Vascular disease is as common as both cancer and heart disease and accounts for 40% of deaths in the UK, many of which are preventable.

SAVING LIVES AND LIMBS
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PATIENT INFORMATION

CAROTID ENDARTERECTOMY

Whilst we make every effort to ensure that the information contained in this patient information sheet is accurate, it is not a substitute for medical advice or treatment, and the Circulation Foundation recommends consultation with your doctor or health care professional. The information provided is intended to support patients, not provide personal medical advice. The Circulation Foundation cannot accept liability for any loss or damage resulting from any inaccuracy in this information or third party information such as information on websites to which we link.

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The Circulation Foundation is an operating division of the Vascular Society, a charitable company limited by guarantee, company number 5060866 and registered charity number 1102769.

Nerve injuries: These are uncommon. Skin nerves are interrupted by the incision leading to some loss of skin sensation, which may recover over time. Movement of nerves nearer the carotid artery can lead to temporary or rarely permanent loss of function.

The vagus nerve provides a branch to the voice box (larynx) leading to a hoarse sounding voice. The hypoglossal nerve supplies the muscles of the tongue affecting speech slightly by reducing the tongue’s mobility. The facial nerve supplies the muscles of the face. Damage to its lowest branch may lead to impaired movement of muscles around the lower jaw and neck.

How you can help yourself

If you are a smoker you should make a determined effort to stop completely.

Continued smoking will cause further damage to your arteries and increases the risks of heart attacks, strokes, and problems with the circulation in your legs.

You should eat a low fat diet, avoiding food with high saturated fat content and take regular exercise.

Going home

Most people stay in hospital between 2 and 4 days after carotid endarterectomy.

If your stitches or clips are the type that need removing this is usually done whilst you are still in hospital. If not we will arrange for your GP’s practice or district nurse to remove them and check your wound.

Regular exercise such as a short walk combined with rest is recommended to provide a gradual return to normal activity.

Medicines: You will usually be sent home on a small dose of aspirin if you were not already taking it. This makes the blood less sticky. If you are allergic to aspirin, or if it upsets your tummy, an alternative drug may be prescribed. No other changes to your medication are required.

Complications

Stroke: A small number of people, between 1 and 3 in 100, having carotid endarterectomy will have a stroke during the operation. This severity of stroke can be very mild causing little or no disability through to severe causing major disability and death. All possible precautions will be taken to prevent this eventuality.

Other Major Complications: As with any major operation there is a small risk of you having a medical complication such as a heart attack, kidney failure, chest problems, or infection in the wound. Each of these is rare, but overall it does mean that some patients may have a fatal complication from their operation. For most patients this risk is about 2% - in other words 98 in every 100 patients will make a full recovery from the operation.

Fluid leak from wound: Occasionally the wound can bleed or bleeding beneath the wound will cause swelling. Usually the swelling will settle on its own, but occasionally the wound may need further surgical attention. If you have been started on tablets to thin your blood when you were admitted for symptoms of TIA or stroke, then you may be at an increased risk of bleeding that may require a return to theatre.
When the inside of the artery has been cleared, it is closed with very fine stitches. A small patch will usually be stitched to the artery to prevent further narrowing. This patch is normally made of a material called Dacron, but sometimes a vein from your leg may be used or a piece of animal tissue (bovine).

The wound is usually closed with a stitch under the skin that dissolves.

To protect the brain from interruption to its blood supply while the artery is clamped, a shunt (narrow plastic tube) is sometimes used to maintain blood flow. The shunt lies in a loop outside the artery, passing into the artery above and below at each end of the incision in the artery.

To monitor the blood supply to your brain a special listening device may be placed onto your head. This allows the surgeon to hear and see how fast your blood is running, which will help them make decisions during the operation.

At the end of the operation your surgeons may look inside the artery with a special camera to check that the repair is satisfactory and that there is no blood clot.

Your surgeon may place a small plastic drain in your neck for a short period to look for bleeding and to reduce neck swelling after the operation.

Recovery and Aftercare
You may be taken to the High Dependency Unit for up to 24 hours after your operation so that your progress can be closely monitored.

There is often some swelling in the neck, but this settles within 7-10 days. The incision on your neck will initially be very visible; however this will subside to become virtually invisible within 2-3 months. A blood transfusion is rarely required.