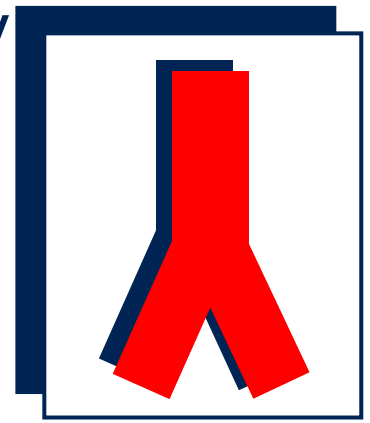


Will Butcher – Vascular Surgery

General practitioner – Frequent Questions

More information available at: www.willbutchervascular.com



FAQ: Carotid stenosis; what to do about asymptomatic patients.

There are two main things we look at in determining if a patient will benefit from surgery: symptoms and stenosis severity. In understanding this it is important to know that symptoms that vascular surgeons are particularly interested in are:

- Stroke
- Transient ischaemic attack: weakness of a hand or leg, facial drooping, slurred speech
- Amaurosis Fugax: transient monocular blindness

Patients who do not have localising signs are more likely to be thought of as asymptomatic. Global symptoms are due to more widespread events and are: dizziness, syncope, blackout, collapse, loss of cognitive function. These are unlikely to be related to a simple carotid embolus. In general terms these symptoms will not trigger a carotid intervention on their own. In addition, patients whose symptoms are more than 4 months old will also be regarded to be asymptomatic. The benefit for carotid endarterectomy is highest soon after the principle event, and as time passes the margin of benefit declines to almost nothing after some months.

Some years ago, asymptomatic patients with a stenosis of 70% or more were thought to benefit from carotid surgery. In more recent times where 'statin therapy and antiplatelet therapy are offered to all patients the benefit of this surgery has declined. This does not mean that patients with carotid stenosis do not have a higher risk of stroke, it just means that statistically this risk is not improved with surgery. This means that in general terms patients considered to be asymptomatic would not be offered surgery whatever grade of stenosis they present with. In some circumstances, a patient might be offered surgery despite this. Things that may make us consider surgery are: severe disease on the other side, male patients who are young and patients who are being worked up for cardiac surgery (not stenting).

Asymptomatic patients who are found to have a carotid stenosis are known to have a higher risk of stroke than those without. It is important therefore that this group of patients is offered optimal medical therapy. This involves:

- Antiplatelets therapy with aspirin or clopidogrel (not both).
- 40mg of a preferred 'statin (if tolerated), irrespective of cholesterol level, a target of under 4.5 is appropriate.
- Optimal management of hypertension (ACE inhibitors are thought to be particularly beneficial)
- Smoking cessation
- Optimal diabetic control
- Lifestyle modification: weight loss and exercise therapy