

Carotid endarterectomy surgery

Introduction

This leaflet is a guide to carotid endarterectomy surgery and should help to answer some of the questions you may have.

Why do you need this operation?

This operation is to help reduce your chance 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) and can result in the following:

- Temporary blindness in one eye lasting a few minutes
- Weakness of one side of the body usually lasting less than 24 hours
- Difficulty talking or temporary confusion usually lasting less than 24 hours

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

About the operation

This is a major operation to correct the narrowed area in your carotid artery. Sometimes if the artery is narrow surgeons repair the artery with a patch of artificial material.

The operation will be carried out using either a general or local anaesthetic. A general anaesthetic will mean that you are asleep for the whole operation. However, it is common to perform this operation using a local anaesthetic to numb the area. Local anaesthetic may be used together with sedation to make you sleepy. Local anaesthetic allows careful monitoring of your speech and arm/leg movements during the operation.

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Patient Information

A member of the surgical team will sit with you and reassure you during the operation. In some cases, where local anaesthetic is used, it may be necessary to proceed to a general anaesthetic if you become uncomfortable during the operation.

Your surgeon will advise you of the type of anaesthetic to be used. This will be based on your general fitness and any other medical problems you may have.

Benefits

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

Risks and complications

- 1 in 50 risk of stroke or death during or just after the operation. However, the risk of this happening without surgery is much higher
- Bleeding, wound infection or numbness over the wound
- Bruising around the wound
- Temporary weakness of the tongue or side of the face
- Difficulty swallowing 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 but 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 either the day before or on the morning of your operation and you should expect to be in hospital for about 1 to 3 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.

Patient Information

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 careful 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

Stitches or clips will be used to close the wound and will be checked regularly.

If the stitches are not dissolvable or you have clips they will need to be removed. The ward staff will arrange this with your GP's practice nurse.

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 water proof dressing over the wound to allow you to shower and bath as normal. This dressing will start to peel off after a few days. When this happens please remove the dressing and leave the wound exposed.

Going home

Normally, you will be able to go home 1 to 2 days after your operation. Please arrange for someone to collect you from the hospital.

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

You should not drive until you have been reviewed by your clinician and /or had instruction from the DVLA. (Driver and Vehicle Licensing Agency). You will also need to inform the DVLA.

Patient Information

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. 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 between 2 and 6 weeks after your discharge.

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.

NHS 111

Tel: 111

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/carotidendarterectomy

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