CAROTID ENDARTERECTOMY: POST-OPERATIVE DISCHARGE INSTRUCTIONS

GUIDELINES
These are general instructions. Special instructions for you may be included in the hospital discharge paperwork.

MEDICATIONS:
You will be started back on your pre-operative medications on the day after surgery. Discharge medications will include most of those medications that you were taking prior to your surgery. The health care team will review your medications before your discharge. If you are a diabetic, all of your hypoglycemic medications will be restarted after your surgery.

Call us if you think your medicines are not helping or if you feel you are having side effects. Keep a written list of your medications and carry it with you. Bring all medicines to any appointments.

Your caregiver may prescribe blood thinners such as aspirin, which helps thin the blood to keep blood clots from forming. Clots can cause strokes, heart attacks, and death. Blood thinners may cause you to bruise or bleed more easily. If you are taking a blood thinner such as Coumadin:

- Watch for blood coming from your gums, nose, urine, or bowel movements.
- Use a soft toothbrush to keep your gums in good condition.
- Tell your dentist or other caregivers, prior to your procedure, that you take blood thinners.
- If you shave, use an electric razor.
- Avoid playing contact sports, since you may bleed or bruise easily.
- Obtain and wear a Medic Alert bracelet that states that you are taking a blood thinner.

PAIN CONTROL:
You need to achieve and maintain adequate post-operative pain control, so that you can perform functional activities. If you have some mild discomfort, take acetaminophen, aspirin, or ibuprofen to ease the pain, as recommended by your licensed health care provider.

ACTIVITY:
Physical Therapy and Occupational Therapy may be assigned to work with you and they will evaluate your exercises and range of motion. If you recover without needing their services, you should walk several times per day, and maintain full range of motion with your neck and head. You may shower, but do not soak your neck incision for at least 4 weeks or until you have seen your vascular surgeon. Avoid lifting greater than 10 pounds (nothing heavier than a gallon of milk) and driving for at least 2 weeks. You may lift up to 20 pounds after 2 weeks, and may resume heavy lifting (> 20 pounds) in 4 weeks.

If you smoke, please quit. Smoking can increase your risk of having a heart attack, lung disease, cancer or make your vascular problem worse.
INCISION CARE:
Leave your neck incision open to air. If there is any drainage, you may cover this area with a dry gauze. Cleanse your neck incision twice a day with warm water and antibacterial soap. You may have steristrips on the incision. Leave them on until they start to peel off, then you may take them off.

You may shower, but do not soak your incisions for at least 4 weeks or until you vascular surgeon says it is okay.

DIET:
You may return to the diet you had before your admission. It is important that you take in enough protein and calories for at least 6 weeks after your surgery. A diet low in saturated fat and cholesterol, and high in vegetables, fruits and whole grains, will be important for the rest of your life. Drink at least six (6) cups of water per day, or other amount as directed by your doctor.

CALL US IF ANY ONE OF THE FOLLOWING OCCUR:
- Increased redness, swelling, pain, and/or drainage around the incision site or opening (spreading apart) of the incision edges
- Fever or chills
- You become sick to your stomach within the first week
- You have increased pain around your incision

Phone: 434-243-6828, between 8:00 am and 4:30 pm
434-924-0000, for evenings, nights, and weekends.
Ask to speak with the Vascular Resident on call

SEEK CARE IMMEDIATELY IF:
- Your neck suddenly begins to swell
- You have difficulty with swallowing and/or speaking
- You have a sudden change in your vision
- You have sudden weakness in one or both arms and legs
- Your incision becomes reddened and/or begins draining fluid