Carotid Endarterectomy

What is a carotid endarterectomy?
The carotid arteries are large blood vessels on each side of the neck that supply blood to the brain. These blood vessels sometimes become narrowed or blocked by fat pieces (hardening of the arteries) or other tissues (plaque). A carotid endarterectomy is surgery that is done to remove the blockage. Removing the fat pieces or blockage increases the blood flow to the brain and reduces the chances of having a stroke.

Where is the operation done? How long does it take?
The surgery is done in the operating room on the second floor of the hospital. The procedure itself takes about one and a half to two hours. This does not include the time it takes to get you ready for surgery or staying in the Recovery Room after surgery.

What do I need to do before my surgery?
- You will be asked to read and sign a consent form giving the doctor permission to operate on you.
- Take a shower the night before your surgery and the morning of surgery using the special soap that you are given.
- Do not eat or drink anything after midnight the night before your surgery.
- Please do not chew gum. (This raises the level of acid in your stomach.)
- If you take medicine for your blood pressure, heart, or asthma you may take this with a small sip of water before you come to the hospital. If you take diabetes medicines and/or insulin, talk with your doctor about whether you should take them.
- You may brush your teeth and rinse your mouth as long as you do not swallow any water.
- Please remove all fingernail polish.
- Please remove all jewelry including body piercings.
- Do not wear makeup.
- If you will be checking into the hospital on the day of your surgery:
  - Bring any medicines that you are taking with you to the hospital.
  - Do not bring any valuables or large amounts of money with you to the hospital.
• Have a responsible adult drive you to the hospital and stay during your surgery.

**What can I expect the day of surgery?**

• If you are checking in on the day of your surgery, after you have been to the Admitting Office, you will be taken to a room. This may not be the room where you will be taken after surgery.
• You will be given a hospital gown and asked to remove all of your clothes including underwear and socks. Put on the gown opening in the back.
• You will also be asked to remove all dentures, partial plates, prosthesis, hairpieces, jewelry (including body piercings), contact lenses, and glasses.
• You will be asked questions about your medical history. Many of these will be the same questions that you have already been asked. Please know that we need to ask these again so that we can give you the best possible care.
• You may be taken to the Pre-Anesthesia Unit (PAU) to get ready for your surgery. You will be in the PAU for one to one and a half hours before your operation.
• Your family will be asked to wait either in your room or in the Critical Care Waiting Room. (This will depend on where you will be going after your surgery.)
• You will have one or two IV’s (needle in a vein). The nurse will give you medicine in your IV to help you relax.
• Someone from anesthesia (the person who will put you to sleep) will talk to you. In addition to the IV, the anesthetist may also place a needle into the artery in your wrist. This will be used to draw blood and to closely monitor your blood pressure. This may be done in PAU or in the operating room.
• You will have your neck and upper chest shaved and washed.
• When the doctor is ready, you will be taken to the operating room. This room will be cold. The nurse will give you a warm blanket.
• The operating room staff includes your doctor and his assistant, an anesthetist, a circulating nurse, and a scrub nurse. These people are in the room to take care of you and no one else.
• You will have sticky pads placed on your chest so that the staff can watch your heart. A blood pressure cuff will be placed on your arm so that your blood pressure can be checked. A device called a pulse oximeter will be put on your finger. It will tell how much oxygen is in your blood.
• The anesthetist will put a soft mask over your face. This will give you plenty of oxygen. You will be given medicine in your IV to relax you and help you go to sleep. The anesthetist will give you medicine so that you will not feel any pain and you will not wake up during your operation.
• The nurse will call your family when the doctor starts your operation and she will call them about one time an hour. The surgery will take from one and a half to two hours.
• You will be in a deep sleep during surgery. The doctor will make an incision (cut) in your neck to get to the artery. A cut is then made into the artery, and the blockage is removed. Then the artery is repaired and the incision in your neck closed with stitches or staples.
• At the end of your operation the anesthetist will give you medicine that will help you to wake up. You will be taken to the Recovery Room. The doctor will call your family.
• You will have a nurse taking care of you in the recovery room. When you wake up you may have a tube in your throat to help you breathe or an oxygen mask on your face. The recovery room nurse will be checking your heart rate, blood pressure, and oxygen levels and your dressing for signs of bleeding. If you are sick to your stomach or in pain, please let the nurse know so that he or she can give you medicine.

• You will be in the Recovery Room for one to two hours. After that, you will go to an intensive care unit. Your nurse will let your family in to see you when he or she gets you settled in.

What should be expected after the surgery?

• You will have sticky pads on your chest that will be connected to a heart monitor.

• You will have an IV (needle in the vein). It may be in your arm or it may be in your shoulder area. It will be used to give you fluids and medicine.

• You may have a special tube in the artery in your wrist. This tube is connected to a machine to watch your blood pressure closely. If you have this tube, most of your blood samples can be taken from this tube so that you won't have to be stuck with a needle.

• You will have a bandage on your neck. You might have a drain coming from your neck to drain any bleeding from the incision site.

• You will have a tube in your bladder to drain your urine.

• Your nurses will check to see how well you can move your arms and legs. They may have you answer questions to see how alert you are. They may ask you to smile, stick out your tongue, and puff out your cheeks. They will also check the pulses in your temples.

• Be sure to ask the nurse for pain medicine if you have pain.

• You will be given ice chips and water at first. You will not be able to eat much for the first few days. At first, you will be given mostly liquids such as broth and then you will begin having solid food.

• A day or so after surgery, when your doctor says it is okay, the nurses will help you sit on the side of the bed. You will sit up in a chair and begin to walk after one to two days. **Do not try to get out of bed without help.**

• Most people are in the intensive care unit for one night. After that you will go to a regular room. Most people are able to go home in three to four days.

What will happen when I go home?

• Your doctor will give you guidelines to follow that are specific for you. Be sure to follow his or her instructions.

• You may need to make changes in your diet and lifestyle to help prevent further blockages. Talk with your doctor about this.

• You should avoid all strenuous activity for the first four to six weeks after your operation. Ask your doctor how active you can be. Your doctor will tell you when you can lift and return to your normal activities. No driving a car until your doctor tells you it is okay to do so.
• You may need to be on medicine to make your blood less likely to clot. Take all medicines as directed. **Don't skip doses.** Ask about your medicines and what side effects you should report to your doctor.
• Keep your incision clean and dry. You may shower after the dressing has been removed. Pat the area dry.
• Men need to avoid the area of the incision(s) when shaving.
• If steri-strips (thin strips of tape across the incision) are in place, allow them to remain in place until they fall off on their own.
• Wear clothes that are loose fitting through the neck to prevent irritation to your incision.
• Be sure to keep your follow-up appointment with your doctor.

**Call your doctor if you have:**
• A fever above 100.5° twice.
• Any redness, drainage, swelling, or bleeding from your incision.
• Signs of a stroke or blockage such as: trouble speaking, losing your memory, drooping or numbness on one side of your face, or developing weakness, especially in one limb or on one side of your body.
• Any other questions or problems.

**Additional Resources:**
Ask your nurse for handouts on stroke, heart disease, high blood pressure, or blood thinners if needed.

American Heart Association Hotline 1-800-AHA-USA1