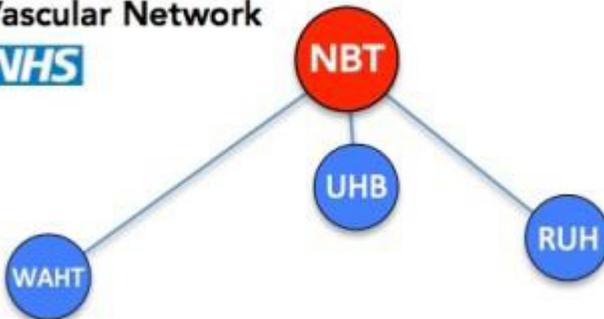


Vascular Surgery in the Major Arterial Centre (Southmead)

Bristol Bath Weston
Vascular Network



Exceptional healthcare, personally delivered

Ask 3 Questions

Preparation for your Appointments

We want you to be active in your healthcare. By telling us what is important to you and asking questions you can help with this. The three questions below may be useful:



This leaflet provides an overview of what to expect when you come into Southmead hospital for any vascular operation.

You will also be provided with another leaflet, which is more specific to the operation you are going to have. Your specialist will provide specific information about the operation planned.

The role of the specialist and the MDT

Every patient who is being considered for an invasive treatment for arterial disease is discussed at a multi-disciplinary team (MDT) meeting. This is a meeting which involves all the specialists who may be involved in your care; that is vascular surgeons, interventional radiologists, vascular scientists, vascular specialist nurses and vascular anaesthetists.

At this meeting, we discuss the investigations you have had; we review your symptoms, your scans to date (site and severity of your arterial disease), and consider your other medical problems if you have any. The specialist team may arrive at a clear recommendation for a specific type of treatment. Occasionally there is not clear agreement about the best way of treating your symptoms. Sometimes the MDT may be of the opinion that the risks of invasive treatment are too high or the likelihood of long term success is too low to offer an invasive procedure. Your vascular specialist should inform you about the result of the MDT discussion.

Major arterial operations: before you come in

Since October 2014, all major arterial operations for the population served by hospitals in Bristol, Bath and Weston-Super-Mare are performed in the Brunel Building, Southmead Hospital, Bristol.

Before you come for surgery you will need to attend the pre-operative assessment clinic (POAC) in Southmead Hospital. The purpose of this visit is to assess your fitness for surgery and reduce the risk of your operation being postponed because of

unrecognised medical problems. The team will give advice about what to do with regular medication, and may add in additional tablets around the time of surgery.

Patients having major vascular surgery may also be assessed by a Consultant Anaesthetist, giving you the opportunity to ask questions. The POAC visit will also give you a chance to familiarise yourself with the hospital before your surgery. You may also need specific investigations to assess the state of your heart, breathing and kidneys. The consultant anaesthetist will tell you about these.

Managing your risks

It is very common for patients who have a narrowing or blockage in the arteries which supply the legs/feet to have arterial disease elsewhere, including the heart arteries and arteries supplying the brain. We know that being on certain types of medication can reduce the risks of heart attack and stroke both around surgery and for the rest of your life.

We would always recommend that you take:

- Antiplatelet Medication: Clopidogrel or Aspirin
- Statin tablet if tolerated
- Treatment of High blood pressure. (if necessary)
- Treatment of Diabetes (if necessary)

Stopping smoking before surgery is ALWAYS recommended.

The day of surgery

It is standard practice for all operations, for you to be admitted on the day of surgery. You will receive a "to come in" letter, which specifies when and where you have to come. At Southmead, this is usually Medirooms on Level 2 Gate 20. Your relatives can accompany you and be with you until the time of your operation.

You will need to be 'starved' before your operation. This means no food for six hours before you are admitted for the procedure, clear fluids (i.e. water or squash but not fruit juice or milk) up to 2 hours before you are admitted and nothing at all to eat or drink after that.

You should bring with you all the medications that you are currently taking. You should continue to take your normal medication prior to the operation unless instructed otherwise.

You will be admitted to your bed by one of the nurses who will also complete your nursing record.

The vascular specialist theatre lists typically run from 8am to 5pm, apart from Wednesday when lists run from 1pm to 8pm. Patients scheduled for a morning list will generally be asked to attend at 7am and those for an afternoon list will be asked to attend at 11am. It is important to understand that there will normally be more than one patient having an operation on that day, in the same theatre list as you. As such, you may have a long wait before your surgery, even if we ask you to come in at 7am.

Before we start the operation, we must always ensure that we have an in-patient bed for you to go to after the operation. Occasionally patients will need to go to the intensive care or high dependency unit after the operation. Although these beds are booked in advance it is possible due to emergencies that there may not be a bed available. Sometimes we have to postpone the procedure. We recognise that this causes a lot of distress for patients and their carers, particularly around the anxious time of major surgery.

You will be escorted to the operation theatre when we are ready for you.

What happens after the operation

You will be moved to the recovery area. If you had a general anaesthesia you will usually wake up in the recovery area. Occasionally in major operations you may be taken to intensive care directly in which case you may wake up there. You will usually have monitoring equipment attached to you along with various drips. You may also have a catheter in your bladder.

After a general anaesthetic, you will feel groggy for a bit longer and it may be another 2-3 hours before you feel alert. You may feel sick initially but this will quickly subside and you will be allowed to eat and drink within 1-2 hours.

You will be monitored in recovery for a varying period. Once you are stable you will then be moved to the Vascular Ward. The main vascular ward in Southmead Hospital is **Gate 33B**. The vast majority of patients are cared for on this ward before they are discharged from hospital.

Most patients on the ward have a private room with an en-suite. However, there are 2 4-bedded bays where patients needing closer monitoring may be placed. Unfortunately, this can be quite busy at times. If you are going to stay on the ward for longer than 1-2 days you will be moved to a private room once you no longer need close monitoring.

On the day of your operation you will usually be advised complete bed rest. The next day we will encourage you to get out of bed and try simple tasks like walking to the bath room and washing. With some operations, you may find this relatively easy which will mean that you should be able to go home in a day or two. For more major operation it will be more gradual and will take longer. The medical and nursing staff will advise you accordingly. We will however be keen to get you dressed and out of your bed clothes.

In most cases you will be allowed to eat and drink. After some major operations, it will take a little longer for your bowels to get going and the medical team will advise you on your diet.

The medical team will do a ward round in the morning usually between 9-11. This will be led by the consultant in charge of the ward, who will not be the consultant who operated on you. There are 11 consultant surgeons in the unit and we take it in turns to manage the patients on the ward. Please do feel free to ask any questions when we see you.

The physiotherapists and occupational therapists may see you while you are on the ward to help you get going and facilitate your discharge.

You may have medical students coming to have chat with you when you are on the ward. We would be grateful if you allowed them to assess you. If you do not wish to speak to them please let the ward staff know. If you have any concerns about them please let the medical or nursing staff know.

As you get stronger your discharge will be discussed with you. Once you and all the health professionals looking after you are satisfied with your progress you will be allowed to go home.

Your progress after you go home will vary depending on the operation you have. The information sheath specific to your operation will provide you with that information.

**PATIENT
APPROVED** 



www.nbt.nhs.uk/vascularsurgery

If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

© North Bristol NHS Trust. This edition published January 2018. Review due January 2020. NBT003117

**take part...
be involved...**
in research



While in our care, you may be invited to take part in a research study.

To find out more visit:
www.nbt.nhs.uk/research



southmeadhospitalcharity.org.uk

Southmead Hospital Charity raises funds for departments and wards throughout the Trust, meaning you can support an area close to your heart