



Patient & Family Guide
2025

Peripheral Bypass Surgery



www.nshealth.ca

Peripheral Bypass Surgery

This pamphlet will help you learn what to expect after your peripheral bypass surgery.

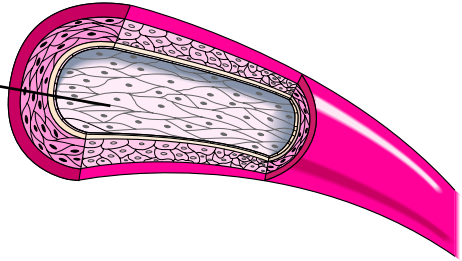
Why do I need this surgery?

- Arteries carry blood with oxygen to your tissues and organs.
- If the inner lining of an artery is damaged (like from smoking, diabetes, high blood pressure, high cholesterol, or not enough exercise), it can get narrow or blocked. This can lead to lower circulation (blood flow).
- Lower circulation in your leg could lead to amputation (having your leg removed).
- Peripheral bypass surgery is done to improve the circulation in your leg.

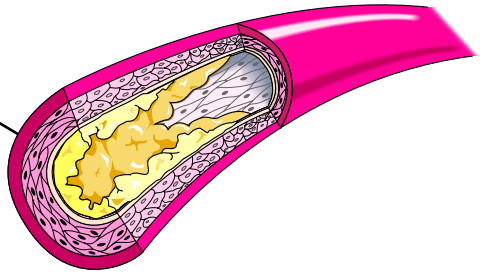
How is peripheral bypass surgery done?

- Bypass surgery works like a bridge. The surgeon uses a graft to bypass (go around) the blockage in your artery. This helps to improve the circulation in your leg.
- The graft can be made with a vein from your own leg or with human-made material.
- Your surgeon will talk with you about what type of surgery and graft is best for you.

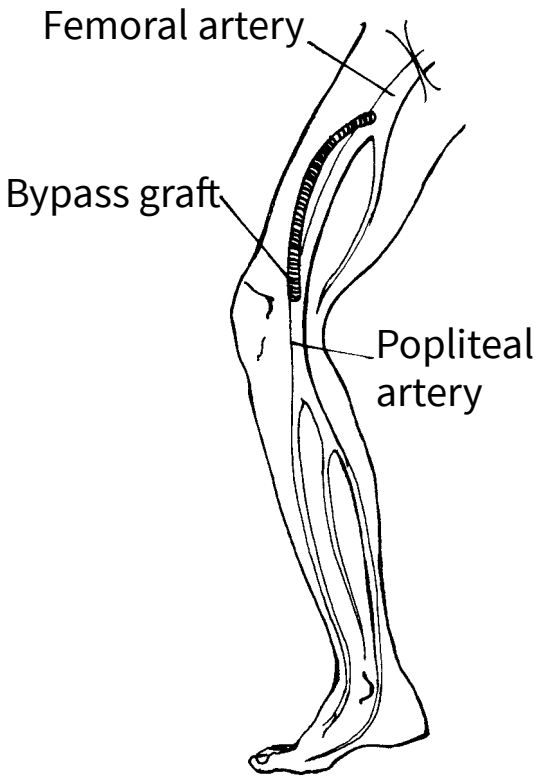
Normal artery
(blood flows
through
easily)



Narrowed artery
(blood does not
flow through
easily)



Femoral popliteal bypass graft



After surgery

- If you have pain, ask your nurse for medication.
- Your nurse will check the pulses in your foot often.
 - › Wiggle your toes often to help with blood flow.
- Your intravenous (I.V.) will be taken out once you are drinking well and are no longer getting antibiotics through your I.V.

- You should get out of bed shortly after your surgery.
 - › **Do not get out of bed for the first time on your own.** Ring your call bell for your nurse to help you.
 - › It may help to use a walker the first time you get out of bed.
- As you get stronger, you will spend more time out of bed and walk short distances.
 - › Even if you have pain, it is important to put some weight on your affected leg.
 - › Do more activity over time until you are walking in the hall a few times each day.
- Walking helps to prevent complications like:
 - › Constipation (not being able to poop)
 - › Blood clots
 - › Pneumonia (lung infection)
 - › Pressure injuries (ulcers)
 - › Your muscles getting weaker
- You may not have a bowel movement (poop) for a few days after your surgery. This is normal. Ask for a laxative (medication to help you poop), if needed.
- Your foot may feel very warm. This will go away over time, usually in 7 to 10 days.

- Your leg may be swollen. This is normal. This usually goes away over time, in a few weeks to months. But it may never go back to the size it was before your surgery.
 - › If your leg is swollen, raise it up above the level of your heart for 20 to 30 minutes several times during the day. It may also help to use a support stocking.
- If you have an incision (cut) in your groin, you will have some discomfort. You may feel numbness, tingling, or burning from your groin to your knee. This is normal. It may take a few weeks to months to go away.
- **Do not:**
 - › sit for a long time with your knees and hips bent.
 - › sleep with your knees bent.
 - › cross your legs.

