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CAROTID END ARTERECTOMY FOR SYMPTOMATIC CAROTID STENOSIS:

EARLY AND MID-TERM OUTCOMES FROM A SINGLE CENTRE SERIES.

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Introduction:
Stroke is a global health problem with significant burden to both patient and healthcare system. In the absence of facilities for stenting, carotid end arterectomy(CEA) remains the only effective method in the management of significant carotid artery stenosis. We present out 30-day and mid-term outcomes.

Methods:
A retrospective study was conducted on consecutive patients who underwent CEA at the Vascular and Transplant Unit, Teaching Hospital Karapitiya from May 2016 to April 2017. All patients underwent neck duplex and a detailed cardiological evaluation. Patient characteristics, perioperative morbidity / mortality and early postoperative outcomes were studied.

Results:
A total of 15 symptomatic patients with haemodynamically significant carotid stenosis (>70%) underwent CEA. Mean age was 65.1years (55-76) with majority male(9/15). Presentation was either recent minor stroke(8) or TIA(7). Mean time for surgery from presentation was 20 days(5-102). 4/15 were considered high-risk patients for CEA.

Surgery was performed under general anaesthesia(14) or local anaesthesia(1). Selective carotid shunting was performed based on carotid stump pressure cut off of 50mmHg(4/15). Standard endarterectomy was performed. Mean clamp time was 24 minutes(19-32). Arteriotomy closure was with venous patch from thigh LSV.

There were no deaths or stroke at time of follow up. 30-day peri-operative morbidity included myocardial infarction(1), transient hypoglossal neuropraxia(4), neck haematoma(2) and groin infection/haematoma(4). All were managed conservatively. None had evidence of restenosis on follow up duplex assessment at time of study.

Conclusion:
CEA in our setting is a safe procedure and our peri-operative and mid-term mortality and morbidity figures are in par with standard figures.