



PATIENT INFORMATION

Infra-inguinal Bypass Graft Surgery

Please pack this booklet with your belongings that you will bring to hospital. You will need to refer to this booklet after surgery.

THE OTTAWA HOSPITAL

Disclaimer

This is general information developed by The Ottawa Hospital. It is not intended to replace the advice of a qualified health-care provider. Please consult your health-care provider who will be able to determine the appropriateness of the information for your specific situation.

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Introduction

Welcome to The Ottawa Hospital. The Infra-inguinal Bypass Graft Pathway team prepared this booklet for you to help you understand:

- Your condition and your surgery
- How you can help yourself
- Your care in hospital
- Your needs, care and resources after discharge

Your health-care team has made a plan in advance for certain parts of your care. This plan is shown in the “Infra-inguinal Bypass Graft Pathway” on pages 6 through 9. The clinical pathway describes some of the usual care for people with your condition. This plan will be adapted for your specific needs.

Please:

- Read the booklet carefully
- Share it with your family
- Ask questions if there is anything you don't understand
- Pack the booklet with your belongings and bring it with you when you are admitted to hospital.





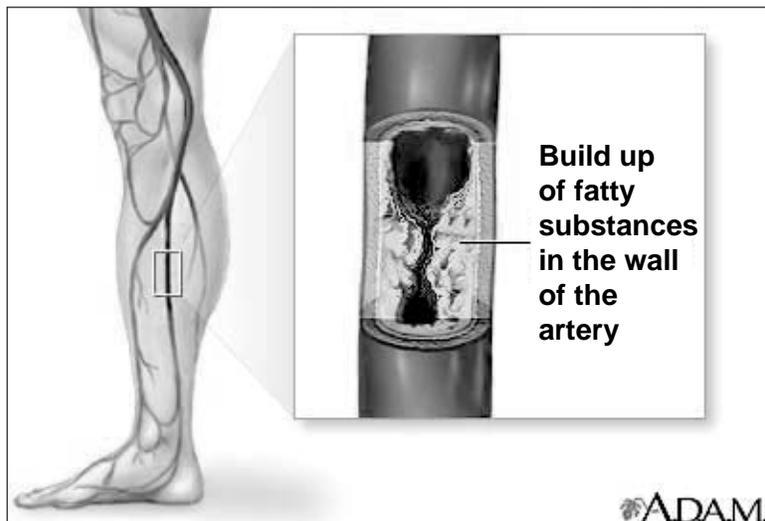
Your Condition

Peripheral Vascular Disease

The circulatory system is made up of the heart, arteries, veins, and capillaries. Blood is pumped from the heart and carried by the arteries to all parts of the body. The veins return the blood to the heart. Capillaries connect arteries and veins.

The lining of the normal artery is smooth, and blood flows easily through it. In peripheral vascular disease, the lining of the artery becomes rough and thickened by a build-up of cholesterol and plaque. This is called atherosclerosis, or “hardening of the arteries”. When this happens, the arteries become narrowed and eventually blocked, decreasing blood flow.

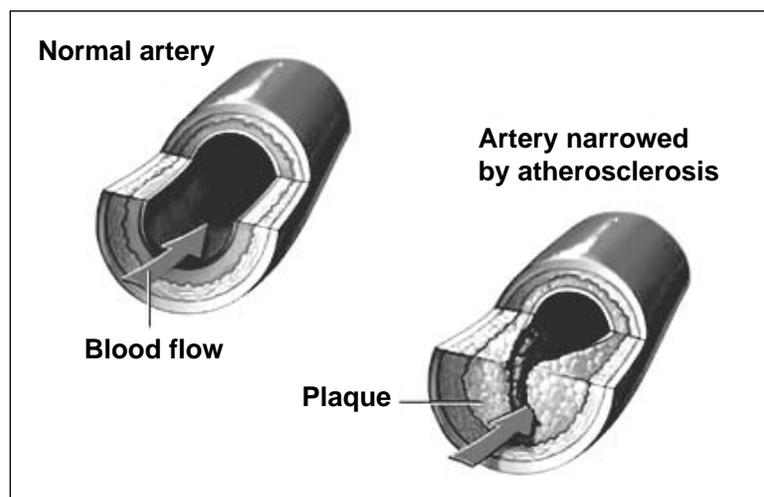
Signs and symptoms of decreased blood flow to the legs depend upon the location of the arteries involved and the extent of narrowing. You may notice pain or cramps in the hips, thighs, or calves when walking. This pain is relieved by rest and is called *intermittent claudication*.



If the blockage develops slowly, smaller arteries will enlarge over time and allow some blood to flow around the narrowed area. This is called *collateral circulation*.

As atherosclerosis progresses, you might have experienced pain in the feet or toes. This is called *rest pain* and occurs because the body is unable to deliver enough blood to the feet even at rest.

Rest pain usually worsens when the legs are elevated, and may be relieved by lowering the legs.



When atherosclerosis is present and a piece of plaque breaks off it may cause a sudden blockage, symptoms will tend to be more immediate and severe because there is not enough time for the collateral circulation to develop.

