

PREOPERATIVE DIAGNOSIS:, Critical left carotid stenosis.,POSTOPERATIVE DIAGNOSIS: , Critical left carotid stenosis.,PROCEDURE PERFORMED:, Left carotid endarterectomy with endovascular patch angioplasty.,ANESTHESIA:, Cervical block.,GROSS FINDINGS: ,The patient is a 57-year-old black female with chronic renal failure. She does have known critical carotid artery stenosis. She wishes to undergo bilateral carotid endarterectomy, however, it was felt necessary by Dr. X to perform cardiac catheterization. She was admitted to the hospital yesterday with chest pain. She has been considered for coronary artery bypass grafting. I have been asked to address the carotid stenosis, left being more severe, this was addressed first. Intraoperatively, an atherosclerotic plaque was noted in the common carotid artery extending into the internal carotid artery. The internal carotid artery is quite torturous. The external carotid artery was occluded at its origin. When the endarterectomy was performed, the external carotid artery back-bled nicely. The internal carotid artery had good backflow bleeding noted.,OPERATIVE PROCEDURE: , The patient was taken to the OR suite and placed in the supine position. Then neck, shoulder, and chest wall were prepped and draped in appropriate manner. Longitudinal incision was created along the anterior border of the left sternocleidal mastoid muscle and this was taken through the subcutaneous tissue and platysmal muscle utilizing electrocautery.,Utilizing both blunt and sharp dissections, the common carotid artery, the internal carotid artery beyond the

atherosclerotic back, the external carotid artery, and the superior thyroid artery were isolated and encircled with a umbilical tape. During the dissection, facial veins were ligated with #4-0 silk ligature prior to dividing them. Also during the dissection, ansa cervicalis, hypoglossal, and vagus nerve identified and preserved. There was some inflammation above the carotid bulb, but this was not problematic.,The patient had been administered 5000 units of aqueous heparin after allowing adequate circulating time. The internal carotid artery is controlled with Heifitz clip followed by the external carotid artery and the superior thyroid artery being controlled with Heifitz clips. The common carotid artery was controlled with profunda clamp. The patient remained neurologically intact. A longitudinal arteriotomy was created along the posterior lateral border of the common carotid artery. This was extended across the lobe on to the internal carotid artery. An endarterectomy was then performed. The \_\_\_\_\_ intima was cleared of all debris and the \_\_\_\_\_ was flushed with copious amounts of heparinized saline. As mentioned before, the internal carotid artery is quite torturous. This was shortened by imbricating the internal carotid artery with horizontal mattress stitches of #7-0 Prolene suture.,The wound was copiously irrigated, rather an endovascular patch was then brought on to the field. This was cut to shape and length. This was sutured in place with continuous running #6-0 Prolene suture. The suture line began at both sites. The suture was tied in the center along the anterior and posterior walls. Prior to completing the closure, the common carotid

artery was flushed. The internal carotid artery permitted to back bleed. The clamp was placed after completing the closure. The clamp was placed at the origin of the internal carotid artery. Flow was first directed into the external carotid artery then into the internal carotid artery. The patient remained neurologically intact. Topical \_\_\_\_\_ Gelfoam was utilized. Of note, during the endarterectomy, the patient did receive an additional 7000 units of aqueous heparin. The wound was copiously irrigated with antibiotic solution. Sponge, needle, and all counts were correct. All surgical sites were inspected. Good hemostasis noted. The incision was closed in layers with absorbable suture. Stainless steel staples approximated skin. Sterile dressings were applied. The patient tolerated the procedure well, grossly neurologically intact.