Discharge Instructions after Carotid Endarterectomy

Your surgeon was Dr. ________________________________.

When you go home, an adult should stay with you until morning. You should resume your normal activity as tolerated. You may eat a normal diet. Drink plenty of extra fluids.

Activity

It will take 1 to 2 weeks to feel normal again. You will tire easily at first. Slowly increase your level of activity.

• No heavy lifting (over 20 pounds) or hard activity for one week.
• Do not drive if you are still taking narcotic pain pills.
• You may return to work when you feel ready. Usually, this is one to two weeks after surgery, depending on the type of work you do.

Incision care

• You may shower or bathe two days after surgery. Do not rub or soak your incision (wound from surgery).
• The strips of white tape (Steri-Strips) will curl up in 5 to 7 days. If they don’t fall off on their own, you may remove them.
• Avoid shaving over the incision for 2 to 3 weeks.

Common concerns

It is normal to have:

• A sore throat or numbness on your neck, chin, face and earlobe. Most of this will go away over several months. Sometimes it lasts longer.
• Bruising and hardening around your incision. This will soften over the next few weeks.
• Bruising or color changes that spread to your shoulder, neck or chest.
• Swelling near the incision or below the chin.

Medicines

• We may have you start taking a blood thinner after surgery. This could be aspirin or Plavix.
• You will have medicine for pain. If you need a refill, please call your pharmacy during business hours. They pharmacy will call us for approval.
• Take all your other medicines, unless your doctor tells you not to.
• Use a stool softener (Colace or Senokot) as needed for constipation (hard, dry stools).
Follow-up visits

- See your surgeon within 30 days after surgery. **Set up this visit as soon as you get home.** You may also be scheduled for a carotid ultrasound at that time.
- Once a year: You may need to see your surgeon for a check-up.

Preventing a Stroke

Some people are more likely to have a stroke than others. The things that affect how likely you are to have a stroke are called risk factors. Some risk factors, such as age, race and family history, can’t be changed. Other risk factors are due to your lifestyle and diet. Many of these are closely linked. (For example, blood pressure, cholesterol, weight and activity are often related.) If you improve one risk factor, you will often improve others as well. Improving one risk factor will help reduce the damage to your arteries. It may also prevent your artery disease from getting worse.

The following is a guide to health changes that will lower your risk of another stroke.

**Control your blood pressure**

High blood pressure is the most important risk factor for stroke. Talk to your doctor about a healthy range for your blood pressure. To keep your blood pressure in the safe range:

- Take your blood pressure medicine regularly.
- Control your weight.
- Eat a low-salt diet.

**Control your cholesterol and triglyceride levels**

Cholesterol and triglycerides are blood fats. To control them, you will need to eat a low-fat diet and get regular exercise. If diet and exercise are not enough, your doctor may also give you medicine. You should have:

- Total cholesterol less than 200.
- LDL 100 or lower (no higher than 130).
- HDL at least 40 for men and at least 50 for women.
- Triglycerides less than 150.

LDL is often called “bad” cholesterol. When it builds up in your arteries, it increases your risk of artery disease, which can lead to a stroke. HDL is often called “good” cholesterol. It seems to protect against artery disease and reverses the narrowing of arteries.
Maintain a healthy weight

Too much body weight puts a strain on the heart and blood vessels. When you get active and lose weight, it helps lower your blood pressure and your cholesterol. It also reduces your risk of stroke. To reach—or maintain—a healthy weight:

- Eat a healthy diet with smaller portions of food at each meal.
- Try to exercise at least five days a week.

Exercise

Begin an exercise program as soon as your doctor says it is safe. Your plan should include activities to increase your strength, balance, flexibility, and the fitness of your heart and lungs.

- Talk to your care team about exercise that may be safe for you.
- Make time to exercise every day. Aim for 30 minutes a day, five times a week. You might try brisk walking, jogging, swimming or biking.
- Walk with a friend. With the support of a friend, you are more likely to make walking a habit.
- Look for ways to do extra walking. Take the stairs instead of the elevator. Park your car farther from the door.

Eat a healthy diet

- Eat low-fat or fat-free foods. Limit foods high in saturated fat or cholesterol. This includes meats, high-fat dairy foods (milk, cheese, yogurt, ice cream), eggs, pastries, baked foods and “fast food.”
- Limit foods with trans fats. Trans fats are found in “junk” foods, shortening and some types of margarine. Read all food labels.
- Eat a diet low in salt.
- Eat foods that help lower cholesterol, such as:
  - High-fiber foods (oats, carrots, oranges, pears, Brussels sprouts, dried peas and beans)
  - Omega-3 fatty acids (large amounts are found in tuna, salmon and other fatty fish; smaller amounts are found in soybeans, canola oil, flaxseed and walnuts)
  - Nuts, fruits, vegetables and soybean oil.
- Limit alcohol.
Don’t smoke or use tobacco
Avoid all forms of tobacco, even second-hand smoke.

If you have diabetes, control your blood sugar
People who have diabetes are two to four times more likely to have a stroke. If not controlled, diabetes results in high blood sugar. This makes plaque more likely to build up in your artery walls.

If you have diabetes, be sure to:
- See your diabetes doctor after leaving the hospital.
- Attend classes at Fairview Health Services to help you manage your diabetes. Ask to speak with a diabetes educator.
- Control your blood sugar by eating a healthy diet, getting plenty of exercise and taking medicines as ordered.
- Test your blood sugar and see your doctor regularly.
- Control your blood pressure and cholesterol.

Know your other risk factors for a stroke
If these risk factors apply to you, discuss them with your doctor:
- Artery disease (in the heart, neck or other arteries)
- Taking estrogen, especially if you smoke.
- Having (on average) more than one drink or alcohol a day if you’re a woman, or more than two a day if you’re a man.
- Atrial fibrillation (fast and irregular heart beat).
- Sickle cell anemia.
- PFO (patent foramen ovale): a small, flap-like opening between the two upper chambers of the heart. An echocardiogram will show if you have this.
- Using illegal drugs such as cocaine.
When to call a doctor

Call our office if you have:

• Body aches, chills or a fever of 101º F (38.3º C) or higher (under the tongue).
• Redness or draining around your incision.
• Loss of vision in one eye.
• Weakness or loss of strength in one side of your body.
• Unusual, severe headache.
• Problems with speech or with swallowing.
• Swelling or bruising that gets worse

Call 911 if you have any of these signs of a stroke:

• Sudden numbness or weakness in the face, arm or leg (often on one side of the body)
• Sudden confusion or trouble understanding what is going on
• Sudden blurred or decreased vision in one or both eyes
• Sudden trouble speaking, understanding speech or reading
• Sudden trouble walking, loss of balance, dizziness or problems with coordination
• Sudden, severe headache for no reason
• Fainting or seizures

Symptoms may go away and come back.

Questions or concerns?

If you have questions or concerns, call the University of Minnesota Medical Center at 612-273-8383 (8 a.m. to 4:30 p.m.) or 612-273-3000 (24 hours a day).

Patient or representative: ____________________________________________________________

Instructor: ___________________________ Date: ___________ Time: ___________