

Monitoring of patients after carotid surgery on a Stroke-Intensive Unit



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Background:

Carotid artery stenosis is a major cause of ischemic stroke. The effectiveness of carotid endarterectomy (CEA) for moderate-to-severe asymptomatic or symptomatic CAS has been established in large randomized trials, but this procedure is not without risk. Complications such as myocardial infarction, stroke, bleeding and late carotid restenosis should be expected in the postoperative phase¹.

Methods:

In our institution patients after CEA are transferred to the Stroke-Intensive Unit for 72 hours to ensure comprehensive postoperative care. We have retrospectively analysed the data of patients observed in our department between 2016 and 2018.

Results:

The data on complications from a total of 212 patients (age: 69,02 ± 7,12 years, 28,3% female) were analysed. The most common events are shown in Table 1.

Conclusion:

Our data show that severe complications after CEA are rare, but their occurrence should be expected, especially in patients with symptomatic disease. Management of postoperative stroke is challenging due to the contraindication of thrombolytic therapy. Therefore, monitoring patients in a Stroke-Intensive Unit after CEA could be recommended to ensure routine postoperative tasks and the availability of urgent recanalization procedures (mechanical thrombectomy and surgical thrombus removal).

Complication	Carotid artery stenosis		Total (n = 212)
	Asymptomatic (n = 85)	Symptomatic (n = 127)	
Stroke	0	2	2 (0,94%)
Acute Myocardial Infarction	0	1	1 (0,47%)
Minor Bleeding	9	10	19 (8,96%)
Major Bleeding	0	1	1 (0,47%)
TIA	4	11	15 (7,07%)
Death	0	2	2 (0,94%)

Table 1. Number of complications after CEA.

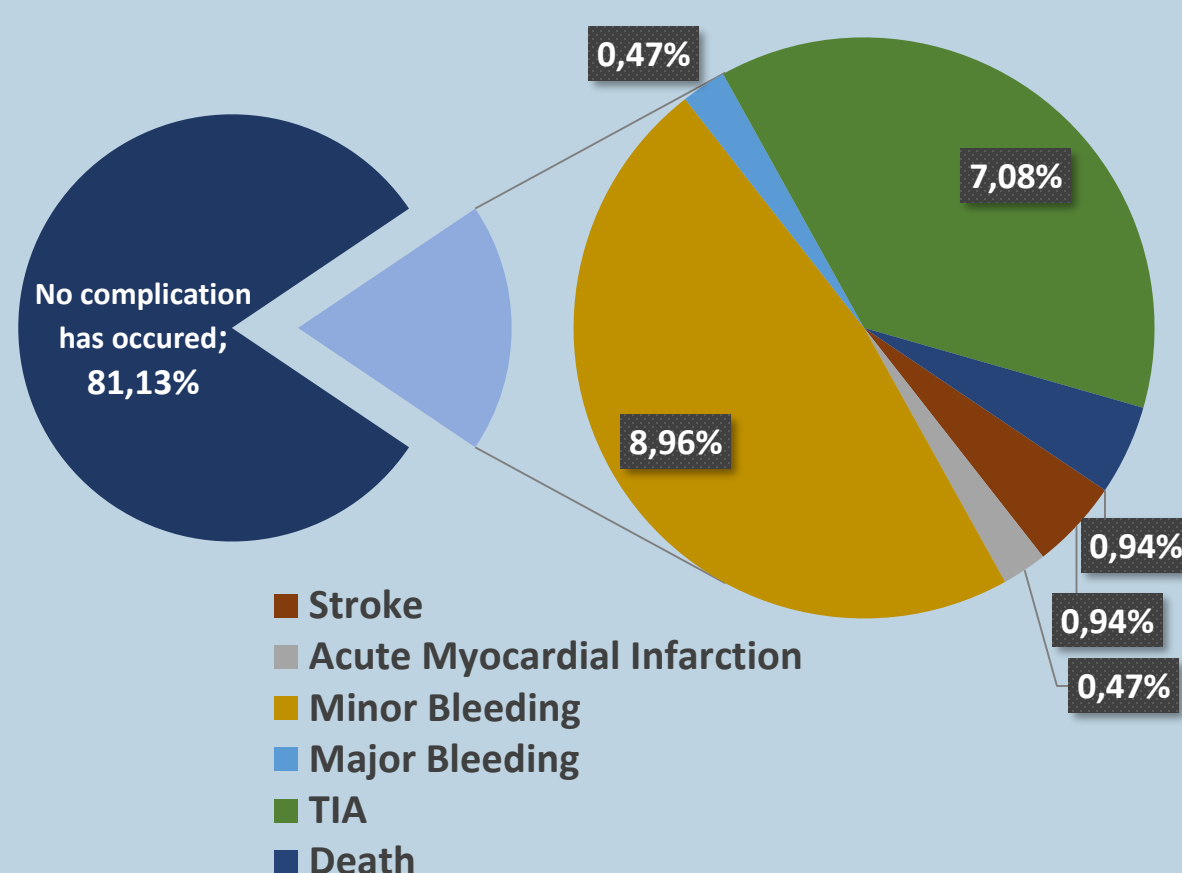


Figure 1. Distribution of complications.

References:

- Eckstein, H.-H. (2018). European Society for Vascular Surgery Guidelines on the Management of Atherosclerotic Carotid and Vertebral Artery Disease. *European Journal of Vascular and Endovascular Surgery*, 55(1), 1–2.



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