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CAROTID ARTERY STENTING

You have been booked for admission to hospital for an operation known as "Carotid Angioplasty and Stent". This constitutes the ballooning open" of the neck artery through a puncture normally in the groin artery. 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 an Anaesthetist will consult with you regarding sedation. You can ask questions regarding risks of surgery and anaesthesia at this visit. No blood transfusion is required for this procedure however blood testing may be undertaken to check body function and a Cardiograph is done.

THE PROCEDURE:

Your operation will last approximately 1-1/2 hours. At completion of the procedure you will have a dressing on the groin puncture and there should be minimal discomfort. The procedure is usually performed under local anaesthesia although general 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 1.0%.

Heart Attack: The second most major risk associated with the procedure 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 after stenting and this combined risk is than 1.2%.

AFTER THE PROCEDURE:

Your post-operative recovery should be rapid and discharge home from hospital can be expected the day after your procedure. Following the operation you will be able to get out of bed and move about on the day of surgery. Aspirin or clopidogrel is essential after carotid stenting to keep the blood less sticky. Over the next 10 days the groin puncture will be lumpy and tender.

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 5-10% of patients in the first 18 months after stenting. Ultrasound scanning is therefore performed at 6, 12 and/or 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 five 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.

DISADVANTAGES OF BALLOON/STENT TREATMENT:

There is no long term follow up of this new technology as yet so it may not be as permanent as surgery for neck artery disease. Although the procedure is now nearly as safe as surgery there is a higher chance of artery blockage and stroke in the first 12 months than after surgery. Surgical management remains the "Gold Standard" of treatment although this new technology is getting close to equal efficacy.