

## OUR EXPERIENCE IN CAROTID AND ARTERECTOMY

*Edmond Kapedani, Gentian Caco, Sokol Xhepa, Edmond Nuellari, Petrika Gjergo.*

Service of Vascular surgery, UHC "Mother Teresa" Tirana

**Abstract**

**Introduction:** Carotid endarterectomy (CEA) operations are more frequent in our practice last years, mostly for asymptomatic patients. In this article we present our experience in this field.

**Objectives:** We present our technical choices used in different patients and the early results of the procedure. Primary endpoints were death and stroke within 30 days of the procedure for asymptomatic patients. Secondary endpoints were acute myocardial infarction within 30 days of the procedure and peripheral nerve injury in all patients.

**Patients and method:** This is a retrospective review of our recent experience. Data of 73 consecutive CEA, 59 in asymptomatic patients, operated on from January 2004 to February 2013 are collected. All the patients were diagnosed with Duplex scanner and confirmed with multy-slice CT scanner angiography. Endarterectomy was performed either with loco-regional or general anaesthesia with selective use of shunt. Combined anti-aggregation with Clopidogrel and Aspirin was the rule at discharge. Patients were controlled for new neurological and cardiac events 30 days after the operation.

**Results:** One asymptomatic patient had major stroke and died. In this group stroke and mortality rate is 1.69%. No peri-operative new acute myocardial infarction happened in any patient. Peripheral nerve lesions happened in 2.7% of all procedures.

**Conclusions:** CEA is a safe treatment for asymptomatic internal carotid stenoses in the hands of an experienced vascular surgeon. Our results for asymptomatic carotid stenoses are according to those recommended by international guidelines.

**Keywords:** carotid endarterectomy, CEA, asymptomatic carotid stenosis.

**Introduction**

Carotid endarterectomy (CEA) in Albania began in 1991. A number of patients were treated in the service of vascular surgery until 1998 but patient

selection and timing of surgery in relation of cerebral symptoms were still not quite well established and therefore the results were not very satisfactory. After a period of pause, we began the "new era" of carotid surgery, this time being careful to follow at best the actual guideline recommendations on the subject. We usually treat asymptomatic patients who have been diagnosed during screening workup for other atherosclerotic diseases or risk factors.

**Patients and method**

In this article we present the results of CEA performed at our service during nine years. Patient data are collected from their clinical records and post operative control 30 days after the procedure. This is an observational retrospective study. Primary endpoints were death and stroke within 30 days of the procedure. Secondary endpoints were peripheral nerve injury and acute myocardial infarction within 30 days of the procedure in all patients.

From January 2004 to February 2013 we have realised 73 CEA in 72 patients, 60 men (83%) and 12 women. 59 patients (60 CEA), 46 men and 12 women, were asymptomatic. Only 14 symptomatic men were operated during this period.

One patient was operated on both sides in different, remote operating times, 7 patients simultaneously with coronary artery bypass and one simultaneously with a femoral-popliteal bypass. 17 patients were scheduled for coronary surgery and CEA was performed as the first stage procedure.

Patients were aged 50 – 80, mean age 64 years. Diagnosis was made with Duplex scans and confirmed in all cases with Angio-CT.

The first 10 interventions, 9 for asymptomatic and 1 for symptomatic disease were performed under loco-regional anaesthesia. The latter cases, 51 for asymptomatic and 13 for symptomatic disease, were performed under general anaesthesia.

We have not used any cerebral activity or oxygenation monitoring equipment, but constantly measured the retrograde perfusion pressure in the internal carotid artery we were operating on. Mean