



## **DISCHARGE INSTRUCTIONS AFTER A FEMORO-POPLITEAL OR INFRAINGUINAL BYPASS:**

Ambulate and be as active as possible.

May shower in 48 hours after surgery, no bathing. Keep all wounds dry and clean, especially the ones in the groins.

Avoid heavy lifting or strenuous exercises, however, you are encouraged to walk and ambulate.

Resume ALL preoperative medications, unless specified by the surgeon in the discharge instructions. Surgeon will prescribe pain medication only, these medications may give some constipation if they are taken often, it is good to take lots of fluids, prune juice, over the counter laxatives or stool softener.

Exercise regularly as much as possible, control your blood pressure, control your lipids, your blood pressure if you are a diabetic, and continue taking the antiplatelet/anticoagulation medications such as: Aspirin, Plavix or Coumadin.

If taking Coumadin (Warfarin), follow up with your primary care physician, anticoagulation/Coumadin clinic or cardiologist for blood draws to titrate the dose of the Coumadin according to INR (International Ratio) goal. Usually for infrainguinal bypass, the INR goal is between 1.5- 2. Coumadin should be taken forever, there is some supportive literature that increases the patency rate of infrainguinal bypasses. You are prone to bleed on this medication if you fall down or cut yourself shaving.

Do dressing changes as needed, leave steri strips if they were placed at the time of the operation, they will peel off by themselves in 7-10 days. Wounds may be left open to air if they are dry, after two days of surgery.

It is common that groin wounds may develop seromas or fluid collection, high likelihood of infection. Try to keep it as clean and dry as possible. If the wound develops redness, drainage or foul smelling, call your surgeon or go to the emergency room. If a seroma is formed, it might just be observed and watched, unless it gives symptoms to the patient. If causing problems, it might be aspirated and at times the patient needs to be return to the operating room for exploration to have the lymph channels tied/ligated.

If the patient CANNOT feel a pulse on the distal arteries or a pulse on the bypass graft, the leg becomes painful, cooler/cold, pale, numb or discolored immediately go to the emergency room.

**Follow up with the surgeon in 10-15 days, call for the office for an appointment.**