Signs and symptoms of advanced peripheral vascular disease include:

- Decreased hair growth on the legs
- Paleness of the leg or foot when elevated
- Blue/red discoloration of the foot when hanging down
- Absence of pulses in the foot
- Numbness, tingling, or pain in the foot, toes, or leg
- Cool temperature of the foot and leg
- A sore on the foot that does not heal

Atherosclerosis may occur at any age, but it is more common in people over the age of 45. Certain risk factors might pre-dispose someone to develop peripheral vascular disease.

These risk factors include:

Smoking

Smoking damages the lining of the arteries, and therefore increases the risk of atherosclerosis. Tobacco in any form should be avoided. This includes pipes, cigars, regular and low tar cigarettes, and chewing tobacco. Even smoking one or two cigarettes a day is harmful. Smoking is the single most important changeable risk factor.

Smoking cessation programs are available to assist you to stop smoking.

Contact the University of Ottawa Heart Institute: Prevention and Rehabilitation Centre Heart Check Smoking Cessation Program at 613-761-4753 or www.ottawaheart.ca or ask the nurse in the Pre-Admission Unit for information.

Healthy Eating

You may reduce your risk of heart and vessel disease by:

- Choosing more vegetables, fruit, whole grains.
- Choosing more fish, beans, and lentils.
- Limiting your sodium or salt.

Attend a workshop at the University of Ottawa Heart Institute to learn more about heart and vessel healthy eating. Pick up your Workshop Schedule at the Heart Institute or on A2 at the Civic Campus. Or check the website: <http://ottawaheart.ca> (click For Patients & Families, then Events and Presentations, then Calendar) for updated dates and times.

High Blood Pressure

Untreated high blood pressure (hypertension) adds to the workload of the heart and creates stress on the arteries. It is important to control high blood pressure through salt restriction, medication, stress relief and exercise.

Diabetes

People with diabetes are especially prone to atherosclerosis. It is very important that you follow the advice of your health-care team regarding diet, treatment and medications.

Exercise

Regular, daily exercise aids in the control of atherosclerosis by keeping a normal weight, reducing stress, and controlling blood pressure. Simple exercise, such as walking, is generally safe and helpful for most people. In order for it to be beneficial exercise needs to be done on a regular basis. Discuss with your doctor before starting any vigorous exercise program.



Your Surgery

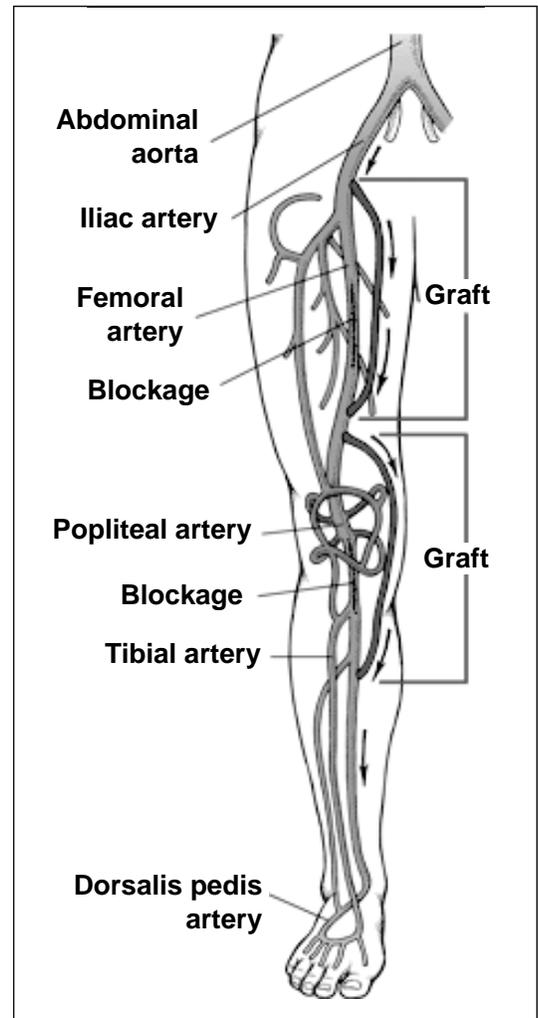
Surgery is performed on specific arteries in the legs to improve circulation, increase walking distance, relieve rest pain, heal foot ulcers, and try to prevent amputation. Surgery is only used if other measures do not improve the symptoms.

The femoral artery is the main supplier of blood to the leg. Femoral graft surgery involves either the use of one of your own veins or the use of a synthetic (man made) graft to detour (bypass) an area of a narrowed or blocked artery.

Incisions are made at various locations in the leg. The bypass graft is sewn to an artery above the blockage, and to an artery below the blockage. Following a bypass graft, blood then flows from the artery, through the bypass graft, and out to the rest of the leg. Your bypass graft will involve either the Femoral to Popliteal artery or Femoral to Tibial artery. Staples or sutures are used to close the incision.

The surgery may be performed under a general anesthetic or with an epidural anesthetic. Your surgery may take up to 4 hours.

