

Vascular Surgery

Carotid endarterectomy

What is the problem?

Every day in the UK, many people have a stroke or warning signs of a stroke ('mini-stroke' or 'TIA'). There are many causes of stroke, which is why you will have had an ultrasound scan of your neck to assess whether your stroke was caused by a problem in your neck (carotid) artery. If this is the case, there is a build-up of fatty deposits in the carotid artery which create a narrowing. This is called atherosclerosis or 'hardening of the arteries'.

The carotid artery supplies blood to your brain. Fragments of the fatty deposit can dislodge and travel in the blood up to the brain, where they may block a small artery and thus stop the blood supply to an area of brain tissue. This causes the weakness or deficit associated with a TIA or stroke. The presence of a narrowing in your carotid artery can increase the chances of you suffering a major stroke in the future. The aim of carotid endarterectomy is to prevent you having a major stroke.

It is important to understand that the left side of the brain looks after the right arm and leg and the right side of the brain looks after the left arm and leg. For this reason, the patient often thinks the 'wrong' side is being operated upon, when in fact it is the correct side.



Before the operation

You will be invited along to a pre-admission clinic which includes detailing your medical history, blood tests and a heart tracing. You will be admitted into hospital either the day before or the morning of your operation. If your surgery is on the same day as your admission, you will be asked to have nothing to eat or drink after midnight.

Coming into hospital

Please bring all your current medication with you. The doctor who will give you the anaesthetic and your surgeon will see you prior to your operation. If you have any questions about the operation, please do ask.

The operation

You will be taken to the anaesthetic room, where you will be given your anaesthetic, and from there you will be taken into theatre. You will either be asleep (a general anaesthetic) or you will have a few small injections to completely numb the side of your neck (local anaesthetic).

Once you have been anaesthetised, a cut is made in the skin on your neck over the carotid artery. The artery is then temporarily clamped off and the fatty deposits removed. The artery is then stitched up. Sometimes, a small patch is used to prevent narrowing. Metal staples or stitches will be used to close the skin and a drainage tube may be placed, which will be taken out after about 24 hours.

After the operation

Afterwards, you will have one or two 'drips' in your arm to give you fluid and monitor your blood pressure. When you leave the operating theatre, you will be taken to the PACU (post anaesthetic care unit, in the theatre recovery department) or to the Critical Care Unit/ Enhanced Care Unit so that we can keep a special eye on you for the next few hours. After this you will return to the surgical ward.

Patient Information

The consultant will decide when you are able to have a drink. This operation is not particularly painful, but you may need some painkillers, and you should inform the nurse if you have pain.

The day after surgery, you will be able to get out of bed and to eat and drink normally. Most people are discharged from hospital 1 to 2 days after surgery.

Before you leave, the ward nurse will explain possible arrangements for the removal of your skin staples or stitches, if necessary.

Are there any risks?

Initially, it is common for your neck to become swollen after this surgery. Also, some minor bruising around the neck wound occurs frequently - this may take several weeks to resolve.

There is likely to be a numb area on the side of the neck that may take several months to settle down. Occasionally, this numbness can be permanent. Temporary weakness of the side of the mouth or tongue is possible, which can very rarely be permanent.

There is a small (but finite) risk of developing a stroke during the operation combined with a very small risk of death. However, you are more likely to avoid a major stroke in the long run if you undergo surgery. You may wish to discuss these risks with your surgeon in more detail, before the operation.

What about afterwards?

You will be sent an appointment for an outpatient review. It is important that you do not drive your car until you have seen your consultant in clinic. Following this surgery, your car insurance is not valid until your consultant has said you are fit to drive. You should not arrange to fly for 4 to 6 weeks after surgery.

Patient Information

The operation usually gives good long-term relief. However, if you are a smoker, you must make a sincere and determined effort to stop completely. Continued smoking will cause further narrowing and blockages to your arteries and increase your risk of a heart attack.

General health measures such as taking regular exercise, reducing weight if necessary, and a low-fat diet are also important, as are good control of blood pressure and diabetes. All these measures will help reduce the chances of further trouble from arterial disease.

After surgery, if you develop bruising anywhere on the body with evident bleeding from the nose, back passage or stomach, please attend the emergency department at UHCW.

If you would like to discuss the information in this booklet, please contact a vascular nurse specialist:

Alison Kite on 024 7696 5569

Ellane Smedley & Edward Lopez 024 7696 6914

If you would like this information in large print, braille, audiocassette, video or translated into another language please telephone one of the numbers above.

We hope that you have found your treatment by the Vascular Services team to your satisfaction. We welcome your **comments, compliments** and **complaints** concerning the care that you have received in order to improve our service. This can be done by contacting the Vascular Nurses as above or PALS.

Useful contacts

Coventry Patient Advice and Liaison Service (PALS): 0800 0284203

South Warwickshire Hospital PALS: 01926 600054

George Eliot Hospital PALS: 024 7686 5617

Vascular conditions

www.vascularsociety.org.uk

www.circulationfoundation.org.uk

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