General advice.

The operation gives good results, but the underlying hardening of the arteries may cause problems later. You **must not smoke.** If you have any problems or queries, please ask the nurses or doctors. The operation may sound frightening, but most patients are home and feeling well very soon with the threat of a stroke hanging over them having been removed.

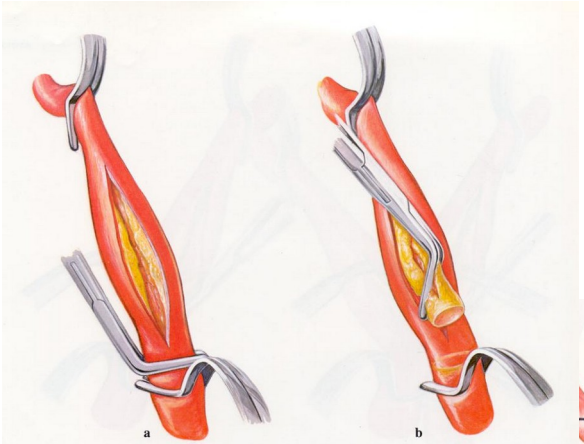

Fig. 3.27,a, b. Crushing technique for proximal end point. **a** application of right-angle clamp; **b** extraction of proximal core.

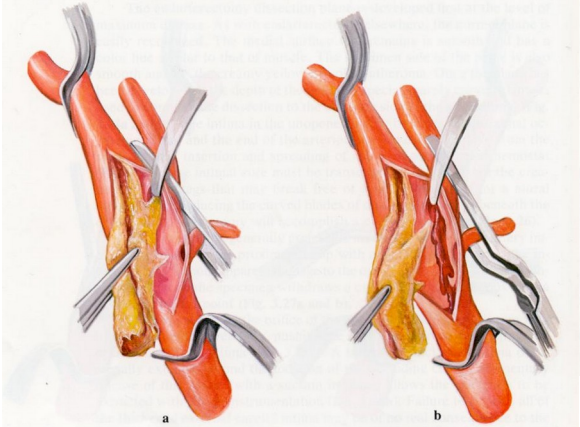

Fig. 3.28,a, b. Removal of external carotid portion of lesion. **a** endarterectomy to level of clamp; **b** distal extraction with clamp released momentarily.

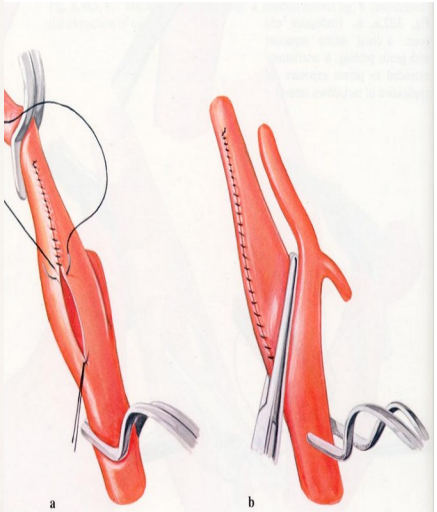

Fig. 3.34,a, b. Closure of arteriotomy. **a** insertion of continuous suture starting at distal end; **b** flow restored first into external carotid after repositioning of internal carotid clamp.

E-mail surgeons@surgcare.co.za
Web page http//www.surgcare.co.za

DR MATLEY&PARTNERS
SPECIALIST SURGEONS
Practice Number: 4208293

Harfield House, Kingsbury Tel 021 683 3893 127 Vincent Pallotti Tel 021 506 5108

CAROTID ENDARTERECTOMY

What is the problem

One of the main arteries which carries blood through your neck to the brain, is partially blocked. This may often cause minor transient strokes, transient episodes of visual disturbance or other neurological symptoms. Occasionally this is a chance finding because of tests carried out for other reasons. There is a very real danger that a major stroke may occur unless the narrowing in your carotid artery is removed.

What does the operation consist of?

A cut is made in the skin down the side of the neck so that the artery above and below the narrowing can be seen. The artery is then opened and the atheroma (fatty deposits on the wall of the artery) is carefully removed. The artery is then closed, usually with a patch to widen its diameter.

WHAT HAPPENS BEFORE THE OPERATION?

Reception

When registering at reception your medical aid details will be required. If you are not on a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission.

Welcome to the ward

You will be welcomed to the ward by the nurses or the receptionist and will have your details checked. Some basic tests will be done such as pulse, temperature, blood pressure and urine examination. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the operation and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation, then read this again and then ask for more details from the surgeon or from the nurses.

