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You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

Please complete The Friends & Family Test to tell us about your experience at: www.salisbury.nhs.uk/FriendsFamily or download our App from the Apple App store or Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

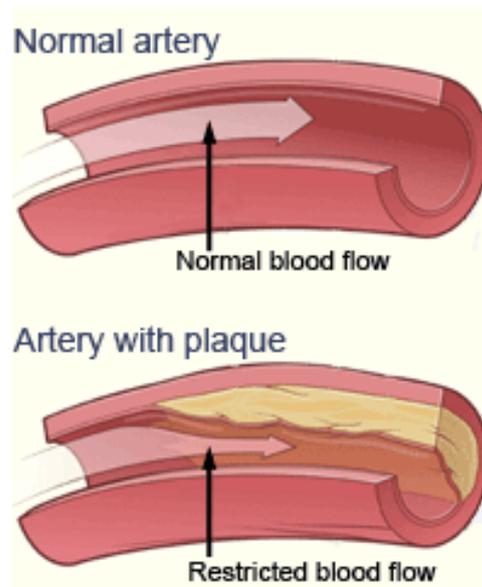
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Endarterectomy (page 1 of 3)

Please read this leaflet along with advice from your doctors and nurses.

What is endarterectomy?

Endarterectomy is the general term for the surgical removal of plaque from an artery that has become narrowed or blocked. Arteries are normally smooth and unobstructed on the inside, but can become blocked through a process called atherosclerosis, which means hardening of the arteries. As you age, a sticky substance called plaque can build up in the walls of the arteries. Cholesterol, calcium, and fibrous tissue make up the plaque. As more plaque builds up, the arteries can narrow and stiffen. Eventually the blood vessels can no longer supply the oxygen demands of the organs and muscles, and symptoms may develop.



To perform an endarterectomy the surgeon makes a cut in the affected artery and removes the plaque contained in the artery's inner lining. This procedure leaves a wide-open artery and restores blood flow. Although sometimes other treatments may be less invasive than endarterectomy, in certain cases endarterectomy is more effective, more long-lasting and safer. Sometimes endarterectomy is used with other procedures, such as bypass or patching (widening), to open the artery and keep it open.

What are the alternatives?

If it has been suggested that you need an endarterectomy, this is because it is thought that angioplasty (where a small catheter with a balloon is inserted into the artery to stretch and widen the narrowed artery) will not work, or this treatment has already been attempted.

Consent

We must by law obtain your written consent to any operation beforehand. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak with a

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senior member of staff again.

Before the operation

If you normally take blood thinning medication (such as warfarin, clopidogrel, rivaroxaban, apixaban or dabigatran) you will be asked to stop them for a time before the operation. Please contact us if you are taking blood thinners and have not already had the necessary instructions. If you are just taking 75mg Aspirin you should carry on taking this as normal. You will also have various tests, depending on your general state of health.

It is important that you do not eat and drink anything for some hours before the operation. The precise instructions will be given to you the day before the operation when you telephone the Surgical Admissions Lounge (01722 336262 ext 2827) to get the time of your admission.

What are the possible complications?

- Your overall health affects your risk of complications during and after the procedure.
- As with any operation it is possible you may suffer a heart attack during or after the operation. Treatment will be given to prevent this and if complications occur they will be treated promptly.
- You may get a chest infection, especially if you are a smoker. If so this will be treated with antibiotics and physiotherapy.
- A wound infection may also require treatment. The operation wound may discharge a little, but this usually settles with time.
- It is normal to feel aches and twinges in the wound. It is also likely there will be some bruising and the wound may bleed.
- You may experience an area of numbness around the wound. This can be permanent, but usually improves a little over time.
- A watery discharge is sometimes caused by this operation. This may continue for some weeks, needing special dressings but should eventually disappear. If the discharge becomes yellow/green and offensive smelling and the surrounding area red and painful, please see your GP urgently for antibiotic treatment.
- If your foot and ankle swell after the operation, putting the limb up on a when you are resting will help.

What happens during endarterectomy?

The details of the procedure depend on the location of the artery to be treated. You will usually need a general anaesthetic for this operation.

During the endarterectomy procedure, the surgeon makes an incision in the skin over the site of the blockage. A clamp on the blood vessel will be used to stop the blood above and below the operation site. The plaque in the artery is then removed and the artery is then sown up and the clamps are removed, to restore the blood flow. The wound is closed with dissolvable

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stitches.

You may have a drain temporarily to drain any excess fluid from the incision.

What can I expect after endarterectomy?

You can expect to stay in hospital for 3 – 4 days after the operation, depending on your general health.

When you get home you can return to normal activities gradually as you recover. Try to include a short walk every day, gradually building up to walking at least 30 minutes every day.

If you are a car driver, you will be able to return to driving when you can perform an emergency stop.

Depending on your work, you will be able to return after about 2 weeks. If in doubt please consult your doctor.

You may find that your leg becomes swollen during the day. This can be reduced by raising the leg higher than the hip when resting.

What can I do to stay healthy?

When you have peripheral arterial disease it is important for you to:

1. Stop smoking.

The NHS smoke stop line number is 0800 169 169

2. Take all your prescribed medications as directed by your doctor. In particular it is important to take an antiplatelet (blood thinning) medication such as aspirin, and a statin. It is also important that your blood pressure is controlled.

3. Eat a healthy diet, low in saturated fat, cholesterol and calories. Please ask for a copy of the leaflet 'Eating for a healthy heart, the Mediterranean diet'.

4. Exercise every day, especially aerobic exercises such as walking.

These measures are designed to help prevent you having a heart attack or a stroke, of which people with peripheral vascular disease are at particular risk.

If you develop sudden numbness or pain in the leg, which does not improve in a few hours, contact your GP immediately or go to your nearest Accident and Emergency Department.