

## **Carotid Endarterectomy Treatment Information**

### **Before surgery**

You will be asked to attend the rooms to arrange any investigations that may be required (CT scan, ultrasound, blood tests, heart tests) as well as have the operation explained.

Please bring a list of all your current medications. If you use a dosette box please bring along a print-out of your medications. Of particular importance are any medications that thin your blood such as aspirin, clopidogrel, warfarin, apixaban etc.

You will be asked to sign a consent form, this is to ensure that the procedure and its implications are well understood. In some cases, the consent will be signed on the day, when the doctor performing the procedure checks up with the patient briefly beforehand to ensure everything is in order.

The Anaesthetist will usually contact you directly and may want to see you in their rooms also as a separate visit.

We will confirm the date of surgery with usually on the day but sometimes within a few days of your appointment.

Dr Hockley is a no gap provider so your health fund and Medicare will pay his fee. You will still be charged the hospital gap by your insurance company (please contact them directly to find out what this is), and the Anaesthetist may charge you a gap also, they will discuss this with you directly. There may be some other fees associated with blood tests, scans and other health professionals during your visit but this will vary depending on your insurer and level of cover. If you have any questions regarding this please contact your insurance company.

### **Coming into hospital for your surgery**

You must not have anything to eat or drink from midnight the night before. If you do your operation will be cancelled. You can have your regular medications with a sip of water only.

The hospital will contact you regarding where and when to attend on the morning of the surgery.

### **During the operation**

A cut is made in the neck and the carotid artery and its branches are dissected out. Clamps are placed to stop bleeding and the artery is opened up and a plastic tube

(shunt) is usually placed to allow blood to continue to flow to the brain during the operation. The plaque is shelled out and the hole in the artery repaired with a patch. The shunt is then removed and the artery is closed with stitches. The wound is then closed using dissolvable stitches with a drain usually left in place to allow excess fluid to drain out.

This operation usually takes about 2-3 hours.

## **After the operation**

You will be taken to the recovery room and then back to the ICU / HDU in the hospital. You will have a line in your arm which monitors your blood pressure in real time and the nurse will do regular neurological examinations on you. They will also check your wound site for any signs of bleeding or swelling. You will have a urinary catheter in place.

- You will be allowed to eat and drink later in the day.
- The drain will usually be removed the following day.
- Most people can go home after 2 or 3 nights in hospital.

## **What to do when home**

- You can't drive for 4 weeks after this operation.
- Avoid strenuous activity and heavy lifting for 4-6 weeks. Regular gentle exercise such as walking is encouraged.
- Your stitches will dissolve so don't need to be taken out. You can get the wound wet after 2 days but please pat gently dry.
- Monitor your blood pressure twice a day for 2 weeks, if it is high for 2 consecutive measures (over 180 systolic) or less than 100 systolic please contact the rooms. If you have a persistent headache that is not relieved with paracetamol then please attend your nearest Hospital Emergency Department.

## **What are the complications of this surgery?**

The primary risk of a carotid endarterectomy is that you can suffer a stroke during or immediately after the operation. The risk of this is about 2-3%.

With all operation there is a risk of bleeding and infection. Bleeding will usually occur during the operation or in the immediate period after and in the worst case

may require you to be taken back to theatre for another operation. This is unusual (~5%).

Infection is rare (1%) but very serious, it will usually become apparent 7-10 days post-operatively. When home you need to observe the wound site for any signs of infections such as spreading redness, soreness and heat. If you get any of these signs please see your GP or contact the rooms as quickly as possible.

Following this operation, the blood flow to the brain is altered and in the worst case this can lead to fitting and further stroke (cerebral hyperperfusion syndrome). This is rare and is almost always associated with a severe headache and very high blood pressure. If you have these symptoms afterwards you need to call an ambulance.

There are some important nerves that are in the operative field that supply your tongue. It is not uncommon to have to pull on (retract) one of these nerves (hypoglossal nerve) in particular and it can cause your tongue to deviate towards the side of the operation. This will almost always resolve on its own but can take some weeks. There are other nerves that can be injured that may alter your swallowing. If you get these symptoms please contact the rooms and we will get your swallowing formally assessed.

You will have a numb patch around the site of the incision which can involve the lobe of your ear. This is normal after the operation and may not improve.