

## Information for Consent

### Carotid Endarterectomy for Carotid Stenosis

#### 頸動脈狹窄－頸動脈內膜切除手術

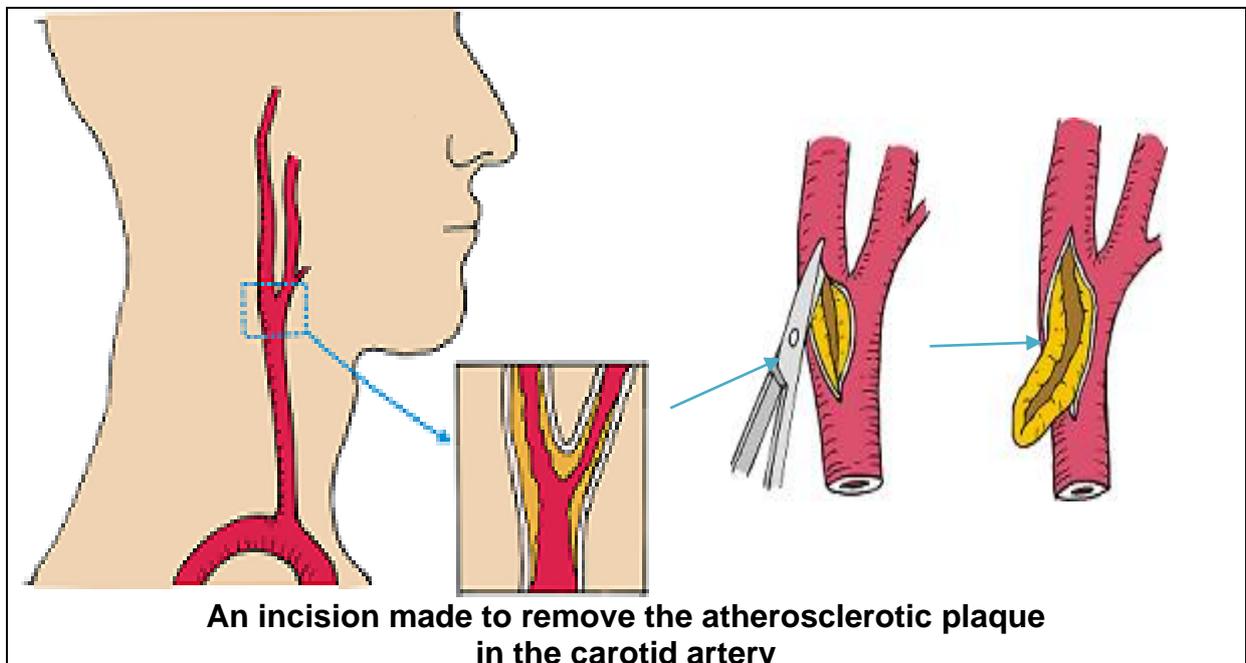
#### Introduction

Carotid arteries are arteries in the neck that supply blood to the brain. Atherosclerosis with build-up of atherosclerotic plaques leads to narrowing or occlusion in these arteries. As a result, the supply of oxygen and nutrients to the brain becomes inadequate. Alternatively, atherosclerotic plaque may break off and dislodge into the intracranial arteries in the brain leading to neurological events.

Medication and risk factor modification are important in the management. Landmark studies have provided evidence that severe carotid stenosis (>70%) may warrant surgical intervention to prevent neurological events.

#### Procedure

The procedure is usually carried out under general or local anaesthesia. If the procedure is carried out under local anaesthesia, you will be awake through out the procedure, but the anaesthetist will prescribe some sedatives for you. Then, an incision is made in the neck to remove the atherosclerotic plaque in the carotid artery. Patients usually stay in the hospital for 3 to 5 days.



## Risks & complications

- A. Perioperative stroke/mortality rate is about 3 to 6%.
- B. Systemic complications
  - 1. Cardiovascular: myocardial infarction, arrhythmia, congestive heart failure
  - 2. Pulmonary: pneumonia, respiratory failure
  - 3. Renal failure
  - 4. Others: deep venous thrombosis, pulmonary embolism
- C. Local complications
  - 1. Transient ischaemic attack, cerebrovascular accident
  - 2. Cranial nerve injury: vagus, hypoglossal nerve
  - 3. Cutaneous nerve injury
  - 4. Bleeding, haemorrhage, pseudoaneurysm
  - 5. Wound infection

## Before the procedure

- 1. You will be admitted one day before the procedure for preliminary tests including electrocardiogram, chest X-ray and blood tests.
- 2. The vascular surgeon will explain to you and your relatives about the procedure and its risks. You have to sign an informed consent.
- 3. Shaving of neck, shower / hair washing one day before the procedure.
- 4. Fasting of 6 hours prior to the procedure.
- 5. You have to wear a clean surgical gown, a cap and stockings immediately before the procedure.
- 6. Intravenous infusion, premedication of antibiotic may be required.

## After the procedure

### General information

- 1. After general anaesthesia, you may feel tired, dizzy or weak. These will subside gradually.
- 2. Deep breathing and coughing exercise are helpful to prevent pneumonia.
- 3. We will monitor your blood pressure / pulse and observe your wound conditions.

### Activities

- 1. You should remain in bed for 12 hours. Some gentle neck/limb movement and turning are allowed.
- 2. You may resume usual activities gradually under the instruction of the health care professional 12 hours after the procedure.
- 3. Recovery depends on individual condition and progress.

### Wound care

- 1. Keep wound dressing clean and dry. A drain may be placed/inserted.
- 2. Take the prescribed analgesic as needed.

3. Avoid pulling or kinking of the drains during activities. The drains will be removed 1 to 2 days the procedure.
4. Stitches removal is usually not required.

#### Diet

1. Resumption of normal diet depends on the individual situation/progress.
2. In general, you can take a well-balanced diet after the procedure unless you are on any special diet such as a diabetic or renal diet.

#### Care after discharge

- A. Control the risk factors:
  1. Quit smoking
  2. Go on low-fat, low-salt, low-sugar and high-fibre diet
  3. Take medications as prescribed to control hypertension / diabetes / high cholesterol level
  4. Exercise regularly
- B. Drug therapy: continue drug therapy as prescribed to reduce the risk of stroke, e.g. anti-platelet agent like aspirin.
- C. Follow up regularly with ultrasound imaging as arranged. Inform your doctor of any recurrent or new neurological symptoms.

#### Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.