

PREOPERATIVE DIAGNOSES:,1. Right carotid stenosis.,2.

Prior cerebrovascular accident.,POSTOPERATIVE

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cerebrovascular accident.,PROCEDURE PERFORMED:

,Right carotid endarterectomy with patch

angioplasty.,ESTIMATED BLOOD LOSS: ,250

cc.,OPERATIVE FINDINGS: , The common and internal carotid arteries were opened. A high-grade narrowing was present at the proximal internal carotid and this tapered well to a slightly small diameter internal carotid. This was repaired with a Dacron patch and the patient tolerated this well under regional anesthetic without need for shunting.,PROCEDURE:

,The patient was taken to the operating room, placed in supine position, prepped and draped in the usual sterile manner with Betadine solution. Longitudinal incisions were made along the anterior border of the sternocleidomastoid, carried down through subcutaneous fat and fascia.

Hemostasis was obtained with electrocautery. The platysmal muscle was divided. The carotid sheath was identified and opened. The vagus nerve, ansa cervicalis, and hypoglossal nerves were identified and avoided. The common internal and external carotids were then freed from the surrounding tissue. At this point, 10,000 units of aqueous heparin were administered and allowed to take effect. The external and common carotids were then clamped. The patient's neurological status was evaluated and found to be unchanged from preoperative levels.,Once sufficient time had lapsed, we proceeded with the procedure. The carotid bulb was opened

with a #11 blade and extended with Potts scissors through the very tight lesion into normal internal carotid. The plaque was then sharply excised proximally and an eversion endarterectomy was performed successfully at the external. The plaque tapered nicely on the internal and no tacking sutures were necessary. Heparinized saline was injected and no evidence of flapping or other debris was noted. The remaining carotid was examined under magnification, which showed no debris or flaps present. At this point, a Dacron patch was brought on to the field, cut to appropriate length and size, and anastomosed to the artery using #6-0 Prolene in a running fashion. Prior to the time of last stitch, the internal carotid was back-bled through this. The last stitch was tied. Hemostasis was excellent. The internal was again gently occluded while flow was restored to the common and external carotids for several moments and then flow was restored to the entire system. At this point, a total of 50 mg of Protamine was administered and allowed to take effect. Hemostasis was excellent. The wound was irrigated with antibiotic solution and closed in layers using #3-0 Vicryl and #4-0 undyed Vicryl. The patient was then taken to the recovery room in satisfactory condition after tolerating the procedure well. Sponge, needles, and instrument count were correct. Estimated blood loss was 250 cc.