

Carotid artery disease

Your treatment options. Your second opinion.



What is carotid artery disease

The carotid arteries, the two large blood vessels in the front of your neck that carry blood from the heart to the brain, can be affected by a condition called carotid artery disease (CAD). It's caused by a build up of fatty deposits in the carotid artery walls that makes them narrow (atherosclerosis), which reduces the flow of blood and increases the risk of blood clots forming.

CAD often goes unnoticed in the early stages. The first outward sign may be a transient ischaemic attack (TIA), which goes away within 24 hours, or stroke, which is a more substantial injury to the brain. Symptoms of a TIA or stroke include headache, numbness, weakness and speech, vision and balance problems. In severe cases a stroke can cause death.

CAD is more common the older you are and if you have lifestyle and health risk factors including:

- > High cholesterol
- > High blood pressure
- > Diabetes
- > Smoking
- > Lack of exercise
- > Overweight.

Treatment for CAD

Treatment aims to reduce the cause of your CAD, atherosclerosis, and decrease your risk of having a stroke. For all people with CAD this includes decreasing lifestyle and health risk factors, and taking medications that may include blood thinners to prevent blood clots and blood pressure and cholesterol-lowering medications.

Surgical procedure

If your condition is severe enough a surgical procedure that opens narrowed arteries, either a carotid artery endarterectomy (CAE) or carotid artery stenting, may also be suggested to you.

This involves weighing up factors such as your age, gender, if you've had a TIA or stroke, health problems that increase your risk of surgical complications and the amount of carotid artery narrowing, defined as mild, moderate or severe.

For example, mild narrowing may often not be considered for a surgical procedure, whereas if you recently had a TIA or stroke and have moderate or severe narrowing of your arteries, it may be suggested to you.

Carotid artery endarterectomy (CAE)

CAE is the 'standard' surgical procedure for CAD. Performed under local or general anaesthesia, it involves a small incision (cut) in your neck and opening up the artery to remove the fatty deposits to improve the flow of blood. A graft that widens the artery may be added before closing the artery and your neck.

Stenting

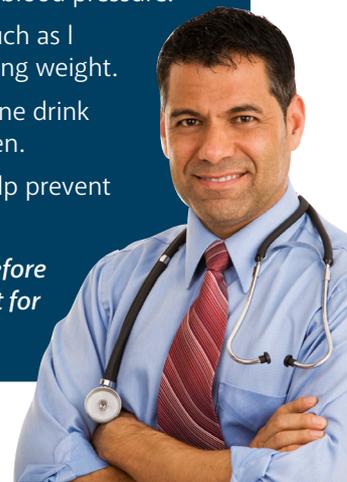
Stenting is an alternative, newer surgical procedure. It is minimally invasive, performed under local anaesthesia and involves inserting a catheter with a deflated balloon at the end into an artery in your groin, which is moved up into the narrowed artery. The balloon is inflated to open the artery and a stent (a short, wire-mesh cylinder) inserted to keep the artery open. The balloon is then deflated and catheter taken out, leaving the stent inside your artery to maintain the flow of blood.

Good health for CAD

You may be able to help slow the progression of CAD and prevent stroke by reducing your health and lifestyle risks including:

- > Quit smoking. Within a few years of stopping your risk of TIA or stroke may be the same as a non-smoker.
- > Eat a variety of fruits and vegetables, which contain nutrients such as potassium, folate and antioxidants, which may protect against stroke.
- > Avoid salt to help attain normal blood pressure.
- > Exercise regularly for benefits such as lowering blood pressure and losing weight.
- > Limit alcohol to no more than one drink daily for women and two for men.
- > Maintain a healthy weight to help prevent heart disease and diabetes.

Always consult a medical expert before commencing a course of treatment for any medical condition.





CAE surgery and medical research

When evaluating you for CAE surgery or other treatments for CAD, your treating medical specialist will take into account many complex factors, including the latest medical research.

Studies have found that CAE surgery may be no more effective than stenting for preventing stroke or death in people with CAD who have a high risk of surgical complications due to health problems, such as a recent heart attack, unstable angina (chest pain), congestive heart failure, upcoming open heart surgery and lung disease.

However studies have also found that for people who don't have a high surgical risk, stenting may be associated with more strokes and death during the procedure when compared to CAE surgery, particularly in people aged over 70. The main reason may be that stenting doesn't remove fatty deposits, which may break off during the procedure and cause a stroke or death. In addition, carotid arteries treated with stenting may be more likely to narrow again.

CAE surgery and risks

Most people who have CAE surgery don't have complications, however they do occur. When compared to stenting, each procedure has different levels of risks.

CAE surgery may have more risks than stenting including damage to neck nerves due to the incision and heart attack as a general complication of surgery. But as described above, stenting may cause more stroke or death during the procedure compared to CAE surgery in people who don't have a high surgery risk, particularly aged over 70.

Understanding your risks is important, particularly given the possibility that CAE surgery may often be no more effective than stenting for preventing stroke or death in people with CAD who have a high surgical risk.

CAE surgery and CAD – the main points

- > If a surgical procedure has been suggested for your CAD, take into account medical studies that have found CAE surgery may often be no more effective than stenting for preventing stroke or death in people who have a high surgery risk due to health problems.
- > You should also take into account studies that have found for people with CAD without a high surgery risk, stenting may be associated with more strokes and death during the procedure, particularly for people aged over 70.
- > Whether or not you're considering a surgical procedure, medications and decreasing health and lifestyle risks may reduce the cause of CAD, atherosclerosis, and decrease your risk of having a stroke.

Would you like a second opinion?

Deciding on a treatment path for a medical condition can be a difficult, complex and stressful question.

Would you like the benefit of an expert second opinion to help you to decide on your treatment options?

If you want to know more about GPS² or have a general enquiry, please contact us on 1800 477 246 or email via contact@gps2.com.au

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