After your surgery you will go to the Post Anesthetic Care Unit (PACU) until your condition is stable. Once your condition is stable you will be transferred to the inpatient nursing unit. **The following five pages show the clinical pathway for your surgery. There is more detailed information after the clinical pathway.**



Clinical Pathway for Infra-inguinal Bypass Graft

	Pre-Admission	Day of Admission	Post-op (PACU)
Tests	<ul style="list-style-type: none"> • Blood tests • Electrocardiogram if required • Chest x-ray if required 	<ul style="list-style-type: none"> • Blood tests (if required) • All diabetic patients — glucoscan 	
Assessment / Treatments	<ul style="list-style-type: none"> • Blood pressure both arms 	<ul style="list-style-type: none"> • Intravenous if necessary 	<ul style="list-style-type: none"> • Blood pressure, pulse, respiratory rate • Leg pulses • Oxygen measurement • Neurovascular assessment • Intravenous
Medication	<ul style="list-style-type: none"> • Review patient medications 	<ul style="list-style-type: none"> • Antibiotic 	<ul style="list-style-type: none"> • Intravenous Patient Controlled Analgesia (IV PCA) or Epidural • Antibiotic • Blood thinner • Anti-nausea medication • Oxygen if necessary • Patient's own medication if required
Activity			<ul style="list-style-type: none"> • Bed rest – leg on pillow, heel off the bed • Deep Breathing and coughing exercises • Ankle Exercises
Nutrition	<ul style="list-style-type: none"> • You may eat or drink as you wish 	<ul style="list-style-type: none"> • No solids after midnight the day before your surgery • Follow the fasting instructions given to you by the Pre-Admission nurse 	<ul style="list-style-type: none"> • Sips of water
Dressing			<ul style="list-style-type: none"> • Left in place for 48 – 72 hours
Elimination			<ul style="list-style-type: none"> • Urinary catheter
Patient Teaching	<ul style="list-style-type: none"> • Read Infra-inguinal Patient Education Booklet • Patient specific medication • Health promotion 	<ul style="list-style-type: none"> • Pre-op instructions 	<ul style="list-style-type: none"> • Deep breathing and coughing exercises • Ankle exercises • IV PCA/Epidural teaching
Discharge Planning	<ul style="list-style-type: none"> • Plan to stay in hospital 7 days including day of surgery 		

	Post-op Vascular Unit Day of Surgery	Post-op Day 1
Assessment / Treatments	<ul style="list-style-type: none"> • Blood pressure, pulse, respiratory rate • Leg pulses • Oxygen measurement • Neurovascular assessment • Intravenous • Pain 	<ul style="list-style-type: none"> • Blood pressure, pulse, respiratory rate • Leg pulses • Oxygen measurement • Neurovascular assessment • Intravenous • Pain
Medication	<ul style="list-style-type: none"> • Intravenous Patient Controlled Analgesia (IV PCA) or Epidural • Antibiotic • Blood thinner • Anti-nausea medication • Oxygen if necessary • Patient's own medication if required 	<ul style="list-style-type: none"> • IV PCA or Epidural • Antibiotic • Blood thinner • Anti-nausea medication • Oxygen if necessary • Patient's own medication if required
Activity	<ul style="list-style-type: none"> • Leg on pillow when in bed, heel off the bed • Dangle legs off the bed • Ambulate as soon as possible • Deep breathing and coughing exercises • Ankle/foot exercises every hour 	<ul style="list-style-type: none"> • Leg on pillow when in bed, heel off the bed • Dangle legs off the bed • Up in chair with foot on footstool • Ambulate if able • Deep breathing and coughing exercises • Ankle/foot exercises every hour
Nutrition	<ul style="list-style-type: none"> • Progress from sips of water to clear or full fluid diet 	<ul style="list-style-type: none"> • Full fluids to diet as ordered
Dressing	<ul style="list-style-type: none"> • Left in place 48 – 72 hours 	<ul style="list-style-type: none"> • Left in place 48 – 72 hours
Elimination	<ul style="list-style-type: none"> • Urinary catheter 	<ul style="list-style-type: none"> • Urinary catheter
Patient Teaching	<ul style="list-style-type: none"> • Deep breathing and coughing exercises • Ankle exercises • Pain management • Activity • Diet 	<ul style="list-style-type: none"> • Deep breathing and coughing exercises • Ankle exercises • Pain management • Activity • Diet
Consults		<ul style="list-style-type: none"> • Smoking cessation program, if smoker
Discharge Planning		<ul style="list-style-type: none"> • Confirm discharge plans with family

