



References

If you require a full list of references for this leaflet please email patient.information@ulh.nhs.uk

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Carotid Endarterectomy

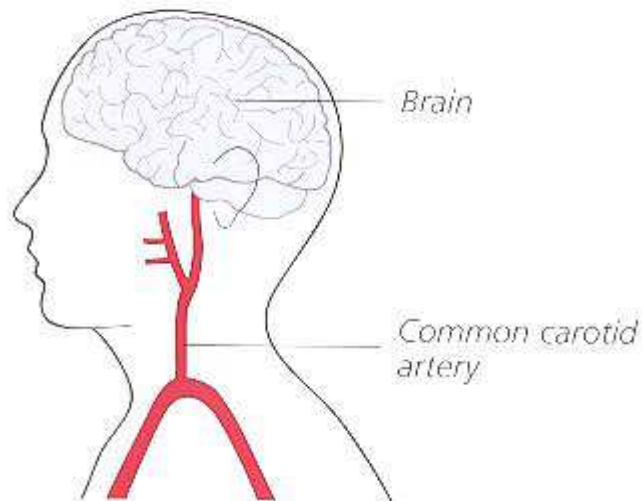
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What is carotid endarterectomy?

Carotid endarterectomy is an operation to remove the inner lining of the neck artery because it has narrowed.

The narrowing is due to plaque, which is a fatty material that forms inside the artery. We call this 'atherosclerosis' or 'hardening of the arteries'. Narrowing of the arteries in the neck by plaque may cause symptoms eg. weakness, numbness or paralysis in the face, arm or leg on one side of the body, slurring of speech and difficulty understanding speech. These can last a few minutes to a few hours.

This can increase the risk of having a stroke (sometimes called a cerebrovascular accident) or CVA.



We continue to try and improve our service and if you want to make a contribution to help us, we would be very happy to receive it. Please make any cheques payable to the 'Vascular Education and Research Fund, Pilgrim Hospital' and send them to:

The Vascular Education and Research Unit
Pilgrim Hospital
Sibsey Road
Boston
Lincolnshire
PE21 9QS

Gradually increase the level of exercise you take until you are back to your normal health and fitness.

If you have any problems with your wound or general health after your operation, please contact your GP.

We will arrange to see you 4 to 8 weeks after you go home so we can see what progress you are making. We will send you an outpatients appointment by post.

Levels of risk

Most patients will recover satisfactorily and without problems, but a few may have a 'complication' – an unexpected problem caused by the treatment. A small number of people may have a complication that needs more surgery, or treatment by other departments in the hospital. The doctor in charge of your care will be happy to discuss these issues with you. It is important you have all the information you need before having your operation so please do not be afraid to ask. Your doctor will only have recommended this treatment if they are convinced that the possible benefits to you are greater than the risks.

The risk of having a stroke also increase if you:

- Smoke
- Have high blood pressure
- Have a high cholesterol level
- Have diabetes
- Have a family history of arterial disease
- Have heart disease
- Are overweight

Tests

We may have to do some tests before your operation. This may involve scanning your neck, scanning your heart, a chest x-ray, an ECG (a heart tracing test) and a CT angiogram. However, most people only need a simple ultrasound neck scan. We call this a duplex.

These tests help the surgeon to work out if you are fit enough to have an operation and to see how much plaque there is in your neck arteries.

The day before your operation

- A doctor explains the operation to you and asks you to sign a consent form. When you sign the consent form you are giving us permission to do the operation. If you have any worries or questions you should ask the doctor at this time.
- If you are going for your operation in the morning, you must not eat any food after 12 midnight or drink any fluids after 4am. If you are going for your operation in the afternoon, you must not eat any food after 6am (after a light early breakfast) and you must not drink any fluids after 11am.

- The anaesthetist visits you before your operation to check your breathing and to ask you questions about your health. They also decide on an appropriate form of pain relief for after the operation.
- There are two ways to do the operation; one is under general anaesthetic and the other is under local anaesthetic, where you are still awake. The anaesthetist will discuss the options with you and together decide the safest option for you.

The day of your operation

- We will ask you to have a bath or shower and to remove any jewellery, glasses, contact lenses and dentures you may have.
- You will be given a theatre gown to wear. It ties at the back!
- Your bedding is changed ready for going to theatre.
- A nurse may give you a tablet (if prescribed by the doctor) to help you relax, about 1 hour before your operation.
- A porter and nurse will take you down to theatre in your bed where a theatre nurse will meet you.

After your operation

- We take you to the recovery unit so we can monitor you. It is routine for nursing staff to check your blood pressure, pulse and dressing for the first 24 hours. They will also shine a light in your eyes to check if your pupils react. They also ask you simple questions and get you to grip their hands and move your feet. They do this to work out if blood is flowing to your brain, to check that both sides of your brain are working and that you are able to think clearly. You may stay in the High Dependency unit or recovery for a few hours for close monitoring.

- You may have a drain in your neck after the operation, which is usually taken out the next day. The nurse encourages you to take deep breaths and to cough to stop chest infections.
- You go back to the ward when the medical staff are satisfied with your progress. After the operation, if there are no complications, you would usually be discharged the day after the operation.

Are there any risks?

Some minor bruising around the wound is common after the operation. It can take a few weeks for this bruising to fade away.

There is likely to be a numb area on the side of your neck that was operated on. This is because of damage to small nerves which can take some months to improve. Occasionally this numbness can be long lasting.

Temporary weakness of the tongue or side of the mouth can happen through injury to the nerve supply, although this rarely lasts long.

There is a very small risk of having a stroke or dying during this operation. However, you are more likely to avoid having a major stroke if you have the operation.

We encourage you to discuss these risks with the surgeon before surgery. Any questions or worries you or your family may have should be sorted out before you agree to have the operation.

About leaving hospital

The wound is closed with stitches that do not need to be removed.

There are really no do's or don'ts.