



Carotid Artery Surgery

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INTRODUCTION

You are scheduled for admission to NYU Hospitals Center for **Carotid Artery Surgery**. Please read this handout which discusses how you can prepare for your surgery, what you can expect during your stay in the hospital and when you go home. It describes how the members of the health care team -- physicians, nurse practitioners, nurses, social workers and nutritionists -- will work with you, the most important team member, to ensure a smooth transition to home. Please share this information with your family members and/or friends.

Bring the information packet to the hospital, as staff will be reviewing it with you.

It is anticipated that **you will be ready for discharge the day after surgery**. Many people are surprised at how quickly they can return home after surgery. To make your discharge as smooth as possible, the discharge plan will be discussed with you starting before you are admitted. The health care team will be helping you with many concerns that you may have about discharge.



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BEFORE SURGERY

MD OFFICE

You will be given a pre-admission packet in your doctor's office or Pre-Admission Testing containing information necessary to complete the admission process. This packet includes the following forms:

- Personal and insurance information for the admitting office
- Health care proxy
- Health history that you will need to complete and bring with you to Pre-Admission Testing. This history needs to include all medications that you are currently taking. Please fill this form out as thoroughly as possible.
- A consent form that you need to sign giving your permission for the surgery after it has been explained to you.

In addition, your surgeon will discuss with you when to discontinue medication such as Plavix, non-steroidal anti-inflammatory agents, and Coumadin.

PRE-ADMISSION TESTING

Several days to a week before your surgery, you will be scheduled for an appointment at Pre-Admission Testing. At this appointment you will:

- Have an interview and an assessment with a nurse and a nurse practitioner/resident from the Surgical Service.
- Meet with an anesthesiologist who will explain the type of anesthesia you will have.
- Have blood tests and in some cases a chest x-ray and EKG. If you have had a chest x-ray in the last six months you can avoid another one by bringing the reports with you.
- Have additional tests if they are indicated.
- You may meet with a social worker to discuss your discharge needs.



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ADDITIONAL PREPARATION

One Week Before Surgery

- Continue aspirin, however, if you are taking Plavix or other blood thinners, check with your doctor/nurse practitioner for specific instructions. Non-steroidal anti-inflammatory agents, such as Ibuprofen or Naproxen, should be stopped 1 to 2 weeks before surgery.
- Pack items you will need during your hospital stay. You only need to bring toiletries, slippers (with enclosed backs), and a robe to the hospital; your family can bring other items once you are assigned a room.
- Please do not bring any valuables, such as furs, jewelry, cash, or credit cards to the hospital. Leave rings and good watches at home.

The Day and Night Before Surgery

- **DO NOT SMOKE OR DRINK ALCOHOL BEFORE SURGERY.**
- Do not eat or drink anything after midnight the night before your surgery. Try to have a healthy dinner and limit fats and salt intake, as these will increase your thirst.
- Shower the night before or morning of surgery. Men should shave.

The Morning of Surgery

- Your physician, nurse practitioner, or anesthesiologist will specifically order any medications to be taken the morning of surgery. Take these medications with a sip of water. If you are taking diuretics (water pills) or diabetic medications, make sure you get specific instructions.
- Bring any x-rays or test results to the hospital with you, if needed.



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DAY OF SURGERY

You should report to the Same Day Admission Unit, 400 East 34th Street, 6th floor (“K” elevators), at the time specified. You will be admitted and complete final preparations needed before you go to the Operating Room (OR).

- Immediately before you go to the Operating Room (OR), you will need to change into a hospital gown and remove dentures and all jewelry, including wedding rings.
- You may be given a sedative to help you relax.
- Your visitors can wait in the Same Day Admission Unit (2 visitors maximum). It is advisable that one contact person let the surgeon’s office know where he/she can be reached after surgery. The surgeon may ask that your visitors wait at the FPO office (Suite 6F).
- Visitors are not permitted in the Post-Anesthesia Care Unit (PACU). Your family members will be able to visit in a postoperative unit.

ABOUT THE SURGERY

- The surgery will generally take 2-3 hours.
- You will be awake when arriving at the OR. You will be given medication through an intravenous (IV) in your arm that will help you to relax. The Anesthesiologist will give you more details about this during the Pre-Admission Testing.
- You will have a regional block or local anesthesia and receive sedation as needed, or be put to sleep using general anesthesia.



