Femoropopliteal Bypass (Fem-Pop Bypass) For Peripheral Arterial Disease

Femoropopliteal (fem-pop) bypass surgery is used to bypass diseased blood vessels above or below the knee.

To bypass the blocked blood vessel, blood is redirected through either a healthy blood vessel that has been transplanted or a man-made graft material. This vessel or graft is sewn above and below the diseased artery so that blood flows through the new vessel or graft.

Before you have surgery, the doctor will determine what type of material is best suited to bypass the blood vessel. Whenever possible, the surgeon will choose to use an existing piece of vein taken from the same leg. Man-made graft materials (such as polytetrafluoroethylene [PTFE] or Dacron) are more likely to become narrowed again, but they are still effective.

The section of vein or man-made blood vessel graft is sewn onto both the femoral and popliteal arteries so that blood can travel through the new graft vessel and around the existing blockage(s).

General anesthesia or an injection in the spine (epidural) is used for this surgery. General anesthesia will cause you to sleep through the procedure. An epidural prevents pain in the lower part of the body.

What To Expect After Surgery

You will likely stay in the hospital 2 to 3 days after surgery. You can begin sitting up and walking the first day after surgery.

You will have some pain from the cuts (incisions) the doctor made. This usually gets better after about 1 week. You can expect your leg to be swollen at first. This is a normal part of recovery and may last 2 to 3 months.

You will need to take it easy for at least 2 to 6 weeks at home. It may take 6 to 12 weeks to fully recover.

You will probably need to take at least 2 to 6 weeks off from work. It depends on the type of work you do and how you feel.

You will need to have regular checkups with your doctor to make sure the graft is working.

Why It Is Done

Fem-pop bypass is for people who have narrowed or blocked femoral or popliteal arteries, which are near the surface of the legs. Usually the blockage must be causing significant symptoms or be limb threatening before bypass surgery is considered.
How Well It Works
This surgery relieves intermittent claudication in about 80 out of 100 people for at least 5 years when an existing vein is used.¹

When a vein is used, the bypass remains open in about 66 out of 100 people 5 years after surgery. When a man-made graft is used, the bypass remains open in 33 to 50 out of 100 people 5 years after surgery.²

Risks
All surgeries carry a certain amount of risk. These risks include:

• Infection from the incision.
• Bleeding.
• Heart attack or stroke.

Specific risks for this bypass surgery include:

• Leg swelling.
• Failed or blocked grafts.