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Carotid Endarterectomy

Your questions answered (page 1 of 3)

This leaflet should be read along with advice given from your doctor or nurse

What is carotid artery disease?

The blood vessels in your neck that normally feed the brain with nutrient rich blood have become narrowed; this prevents the blood from circulating freely. The narrowing is caused by a build-up of atheroma, which is a mixture of calcium and cholesterol. This hardens the arteries and also creates a rough surface for the blood to travel over.

There is a risk that some of the atheroma, or a blood clot (that can form on the rough surface) will break off, travel to the brain and cause a mini stroke (TIA - transient ischaemic attack) or a more severe stroke (cerebrovascular accident - CVA).

What is a stroke?

CVA, or stroke, is a major cause of death in this country. It can be the result of bleeding into the brain, spasm of the arteries or more commonly a blockage in the artery preventing the blood from reaching certain parts of the brain. A stroke can be fatal. If the patient survives it can be severely disabling. If you have had a mini-stroke (TIA) you have a 1 in 8 - 10 (10 - 12%) chance of suffering a major disabling stroke in that year.

Why do I need a carotid endarterectomy?

Your doctor feels you are at risk of a stroke due to carotid artery disease. The most effective way of preventing a stroke is an operation to remove the atheroma in your neck artery, so that bits of it cannot break off and cause a stroke.

Alternatives

If you decide not to have this operation your condition can be managed with medication, but you are at increased risk of suffering a stroke.

What are the possible risks and complications from this operation?

There is a 1 in 50 (2%) risk of you having complications with this operation.

- the most serious risk is having a stroke during the operation
- there is a small risk of the operation causing a heart attack

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- wound infection is rare, but happens in 1:100 cases (1%)
- the nerves to your face can be damaged. This usually gets better but can be permanent. This can cause difficulties in swallowing and numbness in your face and neck, so if you need to shave you should be careful when shaving after the operation.

Consent

We must by law obtain your written consent to any operation before hand. If you have any questions please ask a member of staff.

What will happen before the operation?

Your general health will be checked by doing some tests, which may include blood tests, ECG (showing how well your heart is working) and you will have an ultrasound on your neck to check the narrowing of the artery. The skin on the affected side of your neck will be marked with a permanent marker pen.

The consultant and the anaesthetist will see you before the operation. You will be given the opportunity to ask any questions about your operation.

The operation

This operation is often carried out with the patient awake. This allows the surgeon and anaesthetist to watch your condition during the operation. Some patients prefer a general anaesthetic (when you are asleep). You will have the opportunity to discuss this with the surgeon and anaesthetist before the operation.

If you have chosen to have the operation with a local anaesthetic, to prevent any pain the area of your neck to be operated on will be numbed by local anaesthetic. You will be given a squeaky toy and asked to use this at intervals to check how well you can use your hand, and to use if you should need more local anaesthetic.

Though this is a sterile procedure and you will be covered with drapes, a nurse will be with you and talk to you through the operation.

The surgeon will then open up the artery, remove the atheroma and close the artery again. At the end of the operation you will have a row of stitches about 12 cm/5 inches long and you may have a small plastic tube (drain) to help the wound heal in your neck. The operation itself usually takes about 2 hours. You can expect to be away from the ward for about 4-6 hours which includes preparation time and time in the recovery area after the operation.

After the operation

At the end of the operation you will be transferred to the recovery area and then back to the ward. A nurse will be allocated to watch your progress carefully. For the first 4 hours, your pulse, neurological signs and blood pressure will be recorded every 15 minutes.

You can expect to have some bruising and swelling in the neck area afterwards. Pain relief will be given as necessary, please tell the nurses if you have any pain. The day after the operation the drain will usually be removed. It is common to feel numb in the area operated

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on. This usually improves in the following weeks.

The stitches used are usually those that dissolve under the skin and do not need to be removed.

You will probably feel tired, when you return home. You should aim to gradually return to normal activities and can go back to work as soon as you feel able.

When can I go home?

If you were fairly fit before the operation and you have someone at home to look after you, you may be ready to return home the day after the operation or soon after that.

Your risk of a stroke after carotid endarterectomy is now no greater than for any other person of your age.

You can expect to feel tired for some time after this operation. If you normally work you will need to take about 2 weeks off.

Driving

If you were able to drive before your operation and have fully recovered from your stroke or mini stroke, then you will be able to drive when you can turn your head to look over your shoulder again, without difficulty, as long as you have not had any further symptoms for at least a month.

What can I do to help myself?

It is very important that you stop smoking, if you have not already done so, and that you do not start again. There is a strong link between smoking and atherosclerosis, which has caused your carotid arteries to become narrowed to a dangerous degree.

The single most important thing you can do to improve your health is to stop smoking.

THE NHS SMOKING STOP LINE NUMBER IS 0800 169 0 169

People with vascular disease should be taking aspirin or a similar blood thinning medication. They should also take a statin to help lower cholesterol. This is to further reduce the risk of stroke and heart disease.

Exercise is an important way to reduce your risk of further arterial problems and will help your general fitness.

If you are overweight try to lose weight and eat a diet low in fats. If you would like a diet sheet, please ask the nurse.