	Post-op Day 2	Post-op Day 3
Assessment / Treatments	<ul style="list-style-type: none"> • Blood pressure, pulse, respiratory rate • Leg pulses • Oxygen measurement • Neurovascular assessment • Intravenous changed to a saline lock 	<ul style="list-style-type: none"> • Blood pressure, pulse, respiratory rate • Leg pulses • Oxygen measurement • Neurovascular assessment • Saline lock removed
Medication	<ul style="list-style-type: none"> • Remove IV PCA/Epidural catheter • Start oral pain medication • Blood thinner • Anti-nausea medication • Oxygen if necessary • Patient's own medication if required 	<ul style="list-style-type: none"> • Oral pain medication • Blood thinner • Anti-nausea medication • Oxygen if necessary • Patient's own medication if required
Activity	<ul style="list-style-type: none"> • Leg on pillow when in bed, heel off the bed • Up in chair × 2 foot on footstool • Up walking × 1 • Deep breathing and coughing exercises • Ankle exercises 	<ul style="list-style-type: none"> • Leg on pillow when in bed, heel off the bed • Up in chair × 2 foot on footstool • Up walking × 2
Nutrition	<ul style="list-style-type: none"> • Diet as tolerated 	<ul style="list-style-type: none"> • Diet as tolerated
Dressing	<ul style="list-style-type: none"> • Left in place 48 – 72 hours 	<ul style="list-style-type: none"> • Dressing removed
Elimination	<ul style="list-style-type: none"> • Urinary catheter (may be removed) 	
Patient Teaching	<ul style="list-style-type: none"> • Exercise/activity • Pain management • Diet • Peripheral Vascular Disease risk factors 	<ul style="list-style-type: none"> • Activity • Pain management • Diet
Consults	<ul style="list-style-type: none"> • Smoking cessation program, if smoker 	
Discharge Planning	<ul style="list-style-type: none"> • Confirm discharge plans with family 	<ul style="list-style-type: none"> • Confirm discharge plans with family for 10 a.m. on day of discharge

	Post-op Day 4	Post-op Day 5	Post-op Day 6
Assessment / Treatments	<ul style="list-style-type: none"> • Blood pressure, pulse, respiratory rate • Leg pulses • Oxygen measurement • Neurovascular assessment • Pain 	<ul style="list-style-type: none"> • Blood pressure, pulse, respiratory rate • Leg pulses • Pain 	<ul style="list-style-type: none"> • Blood pressure, pulse, respiratory rate • Leg pulses • Pain
Medication	<ul style="list-style-type: none"> • Oral pain medication • Blood thinner • Oxygen if necessary • Patient's own medication if required 	<ul style="list-style-type: none"> • Oral pain medication • Blood thinner • Patient's own medication if required 	<ul style="list-style-type: none"> • Oral pain medication • Blood thinner • Patient's own medication if required
Activity	<ul style="list-style-type: none"> • Leg on pillow when in bed, heel off the bed • Progress ambulation independently 	<ul style="list-style-type: none"> • Leg on pillow when in bed, heel off the bed • Ambulate independently • Stair training as necessary 	<ul style="list-style-type: none"> • Leg on pillow when in bed, heel off the bed • Ambulate independently
Nutrition	<ul style="list-style-type: none"> • Diet as ordered 	<ul style="list-style-type: none"> • Diet as ordered 	<ul style="list-style-type: none"> • Diet as ordered
Dressing			<ul style="list-style-type: none"> • Remove clips/sutures and apply steri strip if applicable
Patient Teaching	<ul style="list-style-type: none"> • Activity • Wound care • Diet 	<ul style="list-style-type: none"> • Wound care • Diet • Activity • Pain management • Medication(s) • Peripheral vascular disease signs and symptoms to report to physician 	<ul style="list-style-type: none"> • Reinforce discharge instructions
Discharge Planning	<ul style="list-style-type: none"> • Confirm discharge plans with family for 10 a.m. on day of discharge 	<ul style="list-style-type: none"> • Confirm discharge plans with family—plan for discharge at 10 a.m. tomorrow 	<ul style="list-style-type: none"> • Discharge home by 10 a.m.



The Pre-admission Unit Visit

Before you are admitted for surgery you will have an appointment at the Pre-Admission Unit (PAU). The hospital will call to arrange this appointment. If you would like more information regarding your surgery you can visit The Ottawa Hospital website at www.ottawahospital.on.ca select Clinical Services then select 'my surgery'. (<http://www.ottawahospital.on.ca/wps/portal/Base/TheHospital/ClinicalServices/mySurgery>)



Your Care in Hospital – After Surgery

Pain Management after Surgery

Your comfort is our concern. It is important that you have effective pain relief. Pain is personal. The amount of pain you feel may not be the same as others feel, even for those who have had the same surgery. Our goal is to help you be comfortable enough to participate in the healing process. Your pain should be controlled enough that you can rest comfortably and that pain does not prevent you from deep breathing, coughing, turning, getting out of bed and walking.

Both drug and non-drug treatments can be successful in helping prevent and control pain. The most common pain control treatments for after surgery are described in the *Pain Management after Surgery* booklet. You, your doctors and your nurses will decide which ones are right for you to manage your pain. Please read the booklet before your surgery. Bring it to the hospital on the day of your surgery.

Intravenous (IV)

You will have an IV to replace your fluids until you are able to drink and eat well. Do not pull on the IV tubing. When you are walking, use your hand that does not have the IV to push the IV pole.

Urinary Catheter (Foley)

You will have a urinary catheter to drain urine from your bladder. The nurse will clean the area around your catheter.

