Will Butcher – Vascular Surgery

General practitioner – Frequent Questions

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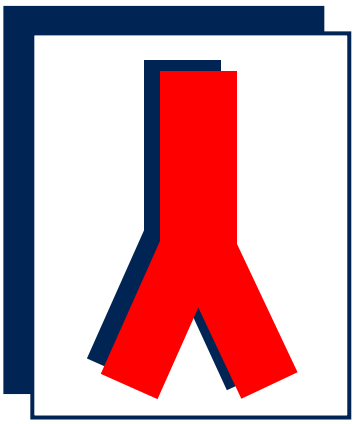

FAQ: My patient has a carotid stenosis, what does that mean?

Patients with a carotid stenosis have higher risk of stroke than those without, that is without doubt, what is more relevant is; which patients will benefit from surgery?

There are two main things we look at in determining if a patient will benefit from surgery: symptoms and stenosis severity. If a patient has had symptoms likely to be related to their carotid stenosis and their stenosis is greater than 50% they will benefit from surgery. The margin of benefit is related to the degree of stenosis and to the severity of symptoms. Those with higher grade stenoses benefit more than lesser stenoses and those with more severe symptoms (eg; stroke rather than TIA) also benefit more. It is important to know that by "symptoms" we mean events that may be attributable to embolization such as TIA, stroke or amaurosis fugax. These are localising events attributable to a small part of the brain that might be affected by a small clot or piece of atheromatous debris embolising into the brain. More diffuse or generalised symptoms such as dizziness, syncope, confusion, disorientation, collapse and so on are not likely to be related to micro-emboli and therefore not of interest.

To answer the question therefore it is important to know why the patient has presented and understand a little about how the carotid stenosis came to light. If your patient has had localising signs and has a stenosis greater than 50% they should be seen urgently for carotid surgery to be planned. All other categories can be treated more electively. In general, symptomatic patients with stenoses less than 50% are treated with antiplatelet agents and a statin and that is all. Occasionally, patients who have multiple events despite appropriate medication, might qualify for an endarterectomy if their plaque is very unstable of irregular looking.

Asymptomatic patients also rarely qualify for surgery. Although in the past it was accepted patients with a stenosis greater than 70% should have surgery, we now know that in a population of people who take statins and aspirin and stop smoking, there is so little added benefit that surgery is no longer recommended by the majority of vascular surgeons. In some cases, patients with high grade (>70%) stenoses may be considered for surgery. Features that may suggest that a patient may benefit from surgery are: young age, male gender, occlusion or high grade stenosis on the other side, symptoms in the past, impending cardiac surgery requiring pump cardiac bypass or very high level of patient anxiety.

Given that surgery will only really be considered in the presence of localising symptoms, ongoing carotid surveillance popular in the past is no longer thought to be of much value. My experience is that it does more to promote patient anxiety than allay it.

Carotid stents

In the relatively recent past there was a lot of money spent trying to justify stenting over endarterectomy as the procedure of choice for carotid stenosis. We now know that surgery is associated with lower risk of complication and death than stenting. Carotid stenting only has a place in the patient with a very hostile neck from a surgical perspective.