

# Carotid Endarterectomy

## Halifax Infirmary, QE II

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find this pamphlet and all our patient resources here:  
<https://library.nshealth.ca/Patients-Guides>

Connect with a registered nurse in Nova Scotia any time:  
Call 811 or visit: <https://811.novascotia.ca>

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## Lowering your risk factors

You can make changes in your lifestyle to slow or stop the fatty buildup in your arteries:

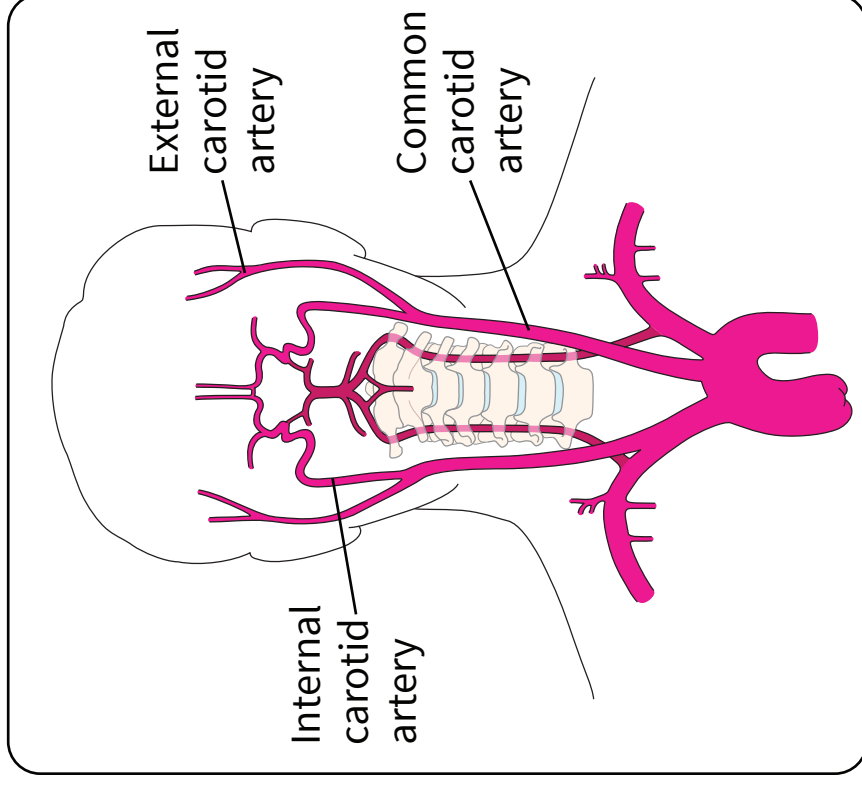
- If you are a smoker, stop smoking. Avoid second-hand smoke. Smoking narrows your blood vessels, which will hurt your arteries more.
- Control high blood pressure (hypertension) and diabetes, if you have them.
- Follow a heart-healthy meal plan that is low in salt and fat. You can meet with a dietitian to talk about this. Tell a member of your health care team if you would like to talk to a dietitian.
- Keep a healthy weight.
- Exercise every day.
- Manage stress.
- Do not drink alcohol, or drink only rarely.
- Take your medication as told by your primary health care provider.



## Carotid Endarterectomy

### What is a carotid endarterectomy?

- A carotid endarterectomy is surgery to clean plaque (fat deposits) out of a carotid artery. The carotid arteries are arteries in your neck. They bring blood to the arteries in your neck, face, and brain.
- Your surgeon has arranged for you to have this surgery because 1 of your carotid arteries has become narrowed with plaque.



## What causes an artery to narrow with plaque?

- Fat and other deposits can build up on the walls of an artery. This causes the artery to narrow, which lowers blood flow.
- You are at a higher risk for this problem if you:
  - › Are older
  - › Smoke
  - › Have diabetes
  - › Have high blood pressure
- A transient ischemic attack (TIA) is a warning sign of this condition. A TIA is also called a ‘mini-stroke’. A mini-stroke can often be treated to prevent a more serious stroke.
- Your primary health care provider (family doctor or nurse practitioner) may have suggested this surgery to lower your chance of a stroke.
- Your surgeon will talk about any risks of surgery with you.

## Going back to work

- When you can go back to work will depend on your overall health, how you are healing, and the type of work you do. Talk about this with your primary health care provider.

## Follow-up care

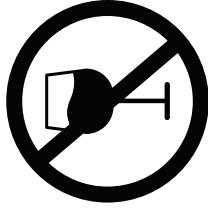
- A follow-up appointment will be booked with your surgeon. **It is very important that you keep this appointment.**

## Call your primary health care provider if you have:

- › A severe (very bad) headache that happens suddenly
- › Fever (temperature above 38 °C or 100.4 °F)
- › Chills
- › More redness, swelling, or warmth around your incision
- › More pain or soreness around your incision
- › Separation (coming apart) of the edges of the incision
- › Drainage from the incision

## Controlling pain

- You will be given a prescription for pain medication. Take your pain medication as told by your nurse.
- **Do not drink alcohol while taking pain medication.**
- Pain medication can cause you to be constipated (not able to poop). Ask your primary health care provider about using stool softeners or laxatives, if needed.



## Activity

- Rest for the first few days at home. Do more activities slowly over time.
- Activities may include light housework, making small meals, and riding as a passenger in a car for a short time.
- **Do not drive a car for 14 days (2 weeks). Do not drive if you are taking pain medication.**
- Walking is the best exercise at this time. Start slowly and go a little farther each day.
- You may have sex when you feel well enough.

## Before surgery

- Ask a member of your health care team for pamphlet 1395, *Planning for Your Hospital Stay After Surgery (HI, VG, DGH)*, or use the link or the QR code below to view it online:
  - > [www.nshealth.ca/patient-education-resources/1395](http://www.nshealth.ca/patient-education-resources/1395)

Scan the QR code below on your device (open the camera on your device, point the camera at the code, and tap the banner or border that appears)



## Surgery

- Your surgeon will make an incision (cut) just below your jaw. They will take out the fat deposits from your artery so blood can flow freely. You will be awake for this surgery. You will be given medication to help you relax.
- **During surgery, please do not move or talk unless you are asked to do so.**

## **After surgery**

- You will be taken to a special recovery area. Your nurse will check your breathing, pulse, and blood pressure often. When you are awake and stable, you will be taken to your hospital room.
- You will have an intravenous (I.V.) tube in a vein in your arm until you are drinking well.
- You can usually eat regular meals the day after your surgery.
- You may not have a bowel movement (poop) for a few days after your surgery. This is common. Ask for a laxative (medication to help you poop), if needed.
- Your nurse will ask you to clench your fists to check your grip strength.
- Your nurse will check your eyes, ability to talk clearly, blood pressure, and pulse.
- They will also measure your neck to check for swelling.
- You will likely be in the hospital for 1 to 2 days. You may be discharged the day after your surgery.
- Your neck will be swollen for a few days. This is common.
- You may have bruising around your incision.

## **Controlling pain**

- It is common to have pain after surgery. Your health care team will give you pain medication, as needed.

## **At home**

### **Meals and snacks**

- Eating healthy meals will help you get your strength back.

### **Incision care**

- You will have staples in your incision. The staples will be taken out by your primary health care provider or your surgeon about 7 to 10 days after your surgery.
- You may shower 2 days after your surgery. Pat your incision dry. **Do not** rub.