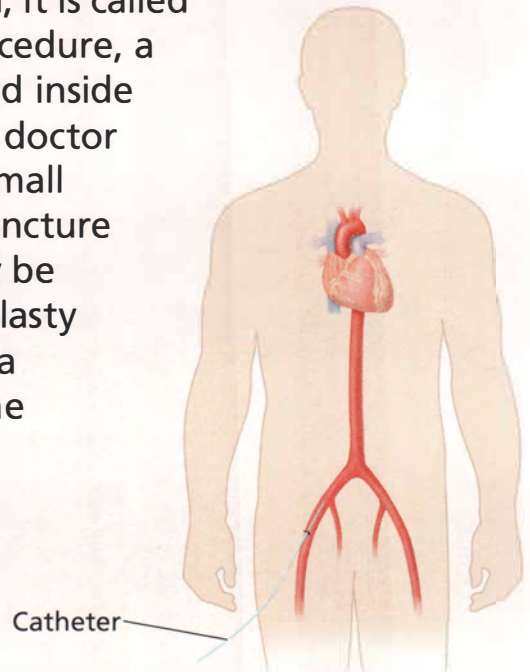


Endovascular Procedures

When a procedure is done inside a blood vessel, it is called an endovascular procedure. In this type of procedure, a long thin plastic tube called a **catheter** is placed inside the artery. Using x-ray pictures as a guide, the doctor inserts the catheter into an artery through a small puncture about the size of a pencil tip. The puncture is usually made in the groin. Atherectomy may be done to remove plaque from an artery. Angioplasty is used to widen a narrowed artery or open a blockage. A stent may be inserted to hold the artery open. More than one artery may be treated during these procedures.



Risks and Complications

Endovascular procedures have certain risks. They include:

- Rupture of the treated artery
- Bleeding
- Blood clots
- Heart or lung complications
- Kidney problems
- Loss of toe or foot
- Death (rare)

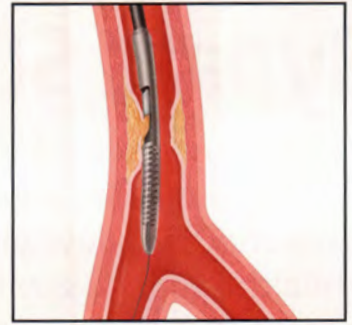
When to Call Your Doctor

Following an endovascular procedure, call your doctor if you have:

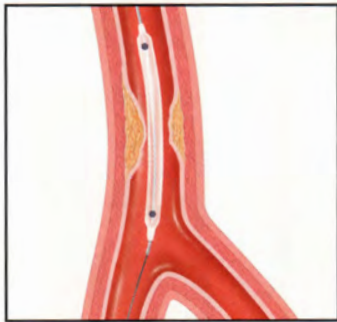
- Swelling or bleeding at the insertion site
- Chest pain or trouble breathing
- A temperature of 101.4°F (38.5°C) or higher
- A change in the temperature or color of your foot
- A return of symptoms similar to those you had before the procedure

Atherectomy

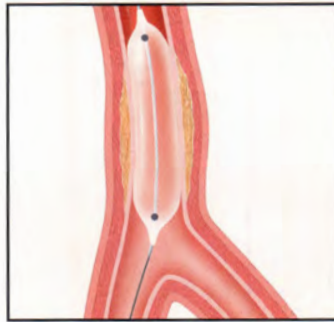
A tiny blade, laser, or rotating burr is inserted into the body through an artery to the sight of the plaque blockage. The device removes the plaque, opening the artery and restoring blood flow.



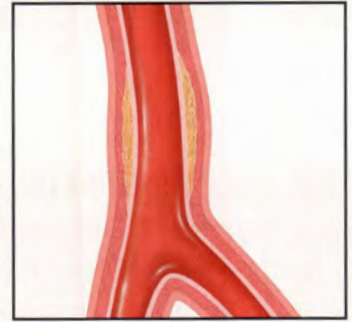
Angioplasty



A balloon-tipped catheter is inserted into the artery and threaded to the narrowing or blockage.

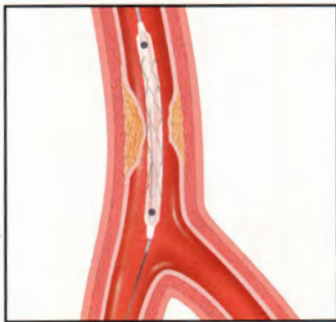


The balloon is inflated and deflated several times. This presses the plaque against the artery walls.