Oxygen

Under certain conditions, the body may require extra oxygen. These conditions may include lung disease, heart disease and the demands of surgery. Extra oxygen can help restore normal oxygen levels in the blood and body tissues and reduce the workload of the heart and lungs.

During your hospital stay you may receive extra oxygen. This is given through a mask placed over your nose and mouth or small tubes placed in your nostrils (nasal cannulae).

The amount of oxygen in your blood is measured by placing a small, painless clip on your finger. This is called pulse oximetry. This measurement is used to check that your body is getting the right amount of oxygen. The nurse will use these measurements to increase, decrease or stop giving you extra oxygen.

You will be encouraged to do your deep breathing and coughing exercises to keep your lungs clear. (See the section on Post-operative Exercises).

Incision

You will have an incision, which usually extends from your groin to knee or groin to mid calf. The incision is closed with clips (like staples) and covered with a dressing. The dressing will be removed after 3 days. If the incision is healing well the dressing will be left off. The clips will be removed after a week and may be replaced with steristrips.

Diet

Once back on the unit, you will be allowed to take fluids as you can tolerate. Once you can take solid food again, you will be put on a No Added Salt diet. Too much salt or salty food may not be good for your vessels, or for healing.

Your body needs more energy and protein when recovering from surgery and during illness. Try to include a protein rich food at each meal. Examples of protein rich foods include:

- **Meats, poultry, fish, eggs, dairy, dried beans/legumes**

If you are unable to eat well at meals, ask to see the inpatient dietitian. The dietitian can help optimize your nutrition to promote healing, while you are in hospital.

Activity While in Hospital

- You will be encouraged to ambulate with the help of your nurse or physiotherapist as soon as possible after your surgery. You may need to use a walker or a cane for the first few days after surgery.
- You should continue to increase your activity and endurance as you tolerate.

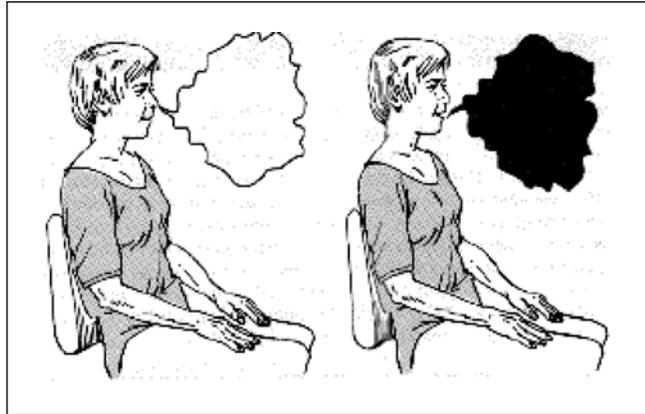
Post-Operative Exercises

Deep Breathing and Coughing

After surgery we tend to take smaller breaths. This can be because of pain, anesthesia given during our surgery, or not moving around as much after surgery. Doing deep breathing and coughing exercises post-operatively will help keep your lungs healthy.

Deep breathing exercises work best when you are sitting up in a chair or on the side of the bed. Follow these instructions:

- Take a deep breath in through your nose. Hold for 5 seconds.
- Breathe out through your mouth.
- Repeat this exercise 10 times each hour while you are awake and until your activity level increases.



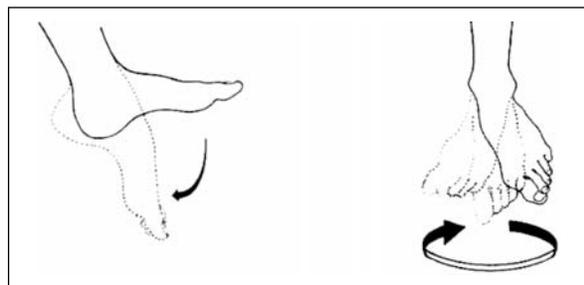
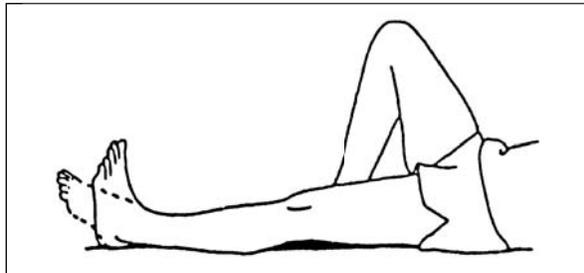
Coughing exercises help to loosen any secretion that may be in your lungs and should be done after your first 5 deep breaths. To produce an effective cough:

- Take a deep breath and cough.

Calf and Ankle Pumping Exercises

Calf and ankle exercises help the blood circulate in your legs while you are less mobile. Do these ten (10) times each hour, while you are awake and until your activity level increases.

- Lie on your back with your legs straight (see picture).
- Point your toes (as if you were pressing on a gas pedal) and then point your toes towards your chin.
- Move your ankles in a circle clockwise and counter-clockwise.
- These exercises will help prevent blood clots by increasing blood circulation in your legs.
- Remember to do these exercises 10 times each hour.



