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## CAROTID ENDARTERECTOMY

You have been booked for admission to hospital for an operation known as "Carotid Endarterectomy". This constitutes the "re-boring" of the neck artery through an incision approximately 10-15cm long on the side of the neck. The major aim of this operation is to prevent stroke and or blindness by unblocking the neck artery and thus allowing blood to flow unimpeded to the brain.

### **BEFORE THE OPERATION:**

You will be admitted to hospital before surgery and the Anaesthetist and the Surgeon will visit you to discuss the procedure accordingly. You can ask questions regarding risks of surgery and anaesthesia at this visit. No blood transfusion is required for this procedure however blood testing will be undertaken to check body function and a Cardiograph is done.

### **THE OPERATION:**

Your operation will last approximately 1-1/2 hours. At completion of the operation you will have a dressing on or a bandage around the neck and there should be minimal discomfort. The procedure is usually performed under general anaesthesia although local anaesthetic techniques are sometimes used.

### **RISKS:**

**Stroke:** Although the procedure is designed to prevent stroke there is a small chance of a stroke occurring during the operation, or in the immediate period after your operation (48Hrs). The chance of this happening with your operation is less than 0.3%.

**Heart Attack:** The second most major risk associated with surgery is one of heart attack and this risk is approximately 0.3%.

**Death:** Heart attack or stroke during the operation is the most common cause of death after surgery and this combined risk is less than 0.6%.

**Nerve Injury:** Damage to the voice, tongue or swallowing nerves can occur in less than 0.5% of cases. Numbness of the neck and earlobe is normal after this procedure

### **AFTER THE OPERATION:**

Your post-operative recovery should be rapid and discharge home from hospital can be expected between one and four days after your procedure. Following the operation you will be able to get out of bed and move about on the day after surgery. The neck wound following surgery is not terribly uncomfortable and does not require strong painkillers so tablets should be quite adequate for pain control. Aspirin is essential as a daily dose of 100-300 mg. after carotid surgery to keep the blood less sticky. Over the next 10 days the neck incision will be lumpy and tender.

Fading of the neck scar may take between six weeks and six months. Massage of the scar is recommended and should be commenced some two weeks after your procedure and continue for 6 weeks. Face creams or other moisturisers can be used as a lubricant when massaging the scar. You will notice numbness in front of the scar, this is a normal phenomenon and harmless. Hoarseness of the voice, tongue weakness or lip weakness can occur but these are rarely permanent.

**Any untoward symptoms such as weakness or numbness in an arm or leg, vision or speech disturbance, should be reported to Mr. Milne immediately.** Other general medical problems (coughs and colds) should, of course, be referred direct to your local doctor.

**EXERCISE:**

After your discharge from hospital you may resume most normal activities but heavy exercise should be avoided for approximately seven days after your operation. You may drive a motor vehicle two days following discharge from hospital unless you have any untoward symptoms.

**EFFECTIVENESS:**

Recurrence of the problem of blockage occurs in 3% of patients in the first 18 months after surgery. Ultrasound scanning is therefore performed at 6, 12 and 18 month intervals after your operation to detect any abnormal healing. If no narrowing is present after this time then further narrowing from artery hardening is unlikely over the next ten years. Surveillance of the un-operated artery on the other side of the neck artery is advisable and is done by your local doctor or by this practice. If re-narrowing does occur in the first year it is usually managed by balloon treatment.