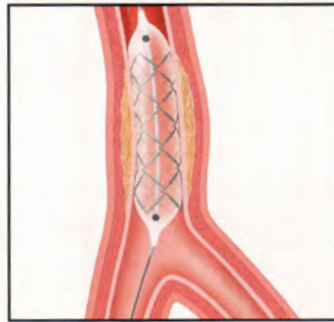


Once the artery is open, the balloon is deflated and removed. Blood flows freely through the widened channel.

Stenting



A stent (a wire mesh tube) is mounted onto a catheter and guided through the artery to the blockage.



The stent is opened and locks into place inside the artery.



The catheter is removed. The stent remains in place, holding the artery open.

While You Recover

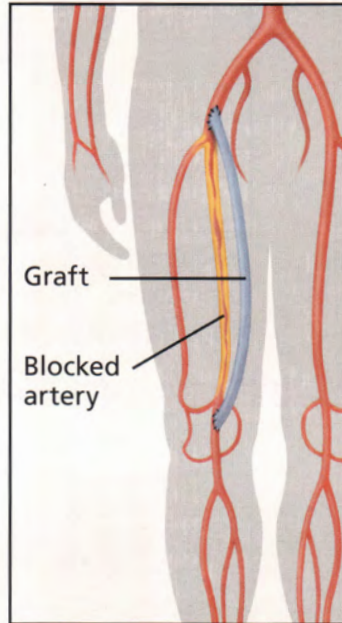
You will need to lie flat right after the procedure. And you may be asked not to bend your leg for 2 to 6 hours. The blood flow in your legs will be closely monitored during this time. Most people are able to go home the same day. Once home, take any medications as directed. Follow all your discharge instructions for the best recovery. To keep your legs healthy, it is very important to make the lifestyle changes and take the medicines needed to control your heart disease risk factors.

Bypass Surgery

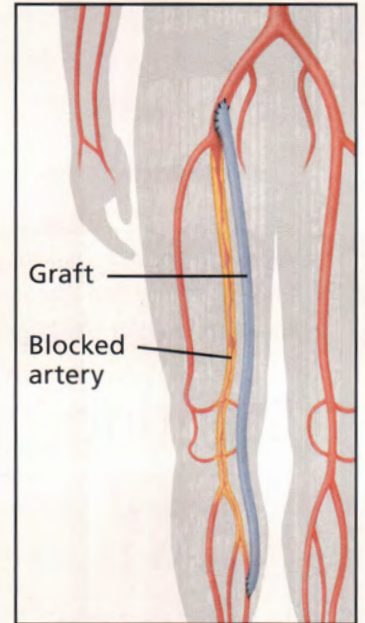
When there is a long and very narrow blockage in a leg artery, the best treatment may be bypass surgery. In bypass surgery, a new blood vessel is attached to allow blood to bypass (go around) the blocked artery. A healthy vein, taken from another part of the body, or a synthetic (man-made) blood vessel is used in bypass surgery. This is called a **graft**.

Leg Bypass

To bypass a blocked leg artery, a healthy vein from that same leg is often used for the graft. The vein may be removed through one long incision or several smaller ones. In some cases, a synthetic graft is used. Once the graft is ready, the surgeon makes an incision near the damaged artery. The graft is sutured to the artery above and below the blockage. Once blood is flowing through the graft, the incision is closed with sutures or staples.



A femoral popliteal bypass ends near the knee.



In a distal bypass, the graft ends below the knee.

Risks and Complications

All surgery has some risks. Possible risks of bypass include:

- Bleeding
- Blood clots
- Infection
- Heart or lung problems
- Kidney problems
- Loss of toe or foot
- Death (rare)

Right After Surgery

Following surgery, you will be monitored closely. And you will receive medication to help control pain. You'll be able to go home when you can walk on your own—often within a few days.

Recovering at Home

No matter what procedure you have, these measures help your body heal more quickly:

- Take aspirin, blood thinners, and pain medications as directed.
- Care for incisions as instructed.
- Shower or take sponge baths. Don't take a tub bath without your doctor's okay.
- Have staples or sutures removed when your doctor recommends.
- Drink plenty of fluids.
- Try to walk a little farther each day.

Follow-Up Care

Your doctor will schedule regular follow-up checkups. During these visits, the doctor will check the blood flow in your legs to make sure the graft is working well. Be sure to keep all your follow-up visits to the doctor. Remember that P.A.D. is a lifelong disease. To keep your legs healthy, it is very important to make the lifestyle changes and take the medicines needed to control your heart disease risk factors.

When to Call Your Doctor

Call your doctor right away if you have:

- Bleeding or increased pain, swelling, redness, or warmth at the incision sites
- A fever of 101.4°F (38.5°C) or higher
- Chest pain or trouble breathing
- A change in temperature or skin color below the bypass site
- A return of symptoms similar to those you had before the bypass