

Carotid Cases – I Wish I Hadn't Done That...

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Case 1 – J.S.

- 65 y.o. male
- R sided amaurosis fugax
- Sent to ophthalmology – R retinal artery occlusion noted
- 48 hours later CTA

Transverse



Coronal



Saggital



PMHx

- AF
- AVR with mechanical valve 2019
- HTN, DLD, Ex smoker
- COPD – FEV1 50-80%
- Osteoporosis with spinal compression #'s

Meds

- Warfarin – INR therapeutic at time of event
- Amlodipine
- Incruse ellipta
- Candesartan
- Metoprolol
- Atorvastatin
- Ventolin
- Vitamin D

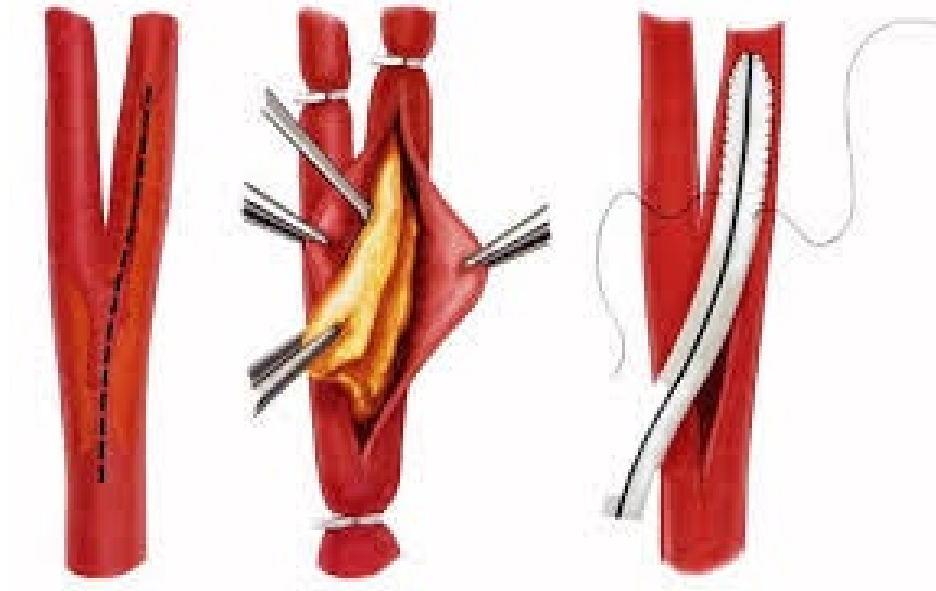
Presentation

- Called by ophtho 5 days post event
- R eye partial blindness
- Otherwise completely neurologically intact
 - No hemispheric signs/symptoms
 - No infarct on CT
- INR 2.8
- Circle of Willis and vertebrals intact

Assessment/Plan

- “Hot Carotid”
- Admitted
- Vitamin K
- Booked for urgent R CEA

Operative Plan



- Conventional CEA with patch
- Bovine pericardium
- Block
- Full reversal
- No drain
- Started Lovenox same evening
- Started warfarin/ASA 81mg POD #1

Nasty plaque – likely the source of the event?



POD #2

- 'New' hematoma
 - 3 doses of Lovenox
 - 1 dose of warfarin and ASA
 - Very anxious
 - BP 170 – 180 mmHg systolic
 - Swallowing 'discomfort'
 - No airway issues
-
- Hold anticoagulants/ASA, anxiolytics, oral BP control, and observe

Evening POD #2 - ICU

- BP 220/140mmHg
- Extreme anxiety
 - Family worse.....
- For BP control
- No airway issues
- Intubated anyway....