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- If you have a regional block or local anesthesia, your head will be turned to the side and have a drape covering it in a sort of “tent.” The Anesthesiologist will attend to your needs. As with all surgery, your heart will be monitored and you will have an IV.
- You will not see any of the surgery.
- You may be awake and able to talk with your surgeon.
- You may be asked to squeeze a toy taped in your hand to monitor your brain activity.
- If you receive local anesthesia, you will feel pressure or pulling sensations, but not pain. Please inform the OR staff if you are uncomfortable at any time.
- You will continue to require monitoring after surgery. You will go to the PACU from the OR. You will then transfer to a monitored bed in a post-operative unit on a surgical floor or in a monitored bed in the Cardiac and Vascular Center on HCC 13.



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WHILE IN THE HOSPITAL

The following are general guidelines regarding what you can expect during your stay in the hospital.

DIET

- Fluids will be given by intravenous (IV) until you are able to eat.
- You can expect to have a clear liquid supper, and then resume your usual diet the following morning.

ACTIVITY

- You will need to stay in bed overnight in an area where you can be closely monitored. These areas are bright and somewhat noisy.
- Your nurse will assist you with getting out of bed the morning after surgery.

PAIN MEDICATION

- You need to let the staff know your level of pain/discomfort after surgery so the nurse can give you the pain medication the physician has ordered.
- To help the staff assess your pain level you will be asked to rate your pain on a scale of 0 -10 with 0 being no pain and 10 being unbearable pain. Taking pain medication before the pain is excessive provides better relief.

ASSESSMENT

- The nurses will be checking your blood pressure, pulse, and respiration frequently.
- Frequent checks of your brain function will be done. For example, you may be asked to smile, stick out your tongue, squeeze with your hands, push with your feet, name the president, or state your name.



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CARE OF YOUR INCISION

- The bandages will be removed the day after surgery before discharge and the incision is usually left open to the air.
- Look at the incision before you go home so that you can report any changes to your surgeon.
- Your nurse will discuss any special instructions regarding caring for your incision.
- You will be discharged with the staples in place.
- Staples, if present, will be removed at the time of your visit to the surgeon's office (see page 12 for making a follow-up appointment with your surgeon).

OTHER INFORMATION

- Headache, incision discomfort, earache, numbness, swelling or stiff neck are common and are usually relieved with pain medications, such as Tylenol extra-strength.
- Swelling of the neck and under the chin generally resolves over 2-3 weeks. However, numbness may take longer to resolve.

DISCHARGE INFORMATION

- Many patients are ready for discharge the day after surgery. If you have questions or concerns about your discharge plan, speak with your doctor, nurse, vascular nurse practitioner, or social worker.
- Specific instructions about discharge will be given to you by the vascular nurse practitioner before you return home.
- **Discharge time is 10 a.m.**



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GENERAL DISCHARGE INSTRUCTIONS

The following are general guidelines. Individuals vary in their return to their usual activity. Your doctor and nurse practitioner will review information that is specific for you.

ACTIVITIES

- Gradually increase your activities. Do not exert yourself to the point of fatigue. If you become tired, rest more frequently.
- You may generally resume full activity within 2 weeks. Walking daily is recommended.
- Stair climbing is permitted. Climb steps slowly holding onto the siderail and stop to rest every few steps.
- Do not lift heavy objects over 10 pounds or “strain” while moving your bowels. A stool softener or laxative may be required (available “over-the-counter”).
- Driving, returning to work and resuming sexual activity should be discussed at the first visit with your surgeon after surgery.
- You may tub bathe without wetting your incision the day after surgery. Showering and tub bathing with cleansing of your incision is permitted the **second day** after surgery. It is advisable to have someone to assist you the first few times.
- Riding in a car is permitted, but you should stop frequently so you can stretch. Discuss driving at the first visit with your surgeon after surgery.



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INCISION CARE

- Leave the incision open to the air.
- Staples, if present, will be removed in the surgeon's office approximately 1 week after discharge.
- On the second day after surgery, shower over the incision/staples; wash the incision site with soap and water rinsing thoroughly, unless otherwise instructed. Pat dry. Do not rub. Do not apply cream, lotions, ointments, or powders to the incision.
- Do not remove tape (steri-strips) unless the strips lift off the incision.
- Shaving around the incision is permitted.
- Shaving over the incision is permitted 2 weeks after surgery.
- Look at the incision every day, and contact the doctor if you notice increased redness, drainage, swelling, or opening of the incision.

