



Gloucestershire Hospitals
NHS Foundation Trust

Carotid endarterectomy surgery

Introduction

This leaflet is a guide to carotid endarterectomy surgery and should help to answer some of the commonly asked questions.

Why do I need this operation?

This operation is to help reduce your risk of having a stroke.

The carotid arteries are found in your neck and form part of the main blood supply that carries oxygen to your brain. Sometimes the artery becomes narrow due to arterial disease (atherosclerosis) which can be caused by a number of factors including smoking, high cholesterol, obesity, lack of exercise and family history.

The narrowing in your carotid artery can cause a stroke and/or 'mini strokes' otherwise known as transient ischaemic attacks (TIA's) resulting in the following:

- Temporary blindness in one eye lasting a few minutes
- Weakness of one side of the body usually lasting a few minutes although symptoms may last up to 24 hours
- Difficulty talking or temporary confusion lasting a few minutes although symptoms may last up to 24 hours

This is a warning sign that you are at risk of suffering a major stroke in the future. Carotid endarterectomy surgery can help to reduce this risk.

Alternative treatments

Best medical management

If surgery is not the best option for you, you will be managed with medical therapy. This will be a lifelong treatment of statins, blood thinners and if needed, blood pressure control tablets. Medication along with diet and lifestyle advice will help to reduce your risk of a stroke.

Carotid artery stenting

This is carried out under local anesthetic and involves a narrow tube (catheter) being placed into your groin artery and fed up to the carotid artery in your neck. A small balloon is inflated at the site of the narrowing and a mesh cylinder (stent) is then inserted. The balloon is then deflated leaving the stent in place to keep the artery open, allowing the blood to flow through it. This is carried out under X-ray guidance.

This procedure is not currently being carried out at Gloucestershire NHS Foundation Trust but can be offered at a different hospital.

The decision about which procedure you have will be based on your general fitness, clinical history and how recent your symptoms were. Your consultant will discuss this with you.

About the operation

This is a major operation to correct the narrowed area in your carotid artery.

If the artery is narrow, surgeons will repair the artery with a patch of biological prosthetic. This operation is usually carried out while you are asleep, under a general anaesthetic.

Benefit of having the operation

- To reduce the risk of you having a stroke in the future.

Risks and complications

- 2 to 3 patients in every 100 have a risk of stroke or death during or just after the operation. However, the risk of this happening without surgery is higher.
- 1 patient in every 100 has a risk of a heart attack. Patients with disease in the neck arteries can often have disease in the arteries to the heart.
- Severe headache (hyperperfusion syndrome), this is very rare and would be treated with medication.
- Swelling caused by bleeding. However, you may wake up with a drain (plastic tube) in the neck to drain fluid. Your consultant will make the decision if it is required.
- Wound infection or numbness over the wound.
- Bruising around the wound.

- Temporary weakness of the tongue or side of the face.
- Difficulty swallowing or a hoarse voice due to bruising of the nerves. This usually recovers and is rarely permanent.
- Previous weakness of your arm or leg following a stroke may be worse immediately after the operation. This should recover to the same level of weakness present before the operation.
- Rarely, there can be further narrowing or infection in the artery.

What to expect

You will be admitted to hospital, usually on the day of your operation. You should expect to be in hospital for about 1 to 2 days.

Following your operation, you will be monitored closely until you are well enough to be taken from the recovery area of the operating theatre to a surgical ward for the rest of your hospital stay.

If your blood pressure is high, or your consultant has any concerns, it may be necessary for you to be transferred to the High Dependency Unit (HDU) overnight for further monitoring after your operation. It is important that your relatives and friends are aware that this can be part of the normal procedure.

Carotid surgery does not improve longstanding weakness from a previous stroke.

Wound care

Dissolvable stitches will be used to close the wound.

You may have a small drain attached to your wound to help remove excess fluid. This is normally removed the day after your operation.

You will have a waterproof dressing over the wound to allow you to shower or take a bath as normal. This dressing will start to peel off after a few days. When this happens, please remove the dressing and replace it if the wound is not healed. If the wound is healed leave the dressing off.

Going home

Normally, you will be able to go home the day after your operation. Please arrange for someone to collect you from the hospital.

It is normal for you to feel weak after the operation, you are advised to keep mobile and gradually increase the amount of exercise as you are able.

If you have had a stroke or TIA, you will not be able to drive for at least a month after your surgery. Discuss returning to driving with your GP.

You will need to inform the DVLA if you hold a heavy goods, large goods vehicle or passenger carrying vehicle driving licence.

You should also inform your motor insurance company that you have had an operation.

Medication

Pain relief may be necessary for the first few days after the operation. Guidance on pain relief and regular medication will be given while you are in hospital.

Bowels

Some pain relief can cause constipation. A diet high in bran, fresh fruit and vegetables is advisable. Contact your GP if constipation becomes a problem.

Follow up

You will be seen in the outpatient clinic about 6 weeks after your discharge from hospital.

Contact information

If you have any minor concerns before being seen in the follow-up clinic, please contact your GP or NHS 111 for advice.

Alternatively, if you are worried or feel unwell, please contact the Emergency Services (Tel: 999) or attend your nearest Emergency Department.

Further information

More information can be found at the following websites:

The Circulation foundation

Website: www.circulationfoundation.org.uk/help-advice/carotid/carotid-endarterectomy

NHS Carotid endarterectomy

Website: www.nhs.uk/conditions/carotid-endarterectomy/

National Institute for Health and Care Excellence (NICE) Guidance

Website:

<https://www.nice.org.uk/guidance/ng128/chapter/Recommendations#initial-management-of-suspected-and-confirmed-tia>

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