CTA



POD #3

- OR for drainage - GA
- 100ml blood – venous
- Patch intact – no surgical bleeding
- One or two ‘oozers’ bovied
- Sprayed raw surfaces with Tisseal
- Closed without drain

Post op – morning POD #1(4)

- Extubated – neuro intact
- Restarted Lovenox/Warfarin/ASA
- Continued difficult BP and anxiety control
- No further surgical issues
- D/C home 10 days post op

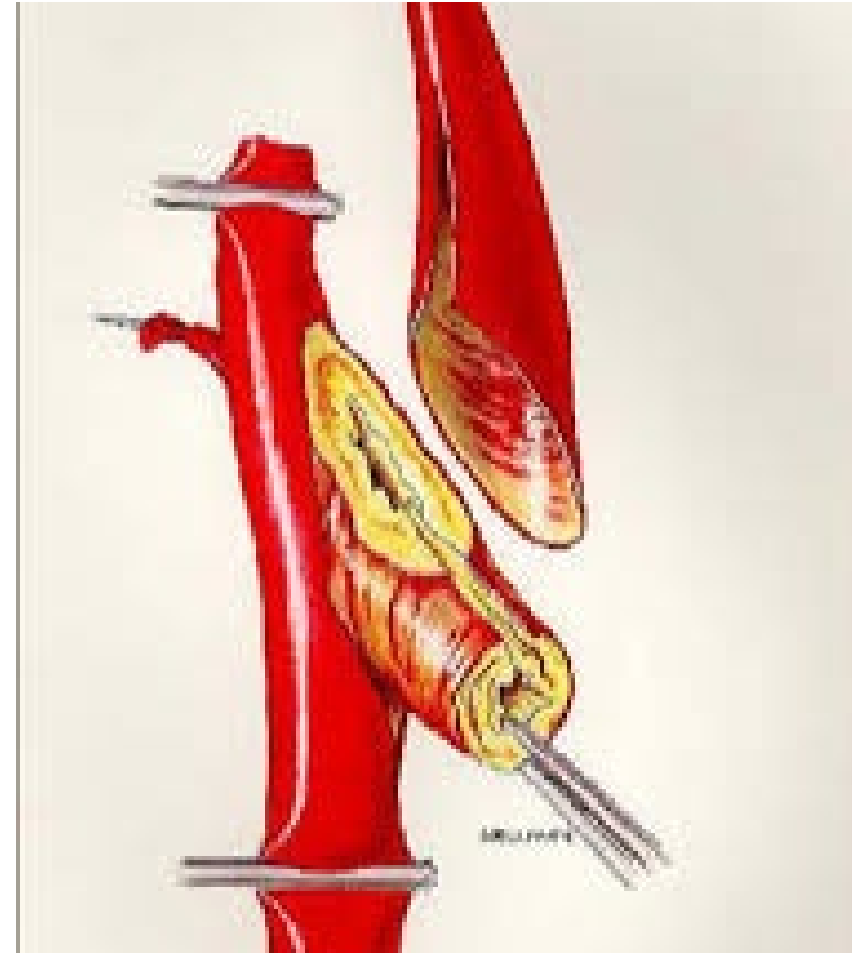
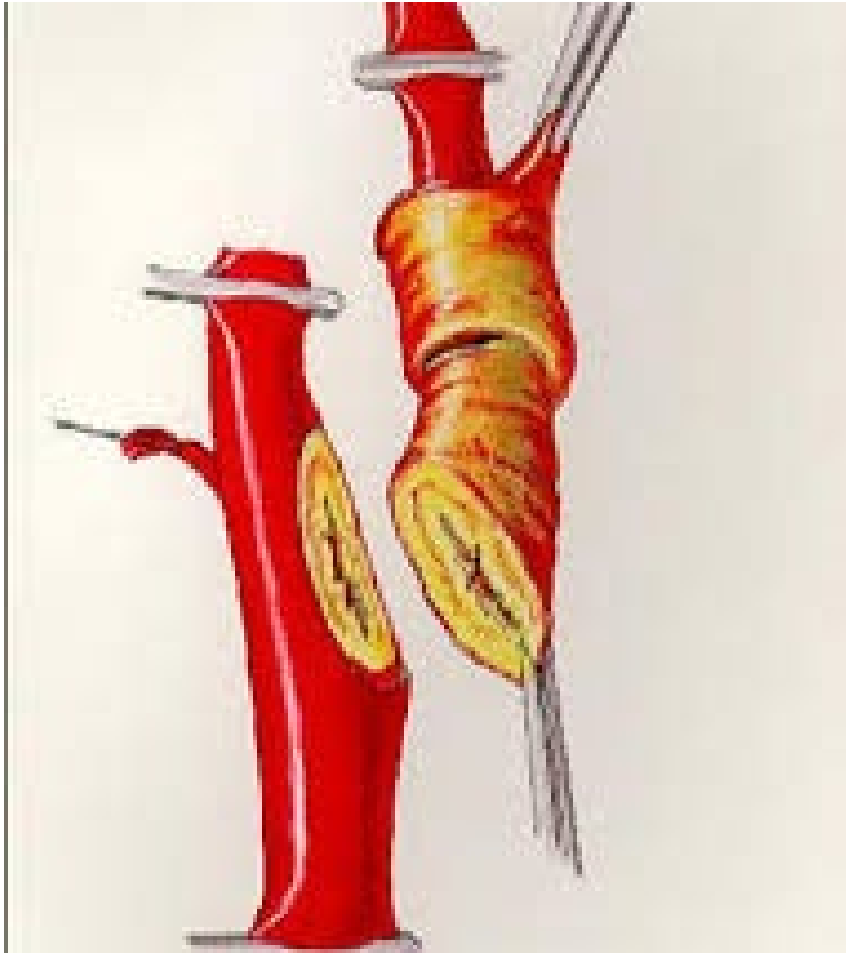
I wish I hadn't done that?? Not sure...