DENTAL WORK

- If you require dental work or other procedures associated with bleeding during the first year after surgery, notify the dentist that you have a graft on your carotid artery. The doctor will usually follow prescribed guidelines for giving antibiotics before dental or other procedures.

MEDICATIONS

- Take 1 Ecotrin tablet (coated aspirin) daily. Do not take Ecotrin if you are on Coumadin unless instructed at time of discharge. Do not take other aspirin-containing medications such as Bufferin, Anacin, or Alka Seltzer for pain relief.



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- Tylenol is advised for incision discomfort or headache.
- Prescriptions for medications ordered this admission will be given to you before discharge by the Vascular Nurse Practitioner. Resume previously taken medications unless specifically told not to do so by the Vascular Nurse Practitioner.

GOOD HEALTH PRACTICES

Smoking Cessation

- **AVOID smoking.**
- Research has proven that smoking contributes to the progression of vascular disease and may contribute to the closing of the bypass graft. Discuss ways to stop smoking with the nurse practitioner or social worker. In addition, call the Cardiac Rehab Unit at 212-263-6129 for information on programs to help you stop smoking.

Cholesterol Management

- Follow a well-balanced diet, which includes a moderate restriction of salt and fat. A copy of the Prudent diet that is recommended by the American Heart Association is included in this packet. Though not proven to prevent atherosclerosis, following this diet may reduce the risk of the condition progressing. Ask to speak to the nutritionist if you want more information on this diet.
- It is important to maintain a normal blood cholesterol level to help prevent progression of your vascular disease. See your Internist or Cardiologist for optimal control of your cholesterol.



Carotid Artery Surgery Diabetes Management

- If you have diabetes, it is important to maintain your blood sugar under good control. This chronic disease also contributes to the progression of vascular disease.
- Check your blood sugar at home as recommended by your doctor.
- Follow dietary guidelines recommended by the nutritionist.
- If you have diabetes, it is very important that you perform the recommended daily foot care. See the following guidelines on “Foot Care.”

Foot Care

- Wash your feet daily. Wash between toes and around the nails using lukewarm water and mild soap (e.g., unscented Dove) and pat dry. Avoid deodorant or perfumed soaps.
- Look at your entire foot every day. Especially check heels and between the toes for blisters, cracks, cuts, redness, discoloration, wetness, swelling, tenderness, or pain. If you experience any of these symptoms, notify the nurse practitioner or surgeon no matter how small or insignificant they may seem.
- Lubricate feet and lower legs with moisturizing lotion. Do not put lubricates on ulcers, black or crusted areas, or on the soles of your feet.
- Separate toes with thin gauze pads.
- Wear a clean, soft, white, or light colored sock.
- Never walk without proper foot wear. Always wear slippers or soft roomy shoes that cover entire foot. Avoid slip-on slippers or shoes.
- Specific instructions on treatment of ulcerations will be given at time of discharge.



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FOLLOW-UP

Home Health Services

- A referral to a home health agency is usually not needed. However, if you have questions or have concerns about need for assistance after discharge, speak with the nurse practitioner or social worker.

Primary Care Physician

- See your primary physician/practitioner within 2 weeks after discharge for reevaluation of your blood pressure, diet, and medications.
- Your surgeon will send reports of your hospitalization to your primary physician/practitioner at the time of your surgical follow-up visit.

Surgeon

- Contact your surgeon's office as soon as you get home for an appointment. An appointment must be made for 1 week after discharge or as directed by your doctor or nurse practitioner.

Surgeon: _____

Telephone Number: (212) 263-7311

Date of Appointment: _____ / _____ / _____
Day Date Time



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WHEN SHOULD I CALL 📞 THE DOCTOR?

Notify your surgeon if any of the following **possible danger signs** occur:

- ◆ Fever over 100.4° F orally during the first 2 weeks after surgery. For a reliable temperature reading, do not take aspirin, acetaminophen (Tylenol), or ibuprofen for 3-4 hours before checking your temperature. Hot liquids should not be taken immediately before checking your temperature.
- Shaking chills
- Swelling, bleeding, redness, or drainage from the incision site
- The edges of the incision are separating
- A severe generalized headache not relieved by Tylenol
- Any stroke-like symptoms such as:
 1. Numbness, weakness, and/or loss of coordination or paralysis on one side of the body
 2. Drooping on one side of the mouth or face
 3. Blindness or change in vision
 4. Inability to speak and/or understand written or spoken words or thick, garbled speech
 5. Temporary loss of speech