Moving and Positioning

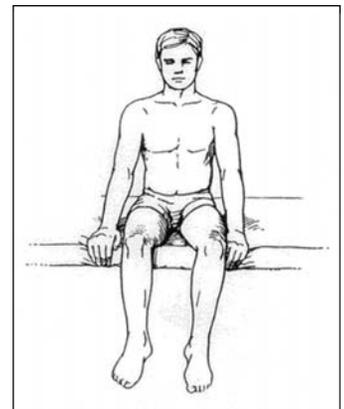
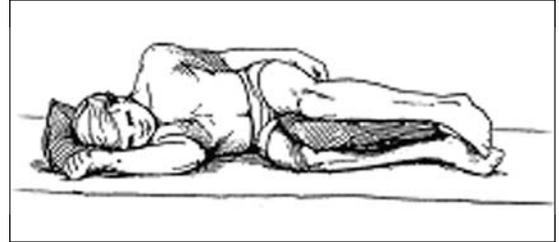
While in bed, it is important to move and reposition yourself. You should reposition yourself every 2 hours while awake.

- While you are in bed support your operated leg with a pillow or small blanket.
- Bend your knees and roll from your side to your back.

Getting out of bed

Ask for assistance the first time you get out of bed.

- Roll onto your side and bring your knees up towards your abdomen.
- Place your upper hand on the bed below your elbow.
- Raise your upper body off the bed by pushing down on the bed with your hand.
- Swing your feet and legs over the edge of the bed and bring your body to a sitting position.
- Once in the sitting position, take a few breaths and ensure your balance is good before attempting to stand.
- Slide your bottom to the edge of the bed.
- Stand up keeping your back as straight as possible.
- When getting back into the bed, reverse the process.



Preparing For Discharge

Discharge Planning

When you are discharge from hospital, you may need some help at home. It would be best to arrange for this before being admitted to the hospital. Arrange for someone to pick you up at 10 a.m. on the day of discharge. If you think you will have problems at home, discuss them with your nurse or social worker. You will receive a follow-up doctor appointment and a prescription for medication.

Be sure you understand about your:

- Medications
- Exercise program
- Diet
- Any restrictions regarding your surgery
- When to call the doctor for symptoms
- Follow-up appointments
- Preventing falls at home



After Discharge

Activity

- Take frequent rest periods as necessary. Let your body be your guide.
- If you need a walker or cane when you go home, your physiotherapist can prescribe the proper mobility aid for you.
- Continue doing your deep breathing and coughing, ankle and calf pumping exercises.
- You may climb stairs.
- Do light activities for 2 weeks. Avoid strenuous exercise including heavy lifting, lifting grocery bags, shoveling snow, or pushing a lawn mower until you have seen your doctor on your follow-up visit.
- Increase your walking distance each day.
- Resume your usual activities gradually over 6 weeks. Discuss any specific concerns with your doctor including when to resume sexual activity.
- Do not drive a car for at least 2 weeks. You may resume driving after 2 weeks if you feel comfortable.
- Regular, daily exercise helps control your weight, helps reduce stress and controls blood pressure. It is not necessary to exercise vigorously. Mild exercise, such as walking, is generally safe and helpful for most people, but needs to be done on a regular basis to decrease risk of disease. Discuss exercise with your health-care professional.
- Try to avoid:
 - bending your leg at the incision more than 45 degrees, while sitting
 - prolonged standing or sitting
 - crossing your legs.

Eating at Home

The food that you eat affects many of the important risk factors associated with vessel disease, for example:

- Your blood cholesterol
- Your blood pressure

A vessel healthy diet includes:

- Limiting trans fat
- Reducing salt and sugar
- Increasing fibre

To ensure you are making healthy choices:

- Eat 3 meals daily. Include healthy snacks if needed.
- Eat a variety of foods from each food group of Canada's Food Guide every day.
- Include at least three of the four food groups at each meal.

Fruits and Vegetables

- ✓ Choose fresh or frozen vegetables rather than canned vegetables with added salt.
- ✓ Prepare vegetables without using salt.
- ✓ Choose fresh, or canned /frozen fruit without added sugar.

Grain Products

- ✓ Choose higher fibre cereals that are lower in sugar.
- ✓ Choose whole grain breads/buns—look for the word “whole grain” in the ingredient list.
- ✓ Choose brown rice, barley, quinoa, bulgur, whole wheat pasta.
- ✓ Enjoy air-popped popcorn or light microwave popcorn, unsalted pretzels, homemade bagel or pita chips as snacks.

Meats and Alternatives

- ✓ Choose fish 2 to 4 times per week. Avoid deep fried fish. Choose unsalted, canned fish.
- ✓ Include meatless meals a few times a week. Enjoy vegetarian chili, burritos with beans, split pea or lentil soups, hummus, meatless curries, baked beans, tofu, or soy burgers.
- ✓ Choose omega-3-eggs more often. Limit yolks to 3 per week.
- ✓ Choose natural nut butters (e.g. peanut, almond, hazelnut).
- ✓ Avoid processed meats, poultry, and fish—e.g. seasoned products, deli meats, bacon, ham, sausages, wieners.