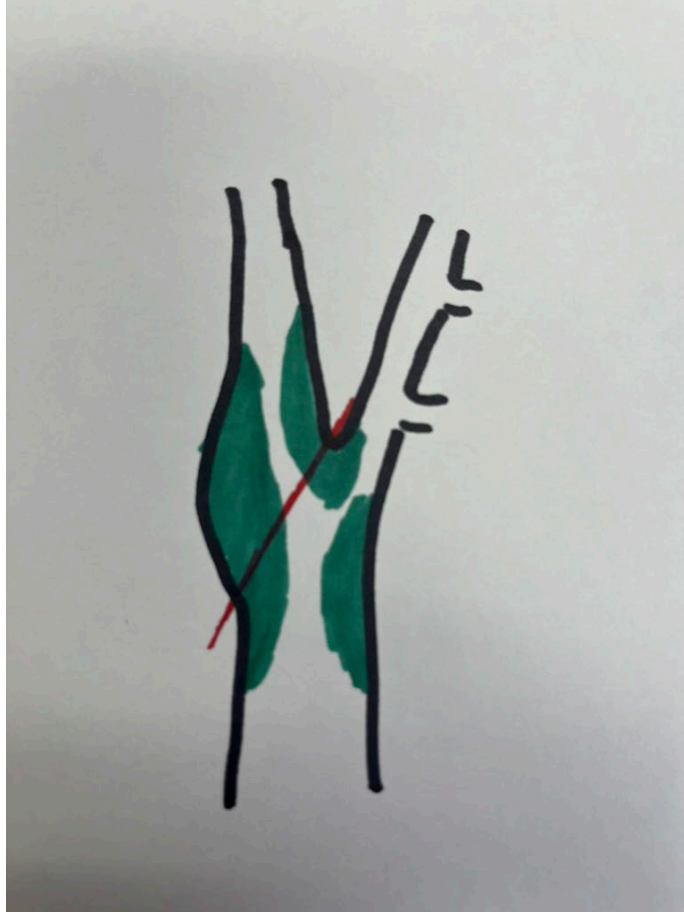
- Done at all? – 2 other embolic sources.
- Taken time for pre op Lovenox window?
- Drain at time of CEA given need for anticoagulation?
- Hemostatic agent to surgical site given need for anticoagulation?
- Anticoagulated too soon?
- Need for ASA with anticoagulation?
- Should have been more aggressive early with post op hypertension/anxiety?
- ET tube?

