

# Carotid Endarterectomy

Surgical Services Directorate Vascular Unit  
Information for Patients and Carers



University Hospitals of Leicester **NHS**  
NHS Trust

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## 1 Why am I being offered this surgery?

You were referred to the Vascular Clinic because you have a severe narrowing of an artery to the brain. This artery is called the carotid artery and passes through the neck up to the brain. It is particularly prone to becoming very narrow and this may mean you are more likely to have a stroke.

A stroke is usually caused by a blood clot forming on the roughened surface of the narrowed artery which then breaks off and passes up to the brain. The carotid endarterectomy operation involves removing this narrowing and inserting a patch to minimise the risks of further narrowing or stroke.

The operation itself takes about one and half hours. Assuming there are no problems after the operation, you should be home within two days of surgery, although this may vary for individuals.

## 2 What are the risks?

Your consultant will have discussed the operation with you and the risks involved in having this type of surgery. These include:

### **Death**

Carotid endarterectomy is a major operation which is usually performed under general anaesthetic. Some patients undergoing this operation have other medical conditions such as a history of heart attack, diabetes or disease of the kidneys. All of these can increase the risk of the surgical procedure and the anaesthetic. International research suggests that the risk of death after carotid endarterectomy is 1% or less.

## 2 What are the risks? (continued)

### **Operative Stroke**

There is a risk of stroke associated with this procedure. The risk varies depending on your medical history and the number and severity of mini strokes or strokes before your operation. The average estimated risk of stroke is 2-3%.

### **Cranial Nerve Injury**

A number of important nerves cross over the carotid artery in the neck. These control the volume of your speech, the movement of your tongue and your swallowing. The average estimated risk of an injury to one of these nerves is 3%. In most cases, this will recover.

### **Infection**

All operations carry a small risk of infection. The antibiotics you are given during and after your operation prevent most infections. Unfortunately there are some infections (such as MRSA) that affect patients in hospitals and these can be very difficult to treat with antibiotics. Very occasionally these infections can involve the artificial patch that we put into the artery to widen it. Looking back over five years, 1% of patients have developed a serious wound or patch infection.

### **Minor side effects**

Most patients feel tired after any operation and it is not unusual for this tiredness to last for some 6-8 weeks after a carotid endarterectomy. You will also have a little discomfort around the wound. It is not uncommon to have an area of numbness around the wound. This is because the skin nerves have to be divided in order to gain access to the artery deep in the neck. This numbness or tingling usually goes with time but can sometimes be permanent.

### 3 Before the operation

You will be asked to attend a hospital clinic for a pre-admission assessment about two weeks before your operation. We will carry out tests to ensure that you are fit for your surgery. These tests may include blood tests, X-rays and an ECG. It will also be necessary to take some swabs (using a cotton bud) from your nose and skin to identify any existing MRSA infection before your operation (see separate information letter). In order to reduce the risk of MRSA, all patients, regardless of their MRSA status, are given an antibacterial nasal cream and a shower gel to wash with.

This appointment could take up to half a day. Please bring all your current medications with you.

You may also be asked to attend the hospital for an anaesthetic assessment.

### 4 Coming into hospital

You will receive a letter telling you which hospital and which ward you will be admitted to.

Again, please bring with you all the medicines that you are currently taking. You will usually be admitted to the ward the day before your operation. On admission, one of the nurses will check your personal details and give you an identity wrist band. The surgeon who will be performing the operation and the anaesthetist will visit you. A technician will come and assess the best position for the scanning device that is used during and after the operation to measure the blood flow to the brain.

**IF YOU ARE ON ASPIRIN DO NOT STOP TAKING YOUR USUAL DOSE.**

## 5 What should I bring in with me?

You should bring:

- All your usual medication
- Nightwear & slippers
- Toiletries
- Towel
- A small amount of money

**Whatever you bring into hospital with you is your responsibility and therefore the trust accepts no responsibility for any items lost or broken during your stay.**

## 6 No Smoking Policy

**Smoking is not allowed in any hospital building. There are smoking shelters for patients and visitors outside the hospital and staff will be able to direct you to the nearest one.**

## 7 Mobile phones

The use of mobile phones is restricted in some areas. Please check with the nurse in charge before you use your phone.

## 8 Ward visiting times

Please check with the ward you are admitted to about visiting times.

## 9 The operation

Once you are under anaesthetic a cut is made in the skin down the side of the neck below the ear. The artery is temporarily clamped and the diseased lining is removed. The artery is then closed, using a patch of artificial material. The skin is then closed with a stitch.

**Please note that the plaque which is removed from the artery is usually sent to laboratories for ongoing research projects. Please let us know if you object to this.**

## 10 After the operation

You may be taken to an intensive care or high dependency unit or the surgical acute care unit after your operation so that you can be closely monitored. After this you will return to the ward. You will have an intravenous drip to give you fluids and a wound drainage tube.

### **Wounds**

It is likely that your stitches will be dissolvable. But if this is not the case, your ward nurse will make arrangements for your stitches to be removed either by the district nurse or at your doctors' surgery by the practice nurse. If your wound becomes very red, hot and painful or starts to produce a discharge it may be a sign of infection that may require a course of antibiotics. Visit your GP to discuss this.

### **Bathing**

You may bath or shower normally once your wound is dry. Occasionally there is numbness on the side of the neck so men should take special care when shaving. This numbness can take several months to settle down and occasionally can be permanent.

### **Discomfort**

You will be given painkillers to take home if required.

### **Driving**

Driving is not recommended straight away, as you do need to have a full range of movement in the neck. It is better to wait at least six weeks after your operation.

If you require further advice on driving regulations or you drive for a living, please contact the DVLA.

### **Exercise**

Take gentle exercise initially. It may take several weeks before you get back to your pre operation fitness level.

### **Sex**

You may resume your normal sex life when able.



## 11 Going home (continued)

### Returning to work

If you work, you should take about 4 to 6 weeks off after your operation. If your job involves heavy lifting or is physically strenuous, you may need longer. Check with your GP before returning to work if you are unsure. If you need a sick note please ask for one before you go home from hospital.

## 12 What can I do to help myself?

If you were a smoker before the operation, **you should never smoke again**. If you would like help to give up smoking please telephone Resolution on 0116 225 2828 or STOP on 0116 295 4141.

Taking a balanced diet is important, as is reducing the amount of saturated fat you eat. If you need information or advice about diet please ask your ward nurse. You can also improve your general health by taking regular exercise.

You must continue to take a small dose of aspirin as prescribed by your doctor (unless advised otherwise by the doctor). The aspirin is to help to reduce the risk of blood clots in the future as it makes the blood less sticky.

## 13 Outpatients follow up

You will usually be given an outpatient appointment for 4 to 6 weeks after discharge. If you are unable to attend please telephone and change the appointment. It is important that you are reviewed by one of the surgical team.

If at any time after you go home you are concerned about any symptom or problem you should normally contact your GP.

Alternatively you can contact:

Leicester Royal Infirmary

Ward 21

0116 258 5429 or

0116 258 6571

Nurse Specialist

0116 258 5440



If you would like this information in another language or format, please contact the Service Equality Manager on 0116 258 4382

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