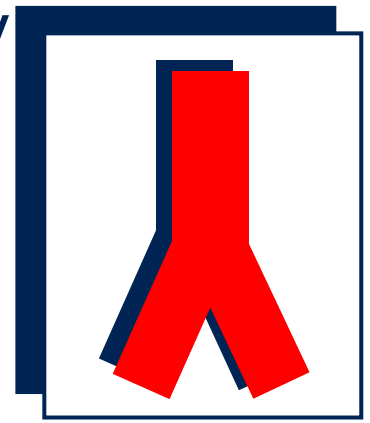


Will Butcher – Vascular Surgery

General practitioner – Frequent Questions

More information available at: www.willbutchervascular.com



Which Carotid patients should have further investigation?

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. In contrast, patients without carotid related symptoms are very unlikely to benefit from surgery whatever the grade of stenosis.

Good indications for a carotid duplex include patients presenting with the following:

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

In understanding this, it is important to remember that symptoms vascular surgeons are particularly interested in are those that might be associated with a small embolus of platelet or atheromatous material into the brain. They tend to be localised rather than global. Global symptoms are due to more widespread events and are: dizziness, syncope, blackout, collapse, loss of cognitive function. In general terms these symptoms will not trigger a carotid intervention on their own and probably such patients will benefit very little from carotid duplex.

On the other hand, patients with a stenosis of 50% or more and localising symptoms should be referred urgently for review as the benefit for surgery is greatest in the early phase after the event. Up to 15% of patients with localising signs will have significant carotid stenosis,

Carotid Surgery

This an operation that has changed little in the last 50 years or so. It involves a small cut on the appropriate side of the neck usually under local anaesthetic. After heparinisation, the artery is clamped and then cleared of plaque and atheromatous material. The artery is closed with a patch of prosthetic material. The surgery takes about 90 minutes and involves a two day stay in hospital unless there is a need for neurological rehabilitation.