Visit by the anaesthetist.

The anaesthetist who will be giving your anaesthetic will interview and examine you. He will be especially interested in chest troubles, dental treatment and any previous anaesthetics you have had.

Diet.

You will have your usual diet until 6 hours before the operation when you will be asked to take nothing by mouth. This will let your stomach empty to prevent vomiting during the operation.

Timing of the operation.

The timeof your operation is pre-arranged. The nurses will tell you when to expect to go to the operating theatre. Do not be surprised, however, if there are changes to the exact timing.

Transfer to theatre.

You will be taken on a trolley to the operating suite by the staff. You will be wearing a cotton gown, wedding rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on your details on the way to the operating theatre where your anaesthetic will begin.

The operation is then performed

WHAT HAPPENS AFTER THE OPERATION

Coming round after the anaesthetic

Although you will be conscious soon after the operation ends, you are unlikely to remember anything until you are back in your bed in the Intensive Care ward. Patients feel a bit sick for up to 24 hours after operation, but this passes off. You will be given some treatment for sickness if necessary. You may be given oxygen from a face mask for a few hours if you have had chest problems in the past. You will be given salt solutions or blood down a plastic tube into an arm vein until you are drinking normally

Will it hurt?

There is more discomfort than severe pain. You will be given injections or tablets to control this as required. Ask for more if the pain is still unpleasant. You will usually be able to get out of bed the day after operation. You will not do the wound any harm, and the exercise is helpful. By the 3rd day you should be able to spend most of your time out of bed.

Drinking and eating

You should be able to drink the same day as your operation and move to a normal diet within a day.

Opening bowels.

It is quite normal for the bowels not to open for a day or so after operation. If you have still not opened your bowels after 2 days and feel uncomfortable ask for a laxative.

Passing urine.

If there is a catheter in the bladder, passing urine is not a problem. Sometimes there is a feeling that there is a leakage all the time, but this is just an irritation by the tubing and it passes off. The catheter is usually taken out the day after the operation. If you find using a bed pan or a bottle difficult, the nurses will assist you to commode or the toilet. If you still cannot pass urine let the nurses know and steps will be taken to correct the problem. If you have had a catheter in the bladder, you must pass urine after the catheter is taken out.

Physiotherapy.

This may be required, if so the physiotherapist will check that you are clearing your lungs of phlegm by coughing and that you are helping your circulation by movement of your arms and legs. Coughing, although uncomfortable, will not harm your wound.

The wound.

The wound has a dressing which may show some staining with blood in the first 24 hours. The wound is held together by stitches which are removed after about 8 days. Sometimes self dissolving stitches are used. The dressing is usually removed after 1-3 days and replaced . The dressing is usually waterproof allowing you to shower. A plastic drain is used to drain excessive secretions from the wound for about 24 hours. There may be some purple bruising around the wounds which spreads downward by gravity and fades to a yellow colour after 2 to 3 days. It is not important. There may be some swelling of the surrounding skin which also improves in 2 to 3 days. After 7 to 10 days, slight crusts on the wounds will fall off. Occasionally minor matchhead sized blebs form on the wound lines, but these settle down after discharging a blob of yellow fluid for a day or so.

Washing.

You can wash the wound area as soon as the dressing has been removed or earlier with a waterproof dressing. Soap and tap water are entirely adequate.

How long in hospital?

Usually you will feel fit enough to leave hospital after 2 to 3 days. You will be given an appointment for a check up about a 1 to 2 weeks after your operation.

After you leave hospital.

You are likely to feel a bit tired and need rests 2 to 3 times a day for two weeks or more. After 3 to 4 weeks you should be back to your usual level of activity.

Driving.

You can drive as soon as you can make an emergency stop and look around in all directions without discomfort in the wound, i.e. after about 3 weeks.

Complications.

Having a stroke during the course of the operation or in the immediate postoperative period is the major complication. The chance of this happening is about 3/100, however the chance of having a stroke without the operation is up to 7 times greater and is the reason the operation has been advised. The Surgeon will talk to you about this. Infection in the wound very rarely happens. Bruising to nerves around the artery in the neck may result in hoarseness, some difficulty with swallowing or sluggishness of the tongue after the operation. These symptoms are usually easily coped with and are only rarely

permanent. Occasionally there are numb patches in the skin around the wound and the lower ear lobe, which may get better after 2 to 3 months.