Case #2

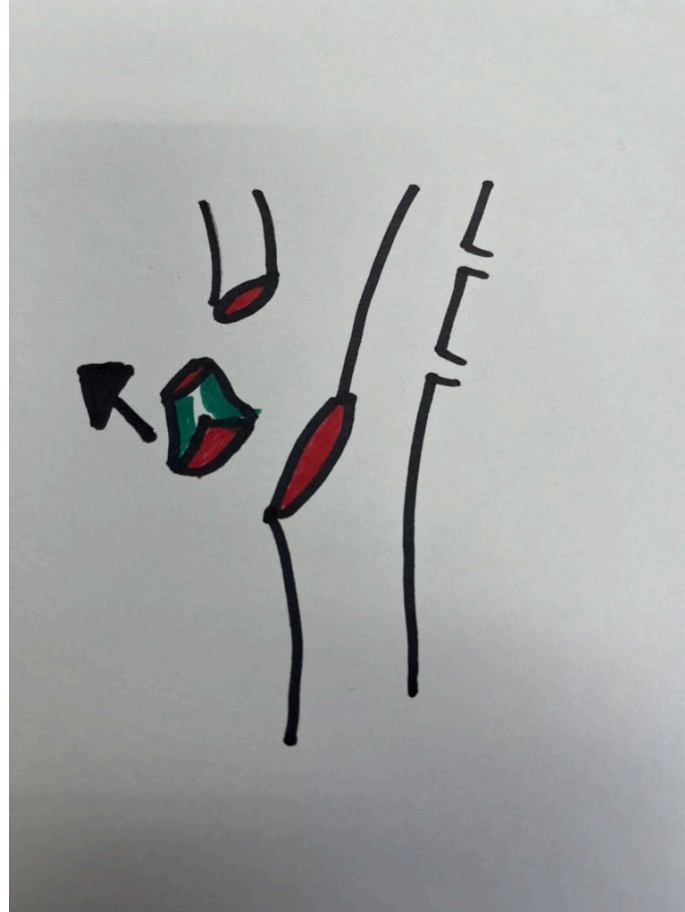
Called to the OR by a colleague...

