

Having Transcarotid Artery Revascularization



Transcarotid artery revascularization (TCAR) is a type of treatment for carotid artery disease. This disease is when a wax-like substance called plaque builds up in a carotid artery in your neck. The plaque causes the artery to narrow, reducing blood flow to your neck, head, and brain. This can lead to a stroke. TCAR helps prevent a stroke by clearing the blockages and opening a narrowed carotid artery.

During TCAR, your healthcare provider makes a small cut in your neck, just above the collarbone, to reach the blocked artery. Your provider cleans out any plaque. They may also place a small mesh tube (stent) in the artery. The stent helps keep the artery open.

TCAR is similar to a procedure called carotid angioplasty and stenting. But it may have a lower risk for stroke during and after it. That's because a special device is used during TCAR to reverse blood flow away from the brain. The device also filters the blood for plaque before it goes back into the body. These steps may make it less likely for a blood clot to form in the brain and cause a stroke.

How to say it

TRANZ-kar-ah-tihd ar-teh-REE va-skyuh-lar-ZAY-shuhn

Why is TCAR done?

TCAR is done to treat carotid artery disease. It's often done in people who can't have open surgery due to age or other health problems.

What happens before TCAR?

Your healthcare provider will ask about your health. They will also give you a physical exam. You may also need some tests, such as blood work and imaging tests.

Tell your healthcare provider about all the medicines you take. That includes prescriptions, over-the-counter medicines, vitamins, herbs and supplements. You may need to start taking certain medicines before TCAR. These include aspirin, a blood thinner, or a statin.

You will be asked not to eat or drink anything for a certain time before the procedure.

What happens during TCAR?

TCAR is done in a hospital. During the procedure:

- You are given medicine to help you relax and not feel pain.
- Your healthcare provider makes a small incision in your neck, just above your collarbone, to reach the blocked artery.
- Your healthcare provider puts a tube into the artery. This tube is attached to the special device.
- Your healthcare provider makes another small incision in your upper leg to reach your femoral vein. A second tube is put into this vein. Both tubes are then connected to the device.
- Your healthcare provider turns the special device on. The tube in your carotid artery draws blood away from your brain. The blood is filtered in the device and then put back into your body through the tube in your upper leg vein.
- While the device is on, your healthcare provider cleans out your artery. They may also put in a stent to stabilize the plaque. Ultrasound or other imaging techniques help your provider see as they work.

- Once your artery is clear, your healthcare provider turns off the device. Blood flow to your brain returns to normal.
- Your provider removes the tubes. The incisions in your neck and leg are closed with stitches (sutures).

What happens after TCAR?

After TCAR, you'll be taken to a recovery room. Healthcare providers will closely monitor your heart rate, blood pressure, breathing, and temperature. Most people who have TCAR can go home after 1 day in the hospital.

When at home, follow all care instructions from your healthcare provider. You will have to limit your activity for about a week. You will also be given medicine to prevent blood clots.

You may also need to make some lifestyle changes to help prevent your carotid artery disease from getting worse. These may include:

- Exercising more
- Eating healthier foods
- Stopping smoking, if needed
- Losing weight, if needed
- Limiting stress
- Getting enough sleep

Keep all follow-up visits with your healthcare provider to make sure you are healing well. Talk with your healthcare provider if you have any questions or concerns.

Risks of TCAR

All procedures have risks. The risks of TCAR include:

- Infection
- Bleeding
- Stroke
- Heart attack
- Injury to the artery or a cranial nerve
- Problems around the cut in your neck, such as bruising, bleeding, and swelling
- Failure of the stent

When to call your healthcare provider

Call your healthcare provider or seek medical care right away if you have any of the following:

- Swollen neck
- Redness or fluid coming from the wound
- Trouble swallowing
- Fever of 100.4°F (38°C) or higher, or as advised by your provider

Call 911

Call 911 right away if you have any of the following:

- Chest pain
- Trouble breathing
- Signs of a stroke:
 - Weakness, tingling, or loss of feeling on one side of your face or body
 - Sudden double vision or trouble seeing in one or both eyes
 - Sudden trouble talking or slurred speech
 - Trouble understanding others
 - Sudden, severe headache
 - Dizziness, loss of balance, or a sense of falling
 - Blackouts or seizures

B.E. F.A.S.T. is an easy way to remember the signs of stroke. When you see these signs, you know that you need to call 911 fast.

B.E. F.A.S.T. stands for:

- **B** is for **balance**. Sudden loss of balance or coordination.
- **E** is for **eyes**. Vision changes in one or both eyes.
- **F** is for **face drooping**. One side of the face is drooping or numb. When the person smiles, the smile is uneven.
- **A** is for **arm weakness**. One arm is weak or numb. When the person lifts both arms at the same time, one arm may drift downward.
- **S** is for **speech difficulty**. You may notice slurred speech or trouble speaking. The person can't repeat a simple sentence correctly when asked.
- **T** is for **time to call 911**. If someone shows any of these symptoms, even if they go away, call 911 right away. Make note of the time the symptoms first appeared.

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