



Carotid Angioplasty & Stent

The carotid arteries are blood vessels which are major source of blood supply to brain. Like other blood vessels these arteries can be affected by atherosclerosis — a condition known as carotid artery disease — which can lead to a stroke.

Why it's done

Carotid angioplasty and stenting may be appropriate stroke treatments or stroke-prevention options if:

- You have a carotid artery with a blockage of 70 percent or more, especially if you've had a stroke or stroke symptoms, and you aren't in good enough health to undergo surgery — for example, if you have severe heart or lung disease or had radiation for neck tumors
- You have already had a carotid endarterectomy and are experiencing new narrowing after surgery (restenosis)
- The location of the narrowing (stenosis) is difficult to access with endarterectomy

Description

A carotid endarterectomy is performed in a sterile surgical suite or standard operating room. You may go home the same day or stay 1–2 nights after the procedure depending on your medical condition.

The procedure is done under local anesthetic. Carotid angioplasty is often combined with another procedure called stenting. Stenting involves placing a small metal coil (stent) in the clogged artery. The purpose of placing a stent is to prop the artery open and decrease the chance of it narrowing again. Carotid angioplasty and stenting is recommended in select patients when traditional carotid surgery (carotid endarterectomy) isn't possible, or it's too risky.

Risks

Stroke occurs in 2–3% of patients with no pre-procedure symptoms; in 5–7% of patients with pre-procedure symptoms such as stroke, mini-stroke or TIA (transient ischemic attack).

After the operation you will be asked to move your arms and legs and be examined by nurses and doctors to make sure that you have not had any new stroke symptoms.

Heart attack

Nerve damage, affecting your voice box, tongue, lower lip on side of surgery or back

How to Prepare

Discuss your condition with family members or other individuals you have designated to participate in medical decisions.

Ask your vascular surgeon whether to continue or modify scheduled medications.

What Can I Expect After Treatment?

Expect to be in the hospital 1–2 days, longer if complications develop, in which case a stay at a rehabilitation facility may be needed.

You will have a sore throat and the skin around the incision on your neck will be numb. This improves over time.

You will see your vascular surgeon and have a carotid ultrasound to look at the artery. This will be done once or twice a year to make sure the plaque has not accumulated again.

You may wish to eat smooth, soft foods like soup and yogurt for a while before returning to your normal diet.

Driving is usually permitted once pain medicine is stopped and you can easily turn your head to check your surroundings on the road and safely merge with traffic.