

Procedure:

Carotid Endarterectomy (CEA)

Indication:

Carotid atherosclerotic disease (asymptomatic or symptomatic), carotid stenosis.

Description:

Can be general anesthesia or local. Incision is made in neck to access the Internal Carotid Artery (ICA), the ICA is dissected and plaque is removed from the internal lumen. The artery may have a primary repair or a patch. The skin is most often closed with derma-bond.

Post-op Implications:**Complications:**

HTN: labetalol, esmolol, nitro, or nitroprusside.

Hypotension: phenylephrine.

Headache: needs CT scan, possible hyperperfusion syndrome.

Hematoma: Can cause loss of airway, possibly go back to OR.

Neuro: Frequent neuro checks due to risk of neurological insult or nerve injury.

Meds:

Start home meds as soon as possible. Pain is usually not severe.

Principles:

Disturbed baroreceptor in CA can cause labile BP and HR, SBP goal 100-150mmHg. Disrupted cerebral blood flow can cause stroke.

Care Plan:

Pulmonary toilet, skin care, pain management, manage IVF, and wound care. NPO ->home diet POD#1. Possible foley overnight. AM labs. BP control (A-line care if applicable).

Course of Care:

Usually discharge or transfer the next day if stable overnight.

Room Setup:

Possible A-line set-up. Standard IV pump, suction, O2 mask ->NC. SCDs.