EURACARE

PATIENT INFORMATION FORM

CAROTID ARTERY STENTING

Why do I need the treatment?
The aim of carotid stenting is to prevent you from having a stroke in the future. You may have had a TIA (mini stroke). This is often due to a narrowing in the main artery to your brain, the carotid artery, in your neck. There is a risk that you may suffer a further stroke in the future.

In some circumstances, even if you have not had a TIA, the specialist involved in your case may still recommend treatment to the narrowed carotid artery to reduce the risk of stroke in the future.

Preparation for the treatment
Carotid stenting is usually performed under local anaesthetic. The procedure involves passing wires and small diameter plastic tubes inside the arteries under x-ray control. These are usually introduced via the artery in the groin, the femoral artery.

An injection of anaesthetic into the skin over the pulse in the groin is given and a needle is then used to enter the artery. A wire can be passed down the needle into the artery. A plastic tube (catheter) is then threaded onto the wire and into the artery.

The procedure
The wire inside the artery is then carefully guided up to the carotid artery just below the narrowed area. As the wire passes through the narrowed area, the medical and nursing staff will monitor you carefully to make sure that this is not causing any problems. They may ask you to talk or move your hand or arm and you may be able to see the progress of the procedure on a television monitor.

A special catheter is passed along the wire over the narrowed area. This will stop any small clots or debris breaking away from the wall of the artery and passing into the brain, causing more TIAs.

Part of the catheter has a balloon with a metal stent over it. The balloon and stent are carefully placed across the narrowed section of the carotid artery.

The balloon is then inflated which widens the artery. The stent then opens and embeds against the artery wall.

You may feel some brief discomfort in your neck at this point.

Some patients feel a little lightheaded as the stretching of the artery can cause a drop in blood pressure. This can be corrected by fluids and medication given through the drip in your arm if necessary.

Once the stent is in place, the balloon is then deflated and removed leaving the stent supporting the artery wall, helping to keep it open. An x-ray of your neck is then taken to check that the narrowed section has been successfully widened and that the stent is in the correct position.

After the treatment

You will be returned to the ward for observation. The nursing staff will also check your speech and movements to make sure they are normal. For the first 1-2 hours it is best to rest. This is partly to prevent bruising or bleeding from the groin where the catheter was put in. The nursing staff will then let you get up and move around providing your observations are satisfactory.

Going home

Most people stay in the hospital overnight and go home the following morning. In some cases, you may be allowed home the same day. You can return to normal activities as soon as you feel comfortable. Any bruising in your groin area will usually clear in 5 -7 days.

You will usually be sent home with a small dose of aspirin if you are not already taking it. This makes the blood less sticky.

Complications

A small number of people, between 1 – 3 in a 100, undergoing carotid stenting will suffer a stroke during or shortly after the procedure. All possible precautions will be taken to prevent this happening.

Bleeding which causes a clot around the entry wound in the artery in your groin can occur, but it is rarely a problem. In 1-2% of cases this needs to be removed by a minor operation, nut usually the blood is removed by the body over a period of 1-2 weeks.

If you have had to have an angiogram to check the stent placement and blood flow, you may have an allergic reaction to x-ray dye, but this is rare.

If you have other medical conditions such as angina or bronchitis/asthma, these conditions may be aggravated at the time of stenting. This rarely causes a major problem.

What can I do to help myself?

If you are a smoker, you should make a determined effort to stop completely. Continued smoking will cause further damage to our arteries and increases the risk of stroke, heart attacks and problems with the circulation in your legs.

You can also reduce your risk of vascular disease by reducing your weight, eating a low-fat diet, and getting plenty of regular exercise.

If you have high cholesterol or blood pressure, make sure it is checked regularly and that you are on the correct medication.

If you have diabetes, make sure that you monitor your blood sugar levels. Diabetics are more at risk from developing vascular disease due to the heightened blood glucose levels which speeds up the furring of the arteries.

Finally:
Some of your questions should have been answered by this leaflet but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure.
Giving my consent (permission). The staff caring for you will ask your permission to perform the procedure. You will be asked to sign a consent form that says you have agreed to the procedure and that you understand the benefits, risks, and alternatives.