PREOPERATIVE DIAGNOSIS:, Right common, internal and external carotid artery stenosis.,POSTOPERATIVE DIAGNOSIS:, Right common, internal and external carotid artery stenosis.,OPERATIONS,1. Right common carotid endarterectomy.,2. Right internal carotid endarterectomy.,3. Right external carotid endarterectomy.,4. Hemashield patch angioplasty of the right common, internal and external carotid arteries.,ANESTHESIA:, General endotracheal anesthesia.,URINE OUTPUT: , Not recorded,OPERATION IN DETAIL: , After obtaining informed consent from the patient, including a thorough explanation of the risks and benefits of the aforementioned procedure, the patient was taken to the operating room and general endotracheal anesthesia was administered. Next the right neck was prepped and draped in the standard surgical fashion. A #10-blade scalpel was used to make an incision at the anterior tip of the sternocleidomastoid muscle. Dissection was carried down to the level of the carotid artery using Bovie electrocautery and sharp dissection with Metzenbaum scissors. The common, internal and external carotid arteries were identified. The facial vein was ligated with #3-0 silk. The hypoglossal nerve was identified and preserved as it coursed across the carotid artery. After dissecting out an adequate length of common, internal and external carotid artery, heparin was given. Next, an umbilical tape was passed around the common carotid artery. A #0 silk suture was passed around the internal and external carotid arteries. The hypoglossal nerve was identified and preserved. An appropriate sized Argyle shunt was

chosen. A Hemashield patch was cut to the appropriate size. Next, vascular clamps were placed on the external carotid artery. DeBakey pickups were used to control the internal carotid artery and common carotid artery. A #11-blade scalpel was used to make an incision on the common carotid artery. The arteriotomy was lengthened onto the internal carotid artery. Next, the Argyle shunt was placed. It was secured in place. Next, an endarterectomy was performed; and this was done on the common, internal carotid and external carotid arteries. An inversion technique was used on the external carotid artery. The artery was irrigated and free debris was removed. Next, we sewed the Hemashield patch onto the artery using #6-0 Prolene in a running fashion. Prior to completion of our anastomosis, we removed our shunt. We completed the anastomosis. Next, we removed our clamp from the external carotid artery, followed by the common carotid artery, and lastly by the internal carotid artery. There was no evidence of bleeding. Full-dose protamine was given. The incision was closed with #0 Vicryl, followed by #2-0 Vicryl, followed by #4-0 PDS in a running subcuticular fashion. A sterile dressing was applied.