Eversion Endarterectomy



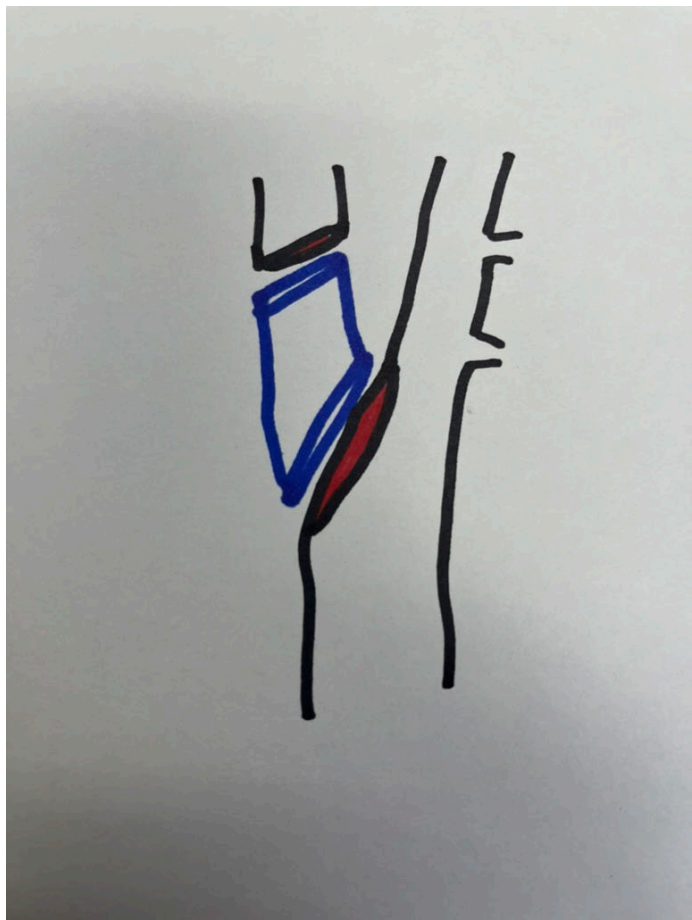


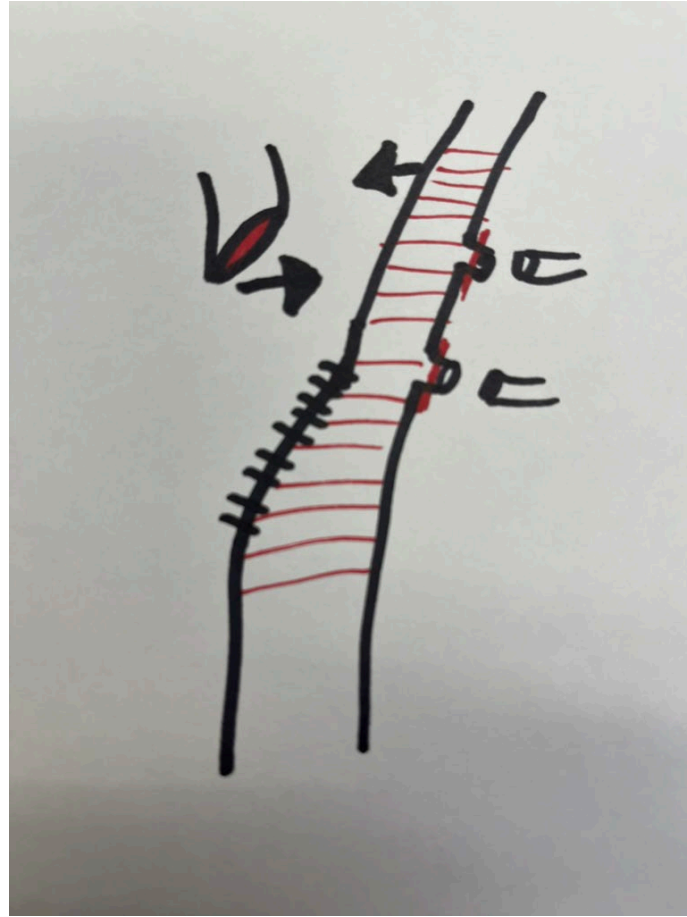


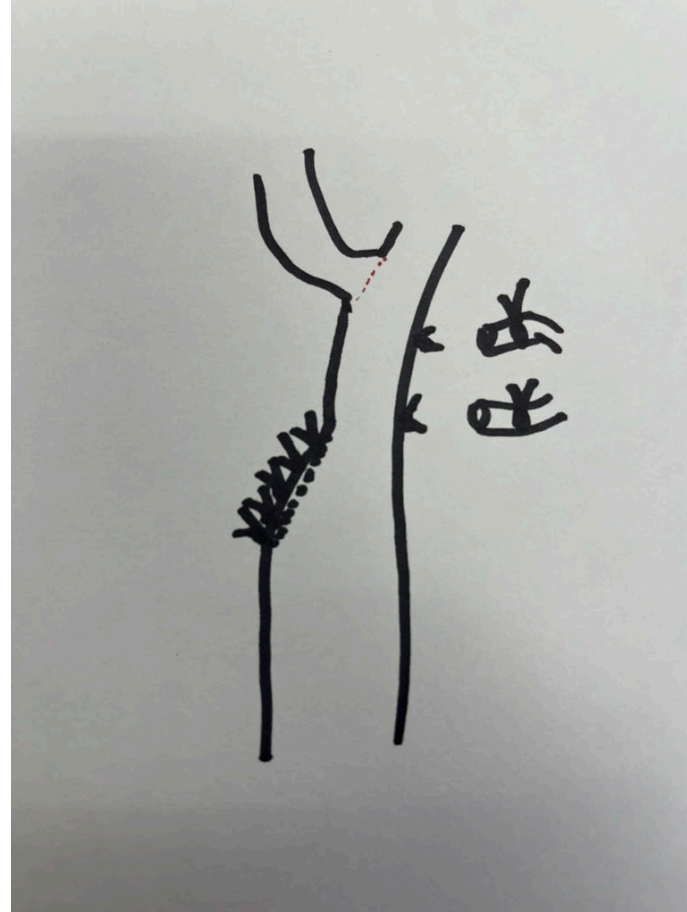


What do you suggest?

This is when I was called....







Questions??