Milk Products

- ✓ Choose lower fat varieties including 1% or less.
- ✓ Choose plain or fruit yogurt with 3.25% Milk Fat (M.F.) or less.
- ✓ Choose lower fat cheese with 20% M.F. or less. Choose lower sodium cheese as well.

What about Fats and Oils?

Limit to 2 to 3 tablespoons per day. This includes the amount used in cooking.

- ✓ Choose olive, canola oils, safflower or flaxseed oil.
- ✓ Limit or avoid deep fried foods.

A Word about Salt

- ✓ Use fresh or dried herbs, unsalted spices, lemon juice and flavoured vinegars for flavouring during food preparation. Try Mrs. Dash or McCormack's No Added Salt seasoning blends.
- ✓ Reduce or limit salt in cooking and avoid adding salt at the table.
- ✓ Prepare meals using fresh ingredients.
- ✓ Choose rarely: processed foods such as deli meats, canned/packaged soups, pickles, soy sauce, salted snack foods, commercial coatings for meats, frozen dinners, vegetable juices, canned vegetables, fast foods.

Read food labels to help make better choices.

Nutrition Facts	
Per ½ cup (28 g)	
Amount	% Daily Value
Calories 120	
Fat 1 g	3 %
Saturated 0.2 g + Trans 0 g	1 %
Cholesterol 0 mg	
Sodium 140 mg	6 %
Carbohydrate 23 g	8 %
Fibre 7 g	28 %
Sugars 5 g	
Protein 3 g	
Vitamin A 0 %	Vitamin C 0 %
Calcium 4 %	Iron 3 %

Look for foods with:

- Not more than 0.5g of Trans Fat per serving
- Less than 200 mg (8 %) sodium per serving
- At least 2 g of fibre per serving
- Less sugar

Check the serving size carefully. It may not be the same as the amount you usually eat.

Note: While your wound is still healing, you need to ensure you continue to eat well and continue to include good protein at every meal. If you are having difficulty eating well at home, talk with your CCAC case manager or your doctor about seeing a Registered Dietitian.

Medications

- Take your pain medication as required. It is normal to experience some wound discomfort for a period of time after discharge.
- To avoid constipation (a side effect of many pain medications) add water-soluble fiber to your diet, e.g. bran, whole grains, fruit. If constipation is a problem, you may take a mild laxative.
- Do not drive a vehicle or sign any legal paper while you are taking narcotics (e.g. Tylenol #3, Hydromorphone, Percocet). Narcotics may slow your reaction time and impair judgment.

Wound Care

- Expect some swelling of your leg for a period of time after the surgery. This may continue for several weeks. You can help to decrease the swelling by raising your legs on a chair when sitting.
- Do not wear clothes, which irritate or constrict the incision.
- Shower or tub bath after the staples have been removed. Soaking in a tub for long periods may delay the healing process of your incision. Clean your incision with mild soapy water. Pat incision dry.
- Observe the incision for increased redness, increased tenderness, drainage, and incision separation. Notify your doctor if any of these occur. If you are unable to reach a doctor go to the emergency department.

Foot Care

- Avoid injury to your legs or feet, e.g. stubbing your toe while making a bed.
- Do not go barefoot. Shoes and slippers help protect your feet from trauma. Leather shoes are better than plastic. Avoid sandals with thongs between the toes. Make sure shoes are not tight when buying. Wear socks with your shoes.
- Wash feet daily; however avoid soaking your feet. This causes feet to dry and crack. Use super fatted soap, e.g. lanolin or glycerin. You may add moisturizing oil to the water when washing your feet.
- Use petroleum jelly or lanolin to soften hard dry skin overnight. Cover with socks to keep the cream next to skin.

- Toenails should be clipped regularly and straight across flush with ends of toes. File sharp edges or corners with an emery board. If your nails are cracked or split, you may apply cotton balls soaked with mineral oil for 20 minutes to soften them. You may well be advised to have someone else care for your nails.

Smoking

- **Stop Smoking!** Avoid all forms of tobacco (cigarettes, cigars, pipes, chewing tobacco). Smoking damages the lining of the arteries and increases the risk of atherosclerosis.
- Smoking cessation programs are available to assist you to stop smoking. Ask your nurse while in hospital about the programs available.
- After discharge contact the University of Ottawa Heart Institute: Prevention and Rehabilitation Centre Heart Check Smoking Cessation Program at 613-761-4753 or www.ottawaheart.ca.

Follow-up with Physician

Before you are discharged you will be given a follow-up appointment with your surgeon. Your follow-up appointment will be at the following location:

Vascular Surgery Clinic
The Ottawa Hospital Civic Campus
190 Melrose Avenue, 1st Floor, J section
Tel.: 613-798-5555, ext. 12479

If you are unable to make your appointment please contact the central booking number:

613-761-4766 you will need to know the name of your surgeon.

