



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 have diabetes, your diabetes medications may be restarted by the time you are discharged. While in the hospital, we may manage your diabetes with insulin. You may or may not need to go home on insulin.

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 MedicAlert 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 Primary 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 Steri-Strips 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. If you have diabetes, control of your blood glucose will be important to healing your incisions. Be sure to follow a consistent carbohydrate diet along with your other dietary guidelines. Try not to miss a meal.

MONITORING AND MANAGING YOUR DIABETES:

- Until your follow up appointment with your Primary Care Provider after your hospitalization, check your blood glucose 4 times daily. We recommend that your first test be done before breakfast in the morning. Then test your glucose before lunch and again before supper. The last daily test is at bedtime.
- If you cannot perform the blood glucose test 4 times daily, at least test your glucose before breakfast each morning. Then, test a second time of day, rotating the times before lunch, the next day before supper, and then at bedtime the day after that.
- Record all your blood glucose results in a log with the date and time of the test. Under "Comments" include anything significant which might affect your glucose levels. You can make a simple chart like this:

Date & Time	Blood Glucose	Comments
May 14; 8 a.m.	93	Slept well
May 14; 8 p.m.	134	Active all day going to appointments

- Your target glucose levels should be less than 140 fasting in the morning and less than 180 all other times.
- Contact your Primary Care Provider immediately if your blood glucose remains elevated above 300 for 24 hours.
- Be sure to see your Primary Care Provider within 2 weeks of being discharged from the hospital. Take your log of blood glucose results with you, as well as your hospital discharge instructions with the list of discharge medications on it.

CALL US IF ANY ONE OF THE FOLLOWING OCCURS:

- 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 during weekdays. Call 434-924-0000, for evenings, nights, and weekends then 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