It is OK to walk or lie down to keep your legs straight.

After discharge

Incision care

- After the first bandage is removed, you may have a light bandage over the incision.
- You may have staples in the incision. If you do, they will be taken out about 7 to 10 days after your surgery. This may be done by your surgeon or your primary health care provider (family doctor or nurse practitioner).
- You may shower 7 days (1 week) after your surgery if:
 - › the incision is healing well.
 - › there is no drainage from the incision.Pat the incision dry. **Do not** rub.
- You may have a bath when the incision is fully healed.
- You may have bruising around the incision. This will go away over time, usually in a few weeks.

Activity

- Slowly do more activity over time.
- **Do not** sit for a long time with your knees and hips bent. **It is very important to get up and walk.**
- Unless your doctor says it is OK, **for 6 to 8 weeks after your surgery:**
 - › **Do not** strain.
 - › **Do not** vacuum.
 - › **Do not** lift anything over 5 pounds
 - › **Do not** do any strenuous activities (like sports)
- When you can go back to work will depend on your recovery and the type of work you do. Please talk about this with your surgeon.
- You can go back to driving in 4 to 6 weeks. Your surgeon will talk with you about this at your follow-up appointment.
- You can go back to having sex when you feel well enough.
 - › If you have a penis, you may not be able to keep an erection because of lowered blood flow. If you have any concerns about this, talk to your primary health care provider.

Constipation

- Constipation (not being able to poop) can be caused by pain medication, being less active, and some foods.
- To help prevent constipation:
 - › Drink 8 to 10 glasses of water a day unless you have been told not to because of another health condition.
- Eat foods that are high in fibre (like bran cereals, whole wheat bread, fruits, and vegetables).
- Ask your doctor about using laxatives or stool softeners, if needed.

Staying healthy after surgery

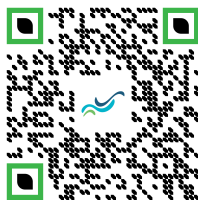
- Surgery is only part of your treatment. It is also important to keep up a healthy lifestyle after your surgery.

Medications

- **Do not** drink alcohol while taking pain medication.
- **Do not** drive while taking pain medication.
- Your doctor may prescribe an antiplatelet medication and/or a statin medication (unless you cannot have these for medical reasons). Always follow your doctor's advice.



- **For more information**, scan the QR code or visit:
 - › <https://library.nshealth.ca/Patients-Vascular-Surgery>



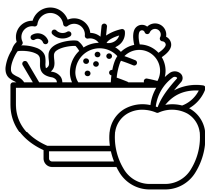
Stop smoking

- Smoking will damage your arteries and your new graft. If this happens, you may need more surgery or a leg amputation.
- It is normal to need help to stop smoking. Talk to a member of your health care team about Nova Scotia Health programs that can help.
- **For more information**, scan the QR code or visit:
 - › <https://mha.nshealth.ca/en/stop-smoking-program>



Eat healthy foods

- It may take a while for your appetite (feeling hungry) to go back to normal. During this time, it will help to eat smaller meals more often.
- Eating healthy meals will help you to get your strength back.
- Choose foods that are low in fat. This will help to prevent materials from building up in your arteries.
- If you need help planning meals, ask to talk with a dietitian.
- Keep a healthy weight.



Be active

- Exercise can help with:
 - › Losing weight
 - › Improving blood flow
 - › Keeping your blood sugar levels and blood pressure under control

Control diabetes (if you have it)

- Follow your eating guidelines (meal plan).
- Check your blood sugar level regularly.
- See your primary health care provider regularly.
- Take your medications and/or insulin as prescribed by your doctor.

Control your blood pressure

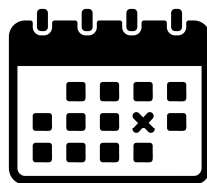
- Check your blood pressure regularly.
- Take your blood pressure medication as prescribed. If you stop taking your medication, your blood pressure will go up again.
- Lower stress (see below).

Lower stress

- Exercise regularly.
- Get enough sleep.
- It may help to talk to other people about any concerns or problems you have.

Follow-up care

- We will give you an appointment for a follow-up visit with your surgeon before you leave the hospital.
- **It is important to keep all follow-up appointments with your surgeon.**



Tell your surgeon if you have any of these symptoms:

- › More pain or soreness around your incision
- › Redness, swelling, or warmth around your incision
- › Drainage from your incision
- › The edges of your incision come apart
- › Fever (temperature above 38 °C or 100.4 °F) and/or chills
- › Pain that does not go away
- › Your leg feels cold, numb, or weak
- › Your leg is paler (lighter in colour) or a different colour than usual

If you have left the hospital and are not able to reach your surgeon's office, go to the nearest Emergency Department right away.

Questions for my health care team:

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This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find all patient education resources here:
www.nshealth.ca/patient-education-resources

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

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