Your surgeon's name: Dr. _____

Call your Surgeon if you experience any of the following

- Chills or fever (temperature greater than 38.5°C).
- Increased pain, redness, swelling or drainage around the incision.
- Increased pain in your legs or feet.
- Separation of the incision.
- Sudden back or abdominal pain.
- A change in the colour (blue or white) or temperature (colder than normal) of the feet or lower legs.

If unable to reach your doctor, please go to the Emergency Department.

Websites

Visit The Ottawa Hospital website at www.ottawahospital.on.ca for more information.

For more information regarding your surgery see the My Surgery section on The Ottawa Hospital website at www.ottawahospital.on.ca. Click on Clinical Services and select 'my surgery'.

Health Information for Patients and Their Family

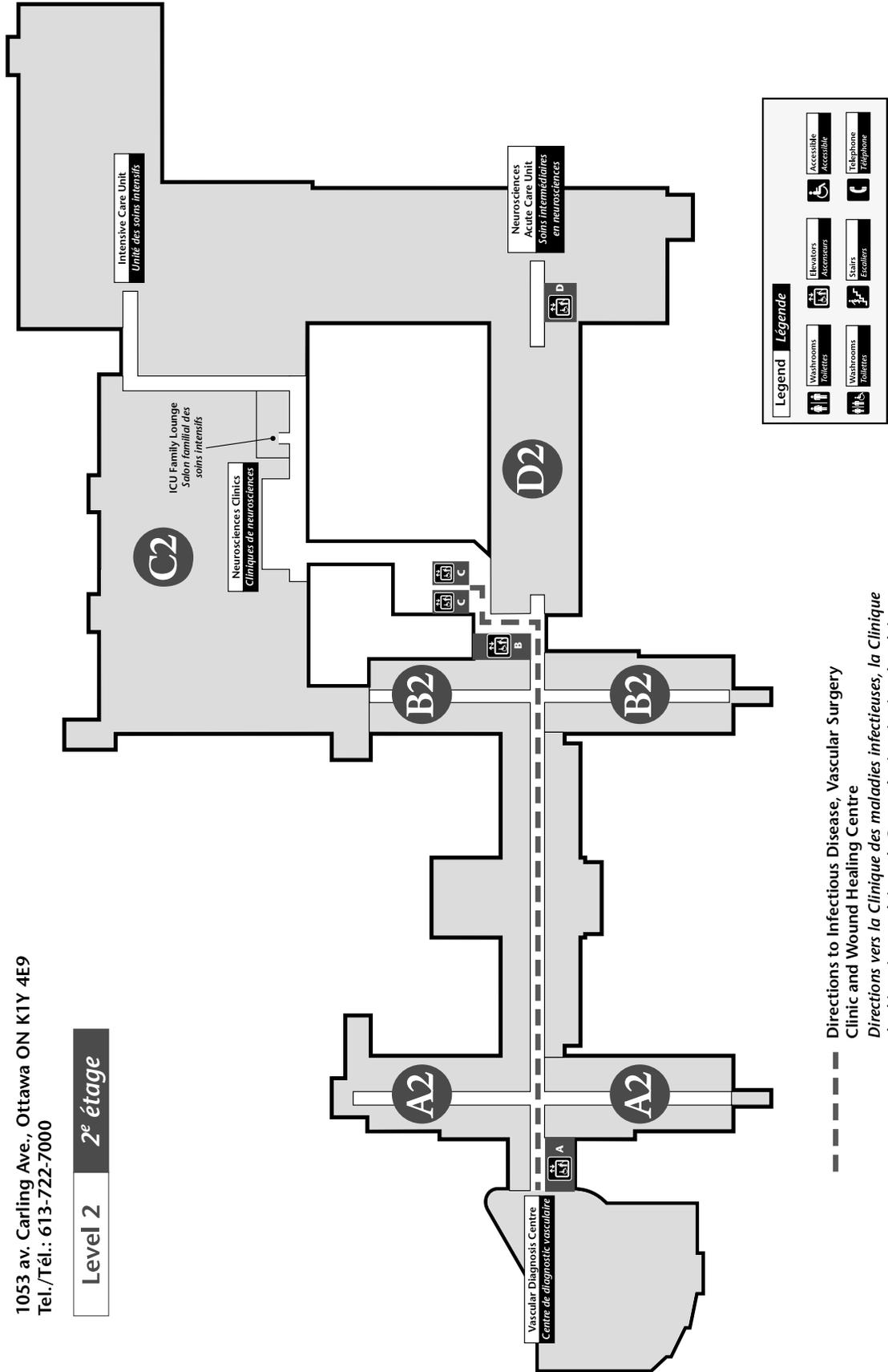
The Ottawa Hospital Learning Services

Do you need help finding more information about your disease?
Please email Learning Services at learningservices@toh.on.ca.

Civic Campus *Campus Civic*

1053 av. Carling Ave., Ottawa ON K1Y 4E9
Tel./Tél.: 613-722-7000

Level 2 *2^e étage*



Directions to Infectious Disease, Vascular Surgery
Clinic and Wound Healing Centre
*Directions vers la Clinique des maladies infectieuses, la Clinique
de chirurgie vasculaire et le Centre de cicatrisation des plaies*