If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Neurosciences Department
Patient Information
Going home following a carotid endarterectomy or carotid stent procedure

Document history
Authors Michaela Asbey
Department Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.cuh.org.uk
Contact number 01223 245151
Publish/Review date November 2015 /November 2018
File name PIN2498_Goinghome_following_carotid_endarterectomy_A5_v3.doc
Version number/Ref 3/PIN2498
Going home

- Most people go home the following day after treatment.
- **Wound**: (does not apply to stent procedure). The stitches are dissolvable. There will be paper strips across the wound which can be removed gently three days after the surgery. You may find this more comfortable following a shower. You must keep the wound dry until then. Your GP practice can check your wound, please make an appointment with them.
- **Exercise**: Regular exercise such as a short walk combined with rest is recommended to provide a gradual return to normal activity.
- **Driving**: You will be able to drive when you can perform an emergency stop safely. This will normally be two to three weeks after surgery, but if in doubt check with your own doctor. However, you may have been told you cannot drive if you have had a stroke. Please contact the DVLA if there is any doubt.
- **Bathing**: Once your wound is dry, after three to four days, you may bath or shower as normal.
- **Work**: If this applies to you, you should be able to return to work within three to four weeks of surgery. Your GP will advise you of this when you see him/her for your sick-note.
- **Lifting**: There are no limitations in this area.
- **Medicines**: You will usually be sent home on a small dose of aspirin if you were not already taking it. This makes the blood less sticky. If you are allergic to aspirin, or if it upsets your tummy, an alternative drug may be prescribed. No other changes to your medication are required.

- If your risk of a major complication is higher than this, usually because you already have a serious medical problem, then your surgeon will discuss this with you. It is important to remember that your surgeon will only recommend treatment if he or she believes that the threat of stroke without operation is much higher than the threat posed by the operation itself.

What can I do to help myself?

- **Never smoke**: If you are a smoker you must stop completely. Continued smoking will cause further damage to your arteries and increases the risk of heart attacks, strokes and problems with the circulation in your legs. Most patients whose arteries re-block after treatment have continued to smoke.
- General health measures such as reducing weight, a low fat diet and regular exercise are also important.

Further questions

- If you have further questions, please do not hesitate to ask either your consultant or one of his team, or the nurses who are looking after you on the ward.
- You can contact the clinical nurse practitioner via switchboard 01223 245151 and ask them to bleep 152 165.
Movement of nerves nearer the carotid artery can lead to temporary or rarely permanent loss of function. The vagus nerve provides a branch to the voice box (larynx) leading to a hoarse sounding voice. The hypoglossal nerve supplies the muscles of the tongue affecting speech slightly by reducing the tongue’s mobility. The facial nerve supplies the muscles of the face. Damage to its lowest branch may lead to impaired movement of muscles around the lower jaw and neck. Even more rarely than this the accessory nerve can be involved causing some muscle wasting around the shoulder. In this case you would have to ask your GP to refer you for physiotherapy.

**Stroke:** A small number of people, between 1 to 3 in 100 having carotid endarterectomy, will have a stroke during the operation or stent procedure. This stroke is often severe, and may lead to death. All possible precautions will be taken to prevent this eventuality. Addenbrookes stroke rate has been less than 1% in the last three years.

**Other possible major complications:** As with any major operation there is a small risk of you having a medical complication such as a heart attack, kidney failure, chest problems, or infection in the wound. Each of these is rare, but overall it does mean that some patients may have a fatal complication from their treatment. For most patients this risk is about 1% - in other words 99 in every 100 patients will make a full recovery from the operation.

If you are taking two blood thinning medications this must be reviewed after three months with the original prescriber, the stroke physician. If you have had a carotid stent procedure then the interventionalist will instruct the team about changes to medications he/she may have made.

### Possible complications

- **Chest infections:** These can occur following this type of surgery, particularly in smokers, and may require treatment with antibiotics and physiotherapy.
- **Wound infection:** (does not apply to stent procedure). Wounds sometimes become infected and this may need treatment with antibiotics. Bad infections are rare.
- **Fluid leak from wound:** (does not apply to stent procedure). Occasionally the wound can bleed or bleeding beneath the wound will cause swelling. Usually the swelling will settle on its own, but occasionally the wound may need further surgical attention. If you have increased swelling around the wound site and have difficulty swallowing or talking you must inform the staff or if you are at home return to Addenbrookes for assessment. In rare cases because of the blood thinning medications you are taking, a blood clot may collect that needs to be surgically removed.
- **Nerve damage:** (does not apply to stent procedure). These are uncommon. Skin nerves are interrupted by the incision leading to some loss of skin sensation which may recover over time.