tense swollen leg.

**Meds:**

PCA for pain, oxycodone once tolerating PO. ASA and/or warfarin therapy to reduce thrombosis.

**Principles:**

lay flat for 6hrs post-op to decrease disturbance of surgical sites and graft. Keep lower extremities warm to promote blood flow. Avoid bending of legs even after 6hrs initial post-op time period is up, no crossing of legs.

**Care Plan:**

Lay flat for 6hrs post-op. Frequent distal pulse and groin checks(Q15,Q30,QH). Pulmonary toileting, wound care/assessment, foley hygiene, manage IVF, monitor and control pain, NPO for first 6hrs.

**Course of Care:**

Extubated in OR. Lay flat for first 6hrs, avoid bending of legs and hips for several days. OOB after 6hrs. Resume diet after 6hrs. D/C foley after ambulating. Post-op ABI's.

**Room Setup:**

Humidified O2, oral suction, standard IV pump setup, possibly PCA setup, SCDs.